



REAL WORLD EVIDENCE⁺

REPAIR OF LARGE-BORE ARTERIAL ACCESS-SITES

**Perclose ProGlide™ Suture-Mediated Closure
(SMC) System vs. Surgical Cutdown**



Perclose ProGlide™
Suture-Mediated Closure System

Sources can be found on page 6.

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REAL-WORLD EVIDENCE†

This real-world clinical study was designed to compare clinical and economic outcomes and complication rates among patients undergoing closure of large-bore arterial access using Perclose ProGlide™ SMC System (**Perclose**) versus Surgical Cutdown (**Cutdown**) in a real-world setting.

- The Perclose ProGlide™ SMC System delivers a secure, non-masking percutaneous suture to the access site¹ that promotes primary healing² and has no reaccess restrictions¹
- This system has the broadest arterial and venous indication*, and can be utilized for 5-21F¹, (26F Max OD³) arterial sheaths and 5-24¹ (29F Max. OD³) venous sheaths.



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DATABASE AND PATIENT POPULATION^{†§}

A retrospective study utilizing IBM Explorys data from IBM Watson Health with longitudinal data for approximately **55 million U.S. patients**.

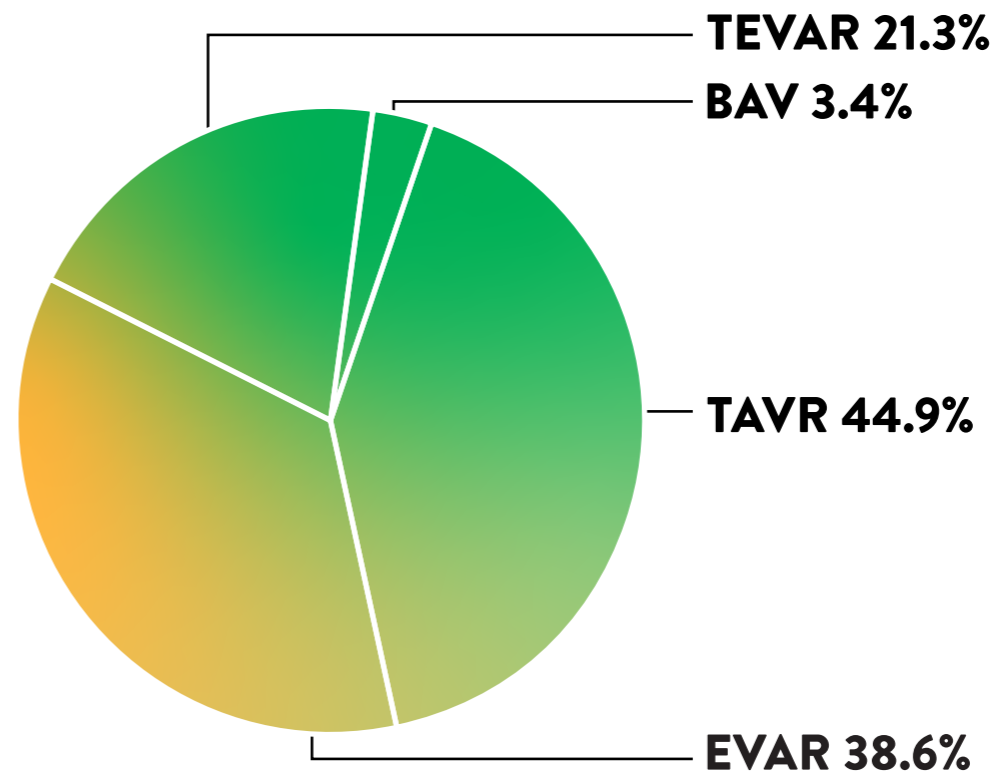
PATIENT SELECTION AND METHODOLOGY:

- Matched cohorts⁴
- Multivariate regression controlled for baseline⁵

PATIENT BASELINE:

	Cutdown	Perclose ProGlide™ SMC System
# of Patients	757	757
Anticoagulants [◇]	17.8%	44.9%

