

THE FUTURE IS HERE

Meet Cobalt™ ICDs and CRT-Ds

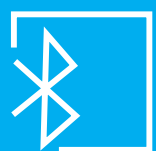


Medtronic



UNMATCHED FEATURE SUITE

- Extended longevity and higher output, while maintaining exclusive PhysioCurve™ size and shape
- Exclusive technology to reduce shocks
- Exclusive algorithms to optimize CRT
- Exclusive algorithms to manage atrial fibrillation (AF)



REIMAGINED CONNECTIVITY

BlueSync™ technology that enables tablet-based programming and app-based remote monitoring



STREAMLINED WORKFLOWS

Manage alerts of clinically relevant events with additional CareAlert™ notifications

THE FUTURE IS HERE

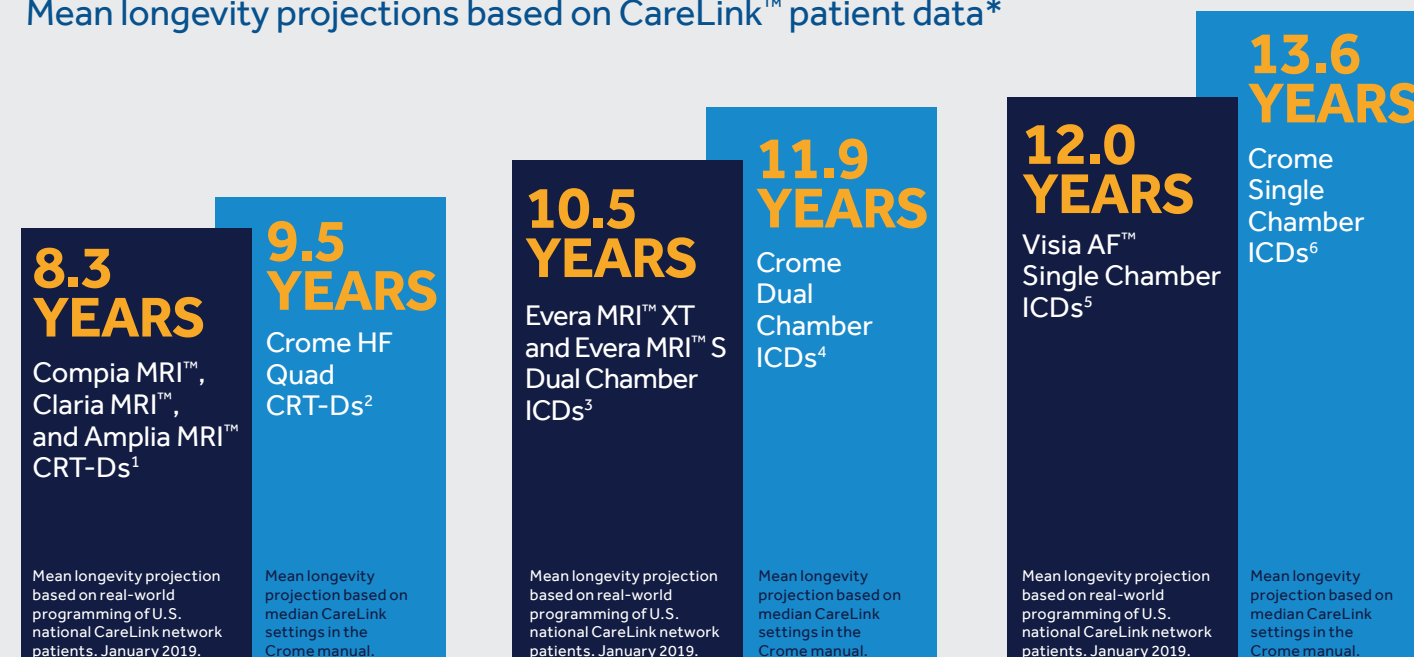
Meet Cobalt™
ICDs and CRT-Ds



UNMATCHED FEATURE SUITE

Extended Longevity

Mean longevity projections based on CareLink™ patient data*



Option for 40 J Energy Delivery on All Shocks (including first shock)^{2,4,6}

MAXIMUM
PROGRAMMED
ENERGY

40 J

MAXIMUM
DELIVERED
ENERGY**

40 J

MAXIMUM
STORED
ENERGY††

47 J

**Energy delivered at connector block into a 50 Ω ± 1% load.

††Energy stored at charge end on capacitor.

