

MitraClip™

Transcatheter Edge-to-Edge Repair

For the use of Registered Medical Practitioner, Hospitals and Laboratories only.

TAILORED. OPTIMIZED. PROVEN.
MITRACLIP™ G4



NT

NTW

XT

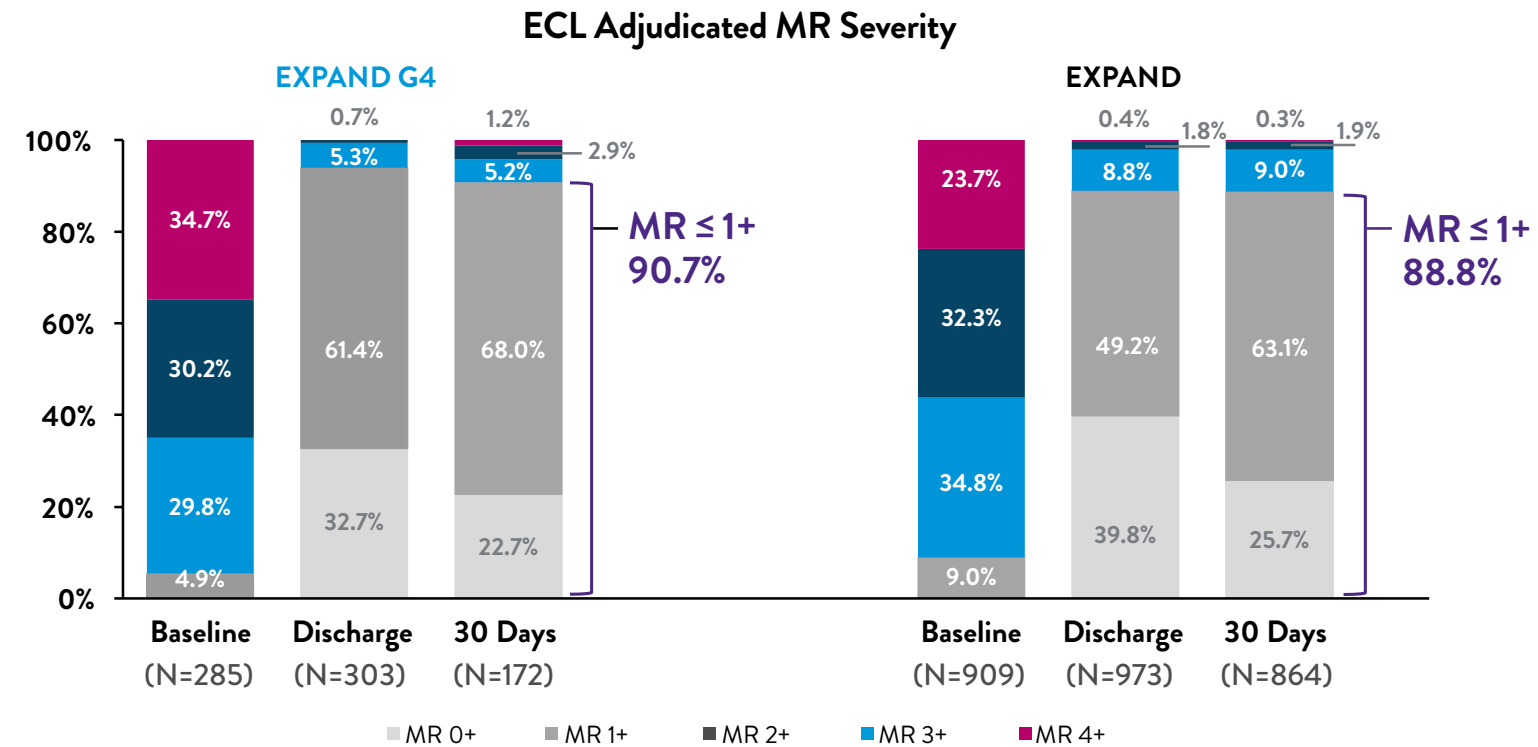
XTW



Abbott

HIGHEST MR REDUCTION ACHIEVED WITH TMVr^{1*}

PROVEN MR REDUCTION TO 1+ OR LESS WITH TAILORED REPAIR¹



97.2% IMPLANT RATE

97.4% ACUTE PROCEDURAL SUCCESS

Acute Procedural Success (APS) defined as successful implantation of the MitraClip® device with resulting MR severity of 2+ or less on discharge Echocardiogram (30-day echocardiogram is used if discharge is unavailable or uninterpretable). Subjects who die or undergo mitral valve surgery before discharge are considered to be an APS failure.