[◇]p<0.05



Patients may have had multiple procedures during index admission

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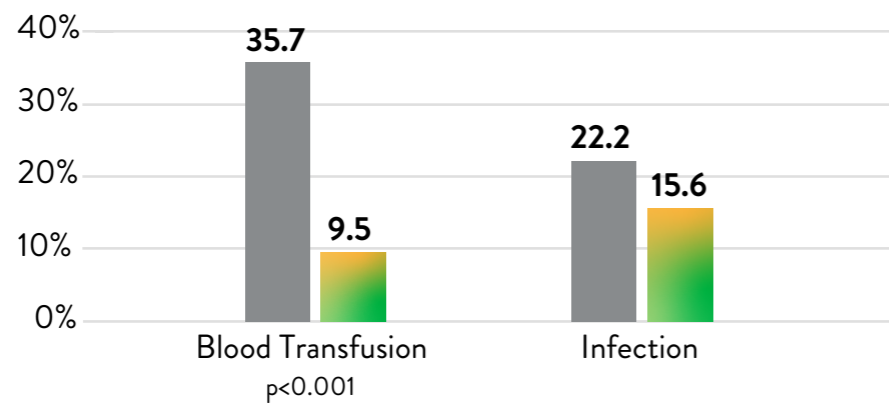
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KEY STUDY FINDINGS†§

The use of Perclose ProGlide™ SMC System is associated with significantly lower blood transfusions, infections, mortality, and hospital length of stay (LOS) compared to surgical cutdown.

INDEX HOSPITALIZATION

Perclose patients **80%** less likely to require a blood transfusion and **41%** less likely to have an infection.

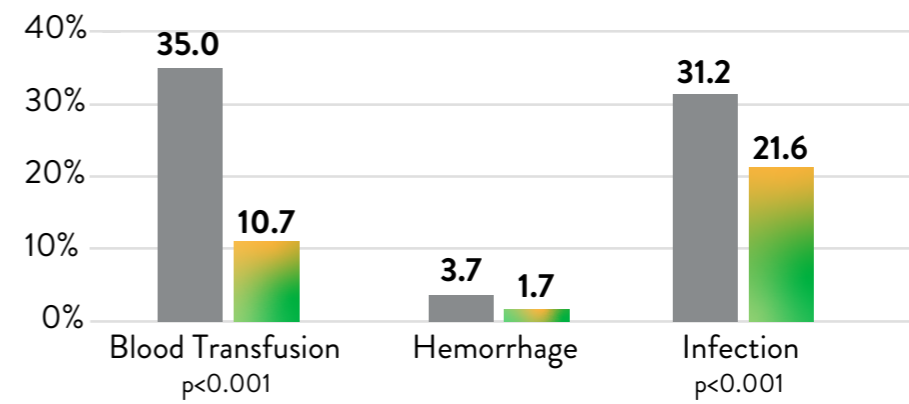


Outcome	Odds Ratio		p-value	Confidence Interval	
	Cutdown N=757	Perclose N=757		Lower	Upper
Blood Transfusion	1	0.20	<0.001	0.15	0.27
Infection	1	0.59	<0.001	0.44	0.79

■ Surgical Cutdown ■ Perclose ProGlide™ SMC System

30-DAYS

At 30 days, Perclose patients were **79%** less likely to require a blood transfusion, **43%** less likely to have an infection.



Outcome	Odds Ratio		p-value	Confidence Interval	
	Cutdown N=600	Perclose N=662		Lower	Upper
Blood Transfusion	1	0.21	<0.001	0.15	0.28
Infection	1	0.57	<0.001	0.44	0.73

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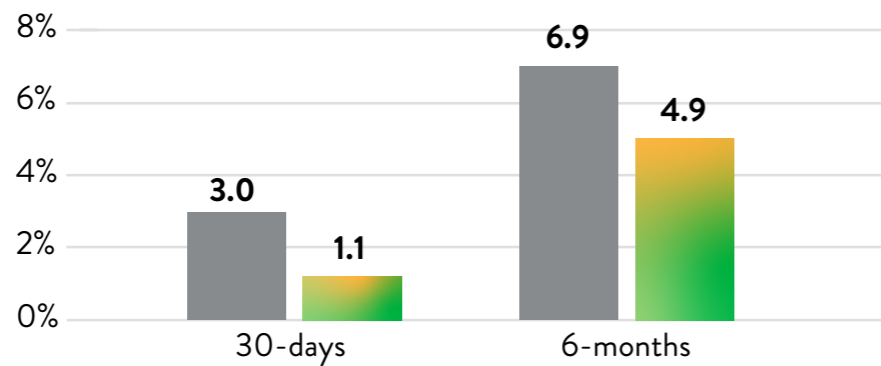
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KEY STUDY FINDINGS^{†§} (CONT.)