UNMATCHED FEATURE SUITE



PhysioCurve Design

PhysioCurve showed a 30% reduction in overall skin pressure compared to noncontoured devices.⁷

- Tapered at the head and bottom of device to reduce skin pressure and promote patient comfort
- Smaller footprint for a smaller incision
- Designed with lead wrap in mind — landing area to minimize additional stresses on the lead⁸



SmartShock™ 2.0 Technology

Lowest inappropriate shock rate.*⁹

SmartShock 2.0 includes six exclusive algorithms that discriminate true lethal arrhythmias from other arrhythmic and nonarrhythmic events.^{†10}

1.5%

Inappropriate shock rate in dual and triple chamber patients at one year⁹

2.5%

Inappropriate shock rate in single chamber patients at one year⁹

*A controlled, head-to-head study evaluating the comparative performance of device algorithms has not been done. Comparison of inappropriate shock rates based on survey of published literature.

†PR Logic™ does not apply to VR devices.

Exclusive Algorithms to Optimize CRT Delivery

AdaptivCRT™ Algorithm adapts to patients' changing needs by optimizing CRT pacing minute-to-minute

IMPROVEMENT IN CRT RESPONSE

12%

Improvement in CRT patient response with AdaptivCRT*¹¹

RELATIVE REDUCTION IN MORTALITY

29%

AdaptivCRT is associated with a 29% relative reduction in mortality^{†12}

REDUCTION IN HOSPITALIZATIONS

59%

Reduction in a patient's odds of 30-day HF readmission with AdaptivCRT¹³



*Comparing AdaptivCRT to Echo-optimized BiV pacing in patients with normal AV conduction, percentage of patients improved in Packer clinical composite score (CCS) at 6-month follow-up. CCS is a composite measure of mortality, HF hospitalizations, and symptomatic changes.

†Patients who received AdaptivCRT were associated with a 29% relative reduction in all-cause mortality vs. conventional CRT (after adjusting for other potential risk factors including age, gender, LVEF, NYHA class, QRS duration, AF, CAD, hypertension, AV block, and LBBB).

UNMATCHED FEATURE SUITE



Exclusive Algorithms to Manage AF

DETECT

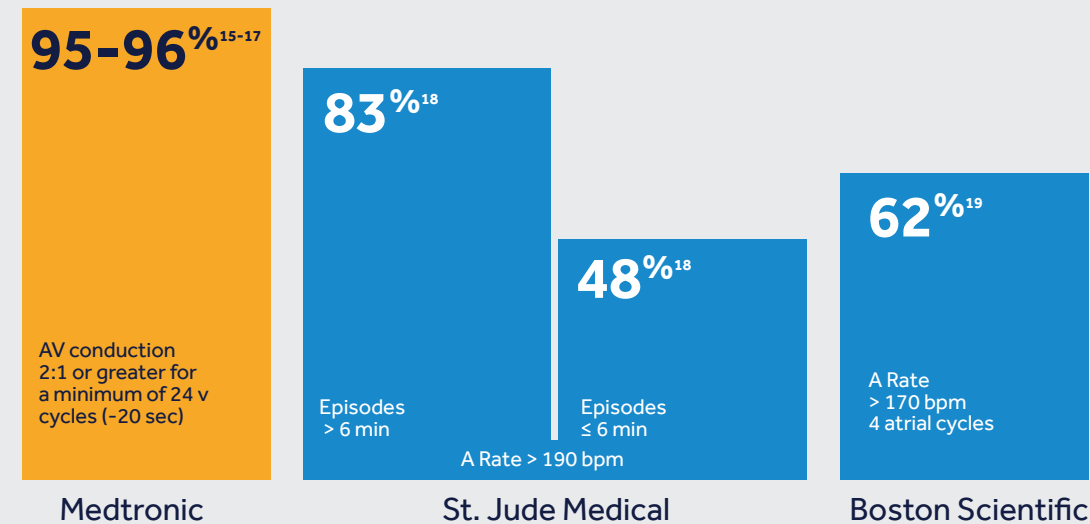
Single Chamber

TruAF™ Detection Algorithm can detect AF in single chamber ICD patients using a traditional lead.

Dual Chamber and CRT-D

Highest published AF episode detection accuracy (PPV).^{*†14-17}

AF Episode Detection Accuracy (PPV)^{*†14}



^{*}A controlled, head-to-head study evaluating the comparative performance of device algorithms has not been done. AF detection accuracy rates determined from independent clinical trials are presented for reference.

[†]Detection accuracy is compared using PPV, which is the percentage of all AT/AF episodes detected by the individual device detection algorithm that were adjudicated as true AT/AF.