Baseline MR Severity was reported as 3+/4+ for all subjects enrolled in EXPAND G4 and EXPAND per site assessment.

ECL assessed MR severity based on ASE Guidelines (Zoghbi et al. J Am Soc Echocardiogr 2003; 16:777-802, 2017;30:303-371, 2019;32:431-475)

NOTE: Data not from head to head studies. Data differences depicted between these trials may not be directly comparable, statistically significant, or clinically meaningful due to differences in trial protocols, endpoints, and/or patient populations. Data provided for informational purposes only

*Reported to date.

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EXPANDED PORTFOLIO OF CLIP SIZES



HIGHEST MR REDUCTION ACHIEVED WITH TMVr¹

DESIGNED TO TAILOR AND FURTHER REDUCE REGURGITANT VOLUME WITH A SINGLE CLIP



G4 NTW & XTW
INCREASE COAPTATION
AREA BY
~50%*

“ ALLOWS US TO TREAT PATIENTS WITH 1 CLIP MORE OFTEN THAN BEFORE.

— Echocardiographer with 6 years of MitraClip experience, commenting on MitraClip G4[†]

*Tests performed by and data on file at Abbott.

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TREAT MORE PATIENTS WITH MORE OPTIONS¹⁻³

MITRACLIP SUCCESSFULLY TREATS A BROAD RANGE OF VALVE ANATOMIES IN REAL WORLD USE¹⁻³



NEARLY 1 IN 5 PATIENTS HAVE VALVE ANATOMIES CONSIDERED COMPLEX²

Valve anatomies included: presence of severely degenerative leaflets, wide flail gaps or widths, calcified landing zone, wide jet, primary jet outside of A2/P2, and more.²

“ LONG ARM CLIP USE WAS ASSOCIATED WITH IMPROVED MR REDUCTION FOR SEVERE BASELINE MR, smaller annular dimensions, larger prolapse gaps, and complex disease in primary MR.

— Cardiac Surgeon with over 10 years of MitraClip[†]

TREAT MORE PATIENTS WITH MORE OPTIONS¹⁻³

ABILITY TO CHOOSE CLIP SIZE BASED ON EACH MV ANATOMY^{1,2}

CLIP SELECTION CONSIDERATIONS	FAVORS G4 NTW	FAVORS G4 NT	FAVORS G4 XTW	FAVORS G4 XT
Leaflet Length < 9 mm	+	+		
Leaflet Length ≥ 9 mm			+	+
Broad Jet	+		+	
Smaller Valve		+		
Larger Valve	+		+	+

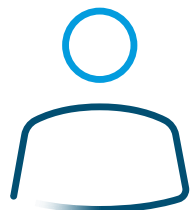
MitraClip G4 clip selection recommendations were based on the initial clinical experience of an expert panel of physicians.^{1,2}

THE EXPAND G4 REAL WORLD STUDY RESULTS FURTHER DEMONSTRATED CLIP SELECTION PREFERENCE AND ASSOCIATED OUTCOMES³:



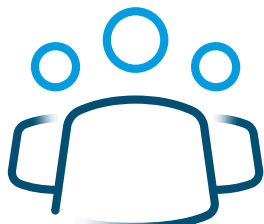
FOR PATIENTS WITH PMR

XTW was used most often and achieved favorable MR reduction, particularly in patients with longer leaflets, large prolapse or wider jets, calcified leaflets or annulus and Barlow's or bileaflet prolapse



FOR PATIENTS WITH SMR

NTW and XTW were used most often, evenly across anatomies and achieved favorable MR reduction



FOR ALL MR ETIOLOGIES

XT and XT were used more frequently in multiple-clip cases and improved MR reduction