Patients in the Perclose cohort had a 42% shorter index hospitalization, which corresponded to US \$14,687 lower costs.

MORTALITY**

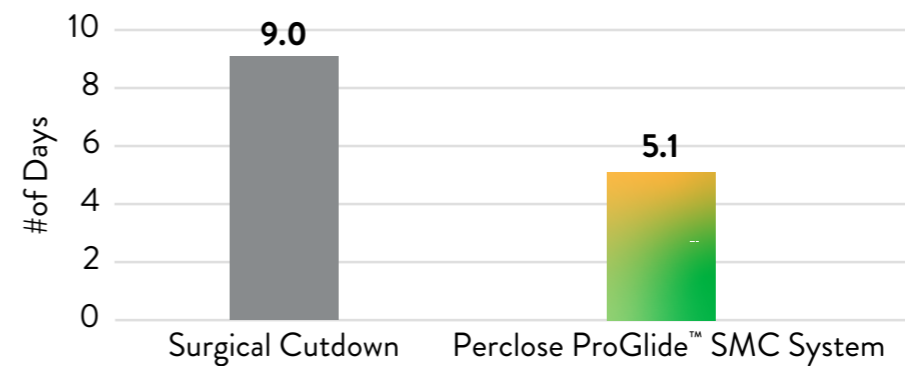
At 30 days, Perclose patients **70%** less likely to die.



Time point	Odds Ratio		p-value	Confidence Interval	
	Cutdown N=757	Perclose N=757		Lower	Upper
30-days	1	0.30	<0.001	0.13	0.71

HOSPITALIZATION LENGTH OF STAY (LOS)***

Hospitalization **42%** shorter for Perclose patients.



	Odds Ratio		p-value	Confidence Interval	
	Cutdown N=757	Perclose N=757		Lower	Upper
	1	0.58	<0.001	0.53	0.62

■ Surgical Cutdown ■ Perclose ProGlide™ SMC System

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This study was an Investigator Sponsored Study funded by Abbott.

† Schneider DB, Zvonimir K et al. Clinical and economic outcomes of ProGlide compared with surgical repair of large bore arterial access. *J. Comp. Eff. Res.* (2019) 8(16), 1381 -1392

§ Schneider DB. Perclose ProGlide vs. Surgical Closure Outcomes - Real world Evidence (LINC 2018 Presentation)

* As compared to Angio-Seal‡, ExoSeal‡, FemoSeal‡, InClosure‡, MANTA‡, Mynx‡, PerQseal‡, Vascade‡, Velox CD‡, X-Seal‡. Data on file at Abbott.

** Logistical regression model performed for mortality.

*** Poisson regression model performed for hospital length of stay.

1. Perclose ProGlide SMC System - Instructions for Use.
2. Primary intention healing occurs where vessel wall edges are brought together, adjacent to each other. This can be achieved with suture, stitches, staples and clips. *Advances in Skin & Wound Care: Healing by Intention.* Salcido, Richard. 2017
3. Data on file at Abbott.
4. Age, Sex, Index procedure, Index year, Baseline blood transfusion, Peripheral vascular disease.
5. Anticoagulant use, Atherosclerosis, Cancer, Chronic respiratory disease, MI, Stroke, Blood transfusion.

CAUTION: This product is intended for use by or under the direction of a physician. Prior to use, reference the Instructions for Use, inside the product carton (when available) or at www.vascular.eifu.abbott or at medical.abbott/manuals for more detailed information on Indications, Contraindications, Warnings, Precautions and Adverse Events.

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