Exclusive Algorithms to Manage AF

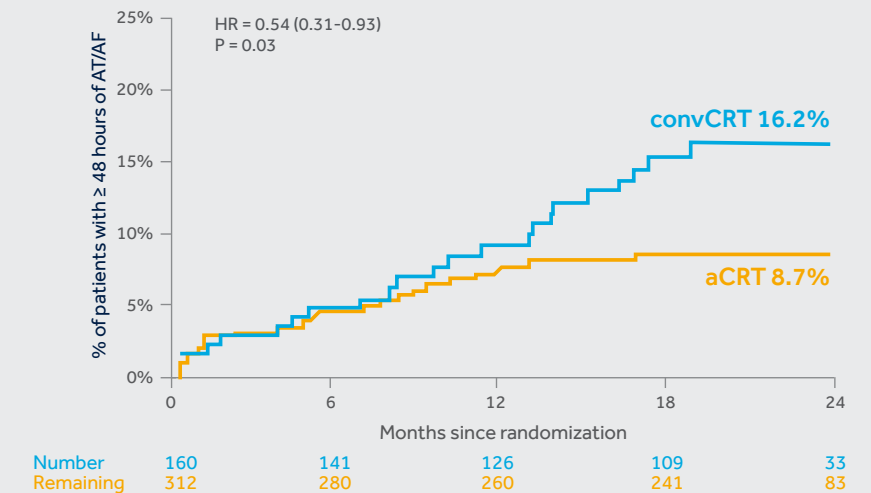
REDUCE

CRT-D

46% reduction in AF risk with AdaptivCRT Algorithm^{*20}

Incidence of Primary End Point²⁰ (≥ 48 consecutive hours of AT/AF)

HR = 0.54 (0.31-0.93)
P = 0.03



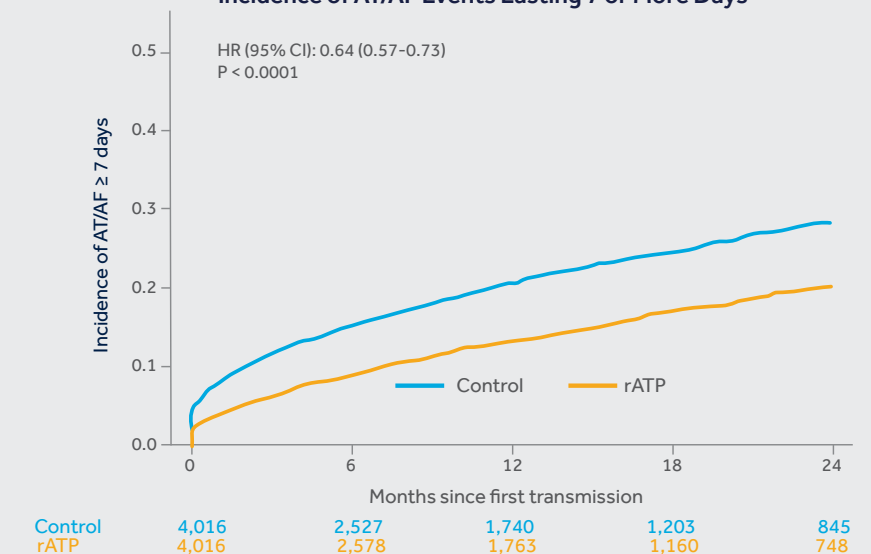
^{*}Most of the reduction in AF occurred in subgroups with prolonged AV conduction at baseline and with significant left atrial reverse remodeling.

Dual Chamber and CRT-D

36% relative reduction in AT/AF episodes ≥ 7 days with Reactive ATP™ Algorithm^{†21}

Incidence of AT/AF Events Lasting 7 or More Days²¹

HR (95% CI): 0.64 (0.57-0.73)
P < 0.0001



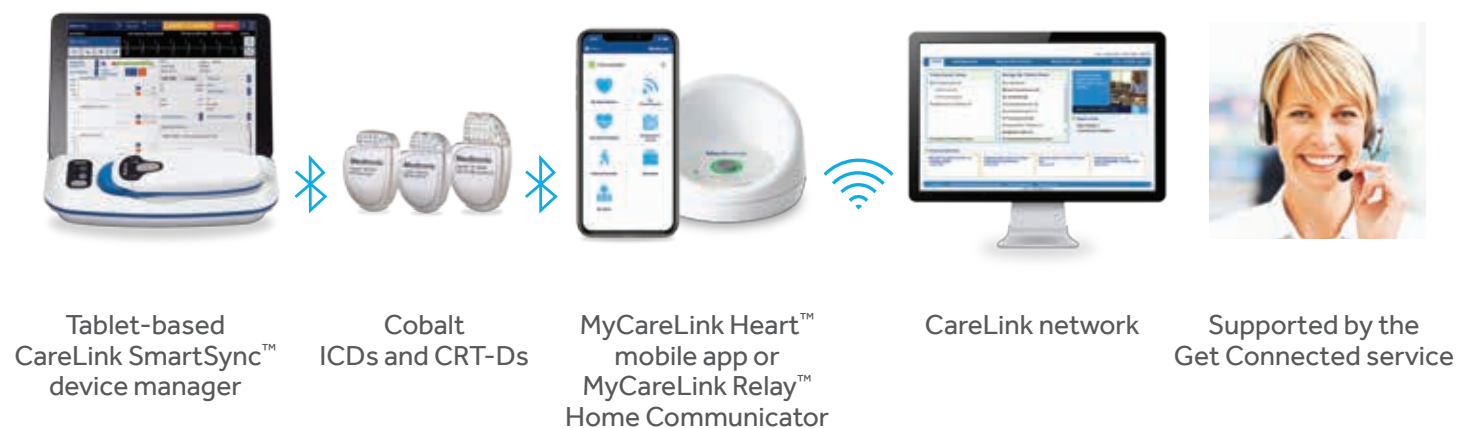
[†]Compared to matched control group.