CONFIRM AND OPTIMIZE LEAFLET GRASPING WITH CONTROLLED GRIPPER ACTUATION (CGA)*

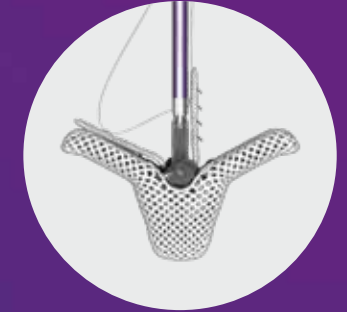
NEW GRIPPER LEVERS



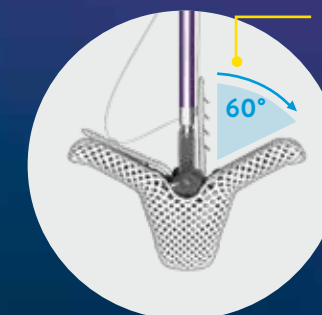
BOTH GRIPPERS LOWERED



ONE GRIPPER LOWERED



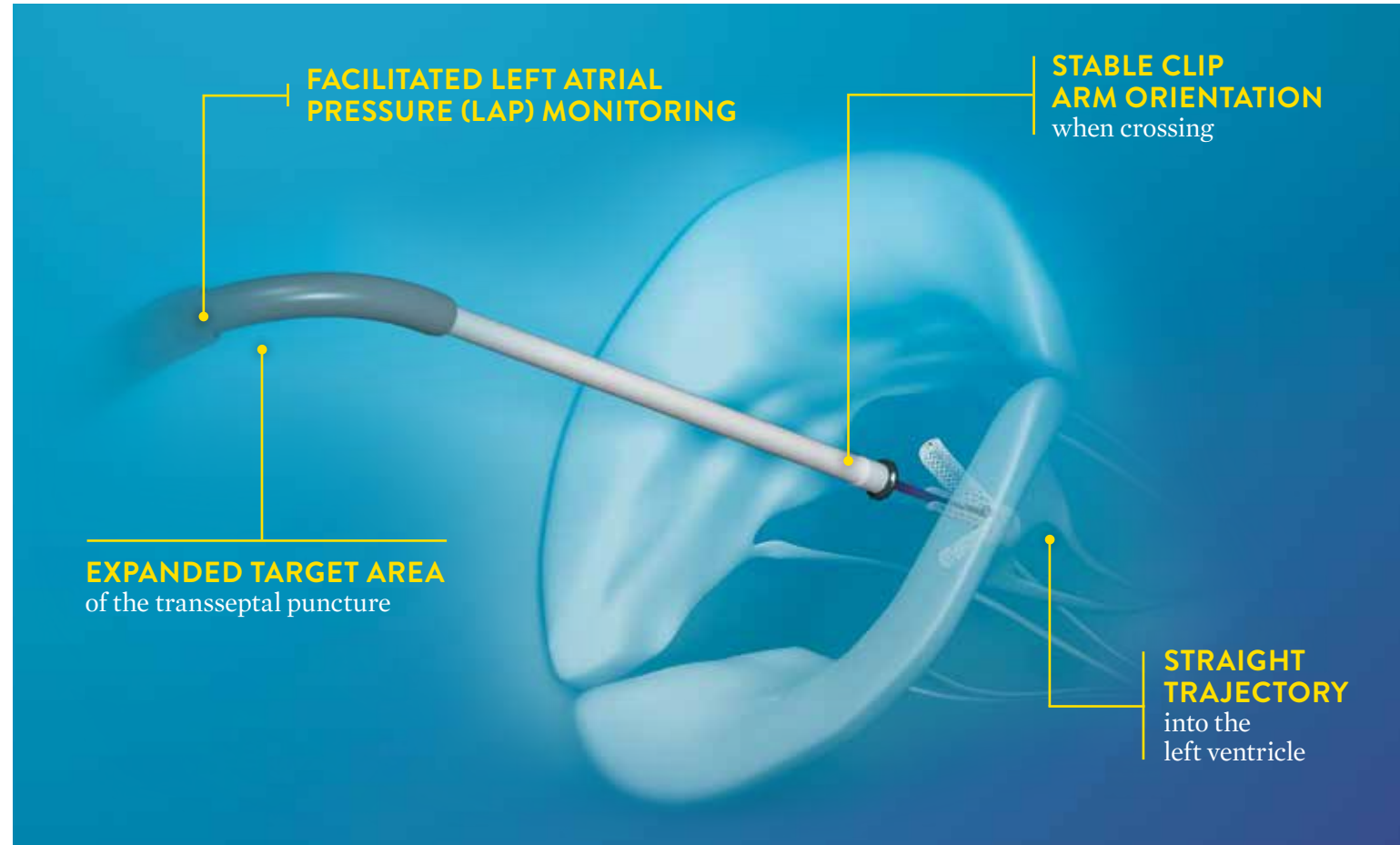
GRIPPERS DESIGNED TO DISTRIBUTE LEAFLET RETENTION FORCE to grasp leaflet with confidence^{2*}



Gripper designed to facilitate leaflet insertion*

PREDICTABLE PROCEDURE EXPERIENCE^{1*}

PRECISION AND STABILITY FROM DELIVERY SYSTEM SPECIFICALLY DESIGNED FOR THE MV*



“ **THE DELIVERY SYSTEM IS VERY STABLE** when advancing into the ventricle, keeping a straight trajectory
 — *Interventional Cardiologist with over 10 years of MitraClip experience commenting on MitraClip G4[†]* ”

*Tests performed by and data on file at Abbott.

