WHY NOT PROVIDE YOUR PATIENTS MORE OPTIONS TODAY—AND TOMORROW?

MORE OPTIONS FOR HEART FAILURE PATIENTS

CRT Non-response is UNPREDICTABLE AND COMPLICATED

40%

Variations in patient physiology and anatomy make optimising CRT therapy especially challenging.

Enhanced therapy flexibility and customisation are key to improved response.

To help make non-response a non-issue, St. Jude Medical provides MULTIPLE OPTIONS TO IMPROVE CRT RESPONSE RATES.²,³

MultiPoint™ Pacing
- Captures more tissue by delivering multiple LV pacing impulses from a single lead.
- Individualised CRT options for each patient’s unique anatomy and conditions.
- 90% Response or greater at 12 months as measured through three different methods of CRT Response assessment.⁴

SyncAV™ CRT
- Ensures dynamic CRT pacing as a patient’s intrinsic timing changes.
- Allows fusion pacing to ventricular to improve electrical synchrony.
- Data shows algorithm narrows QRS duration.⁴
- Can work in tandem with MultiPoint™ Pacing or independently.

MRI Ready
- Full-body MRI compatibility ensures access to future diagnostic options.*
- Both CRT-D and CRT-P systems allow full-body MRI access.

Advanced CRT Portfolio
Quadra Allure MP™ CRT-P and Quadra Assura MP™ CRT-D
- Built on the quadripolar standard of care to provide clinicians with more options.

WHY NOT PROVIDE YOUR PATIENTS MORE OPTIONS TODAY—AND TOMORROW?
The Heart Failure Company

St. Jude Medical offers the most complete portfolio of heart failure solutions in the industry, including Quadripolar CRT-D and CRT-P Systems, CardioMEMS™ HF System and HeartMate 3™ Left Ventricular Assist Device system. By challenging the status quo, St. Jude Medical’s legacy of advancing technologies that slow the progression of heart failure is clear.

The pioneer in quadripolar solutions.
Only CRT solutions featuring SyncAV™ CRT, MultiPoint™ Pacing and MRI compatibility.
More CRT implants in the last two years than any other device manufacturer.**

**As of October, 2016.

1. Daubert, J., Saxon, L., Adamson, P. B., Auricchio, A., Berger, R. D., Beshai, J. F., . . . Torp-Pedersen, C. T. (2012). 2012 EHRA/HRS expert consensus statement on cardiac resynchronization therapy in heart failure: Implant and follow-up recommendations and management: A registered branch of the European Society of Cardiology (ESC), and the Heart Rhythm Society; and in collaboration with the Heart Failure Society of America (HFSA), the American Society of Echocardiography (ASE), the American Heart Association (AHA), the European Association of Echocardiography (EAE) of the ESC and the Heart Failure Association of the ESC (HFA). *Endorsed by the governing bodies of AHA, ASE, EAE, HFSA, HFA, EHRA, and HRS. Europace, 14 (9), 1236-1286.


The listed MRI Environment and conditions are for aggregate/electrode combinations using 1.5 Tesla and a whole body scan in normal operating mode.

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<thead>
<tr>
<th>Devices</th>
<th>Leads</th>
<th>SAR</th>
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<tr>
<td>CRT-D</td>
<td>Quadra Assura™</td>
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<tr>
<td>CD3367-40Q, CD3367-40QC</td>
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<td>Left-ventricular Lead</td>
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