REIMAGINED CONNECTIVITY



BlueSync Technology

Crome ICDs and CRT-Ds with BlueSync technology enable secure, wireless communication.



Increase Patient Adherence, Save Lives

Cardiac device patients who are not adherent with remote monitor transmissions will miss out on the following benefits:

- 50%** potential increase in survival rate of patients²²⁻²⁴
- 35%** potential reduction in ER visits^{25,26}
- 18%** potential reduction in length of hospital stay²⁷



MyCareLink Heart results in **94.6% patient adherence to transmission schedule** compared to 77% patient adherence for bedside monitors.²⁸

Security Measures^{2,4,6}

BlueSync Technology

BlueSync technology security was designed to protect the device, patient data, and connectivity.

Device Protection

- **BlueSync devices do not accept programming from unauthorized sources.**
- **BlueSync devices are not connected to internet.** Devices do not have an IP address, unlike other connected consumer products.

Please go to [medtronic.com/security](https://www.medtronic.com/security) for up-to-date security information.

Data Privacy

End-to-end encryption

Data are encrypted in BlueSync technology using NIST* government standard for security before it is transmitted to the CareLink network.

*NIST: National Institute of Standards and Technology.

Alternative Monitoring Option

MyCareLink Relay Home Communicator

A Bluetooth home communicator offers your patients an alternative option for easy and reliable monitoring.

- No manual pairing required
- Requires little to no user interaction

For patients who prefer not to use a smartphone.



MyCareLink Relay must be plugged in and patients must be within communication range for successful transmissions. Requires Wi-Fi or cellular connection.

STREAMLINED WORKFLOWS

Additional CareAlerts

Tachyarrhythmia Status:

- Monitored VT
- Weekly ATP delivered
- Daily VT/VF episodes

Bradyarrhythmia Status:

- Right ventricular pacing > 40%
- High capture thresholds

Heart Failure Status:

- Ventricular pacing < 90%
- OptiVol™ 2.0 Fluid Status Monitoring (CRT-D)

Built for MRI

With Cobalt MRI, patients have access to 1.5T and 3T full body scanning*^{2,4,6}

- Our SureScan™ devices and leads work in any combination.[†]
- Scanning conditions are simple: no MRI exclusion zone, no patient height restriction, no MRI duration restriction.^{2,4,6}
- BiV pacing now available in MRI SureScan mode.²



*When MR conditions for use are met.

[†]For a complete list of approved device and lead combinations, please visit [mrisurescan.com](https://www.mrisurescan.com).



Meet Cobalt ICDs and CRT-Ds

References

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This material does not replace or supersede the instructions for use. It should not be considered the exclusive source of information, and should be used in conjunction with the device manual.

See the device manual for detailed information regarding the instructions for use, the implant procedure, indications, contraindications, warnings, precautions, and potential adverse events. If using an MRI SureScan™ device, see the MRI SureScan™ technical manual before performing an MRI. For further information, contact your local Medtronic representative and/or consult the Medtronic website at medtronic.eu

For applicable products, consult instructions for use on www.medtronic.com/manuals. Manuals can be viewed using a current version of any major internet browser. For best results, use Adobe Acrobat® Reader with the browser.

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Medtronic

Europe

Medtronic International Trading Sàrl.
Route du Molliau 31
Case postale
CH-1131 Tolochenaz
www.medtronic.eu
Tel: +41 (0)21 802 70 00
Fax: +41 (0)21 802 79 00

United Kingdom/Ireland

Medtronic Limited
Building 9
Croxley Park
Hatters Lane
Watford
Herts WD18 8WW
www.medtronic.co.uk
Tel: +44 (0)1923 212213
Fax: +44 (0)1923 241004

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