INCREASED PROCEDURE EFFICIENCY

GREATER PROPORTION OF PATIENTS TREATED WITH 1 CLIP¹



1 CLIP IMPLANTED IN 65%¹ OF CASES

24% SHORTER DEVICE TIME^{1†}

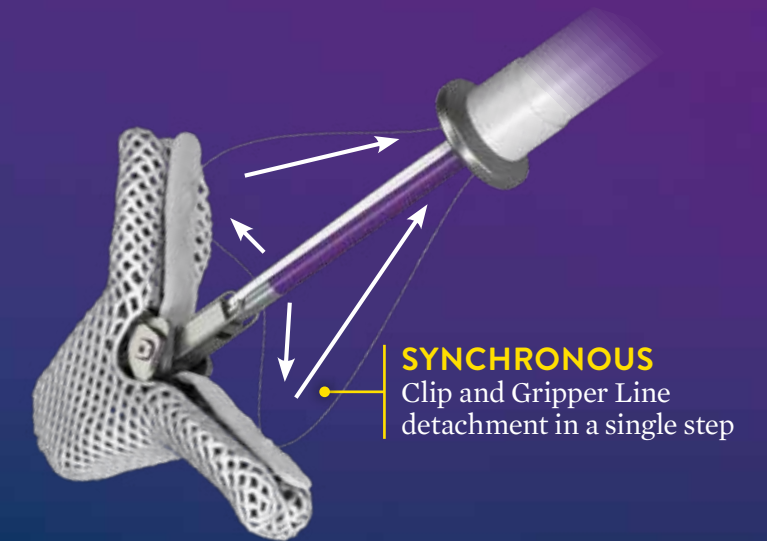


35 MIN. MEDIAN DEVICE TIME¹

“ **IN OUR INSTITUTE, WE HAVE NOW REDUCED DEVICE TIME TO ~20 MIN.**
 — *Echocardiographer with 6 years of MitraClip experience, commenting on MitraClip G4[†]* ”

SIMPLIFIED PROCEDURAL STEPS*

- 40% reduction in system preparation steps
- Simplified system deployment with reduced number of steps



MitraClip G4 IFU

[†]Compared to EXPAND 1 year at 46 min

BUILT TO REPAIR. PROVEN TO RESTORE.

DELIVERING THE STANDARD OF CARE IN TMVr

OVER 18



YEARS OF CLINICAL EXPERIENCE*

OVER 150K



PATIENTS TREATED WORLDWIDE*

OVER 80K



PATIENTS STUDIED IN CLINICAL TRIALS*

UNMATCHED EXPERTISE



FIELD & TRAINING TEAM

THE CATALYST FOR A SIGNIFICANT EVOLUTION IN MR GUIDELINES*

MitraClip is the standard of care in TMVr and recommended intervention in the 2020 ACC/AHA Guideline¹⁷, 2022 AHA/ACC/HFSA Guideline¹⁸, 2021 ESC/EACTS Guidelines¹⁹, 2021 ESC/HFA Guidelines²⁰, and APSC Consensus Recommendation²¹.

*Data on file at Abbott

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STANDARD-SETTING CLINICAL OUTCOMES THAT NEVER STAND STILL:

SAFETY

99% freedom from device-specific complications at 5 years¹⁴

SURVIVAL

- Lowest 30-day and 1-year mortality rate reported in large scale real world studies^{1,15,16}
- Only MV Device shown to improve survival in HF patients with SMR¹⁴

DURABILITY

Only TMV device with proven sustained outcomes to 5 years as demonstrated by sustained MR reduction, improvement in heart failure symptoms, and left ventricle volumes⁴⁻¹⁴

EFFECTIVENESS

- 89% $\leq 1+$ at 1 year in PMR and SMR patients¹⁵
- 95% MR $\leq 2+$ at 5 years in SMR patients¹⁴



QUALITY OF LIFE

Largest 1-year improvement in quality of life reported to date¹⁵

(Health-related quality of life measured by KCCQ Overall Summary score)

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†The testimonial does not provide any indication, guide, warranty or guarantee as to the response patients may have to the treatment or effectiveness of the product or therapy in discussion. Opinions about the treatment discussed can and do vary and are specific to the individual's experience and might not be representative of others.

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St. Jude Medical India Pvt Ltd.

1-11 250/A. Matarani Sensation, Begumpet. Hyderabad, India 500016 (St. Jude Medical is now Abbott)

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