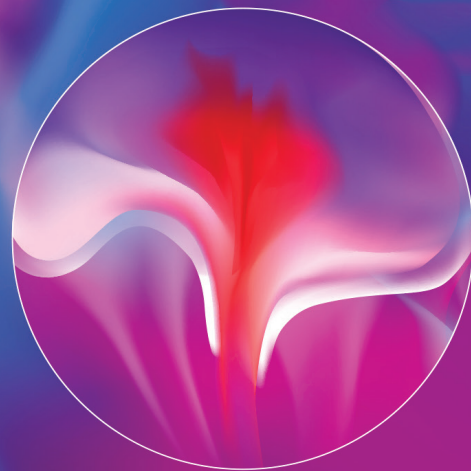


MitraClip™

Transcatheter Mitral Valve Repair

TAILORED. OPTIMIZED. PROVEN.*
MITRACLIP™ G4



NT

NTW

XT

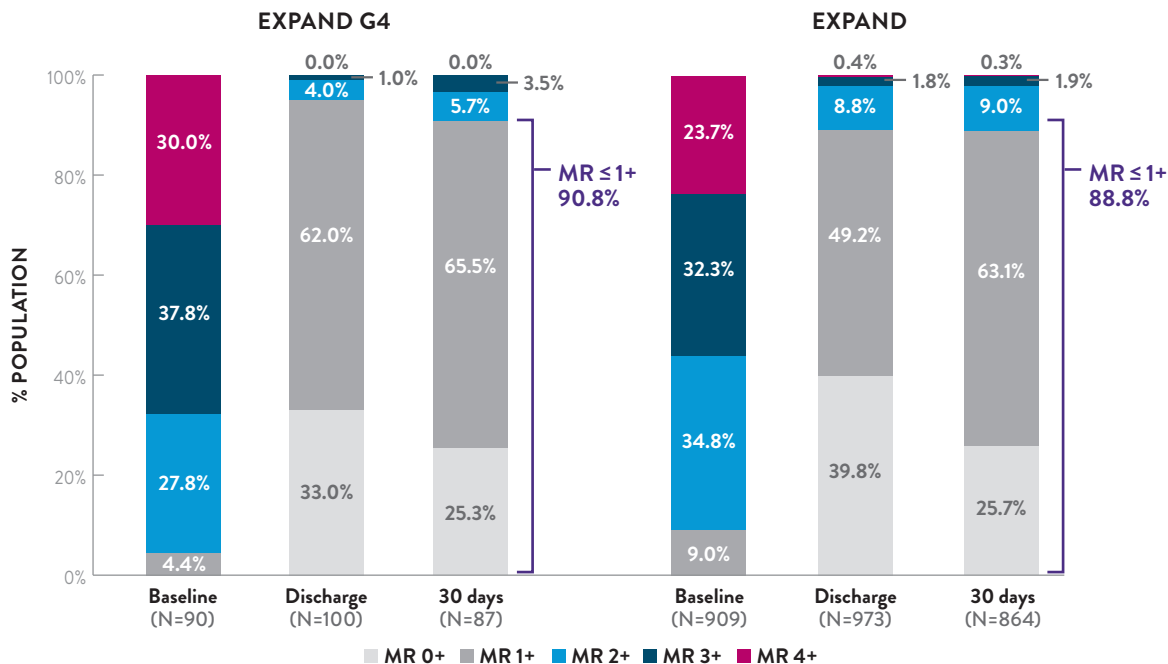
XTW


Abbott

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HIGHEST MR REDUCTION ACHIEVED WITH TMVr^{1*}

PROVEN MR REDUCTION TO 1+ OR LESS WITH TAILORED REPAIR¹



MR severity baseline and follow-up are assessed based on US Guidelines

99%

IMPLANT RATE

ACUTE PROCEDURAL SUCCESS

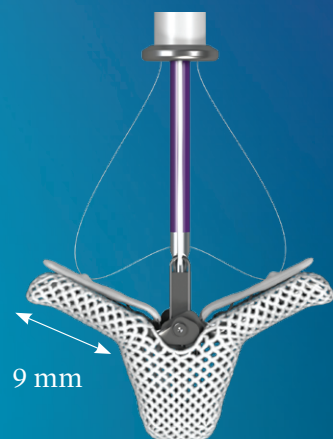
*Reported to date.

2 Information contained herein for **DISTRIBUTION outside of the U.S. ONLY**. Always check the regulatory status of the device in your region.

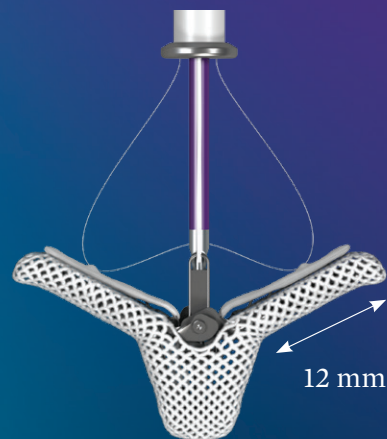
EXPANDED PORTFOLIO OF CLIP SIZES*



G4 NT AND G4 NTW



G4 XT AND G4 XTW



HIGHEST MR REDUCTION ACHIEVED WITH TMV_r¹

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.

[†] Information contained herein for DISTRIBUTION in Australia and New Zealand ONLY.

TREAT MORE PATIENTS WITH MORE OPTIONS^{2,3}

MITRACLIP SUCCESSFULLY TREATS A BROAD RANGE OF VALVE ANATOMIES
IN REAL WORLD USE^{1,3}



NEARLY 1 IN 5 PATIENTS HAVE VALVE ANATOMIES CONSIDERED COMPLEX³

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.³

“

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 OPTIONS^{2,3}

ABILITY TO CHOOSE CLIP SIZE BASED ON EACH MV ANATOMY^{2,3*}

ANATOMICAL 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 are based on the clinical experience of physicians. The EXPAND G4 observational study evaluates adherence to Clip Size Selection Recommendations and their associated outcomes.

“

YOU HAVE MULTIPLE CLIP OPTIONS

to treat different diseases on the MV, allowing the ability to tailor the therapy for the disease

— *Interventional Cardiologist with over 10 years of MitraClip experience commenting on MitraClip G4[†]*

*Tests performed by and data on file at Abbott.

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

CONTROLLED GRIPPER LEVERS



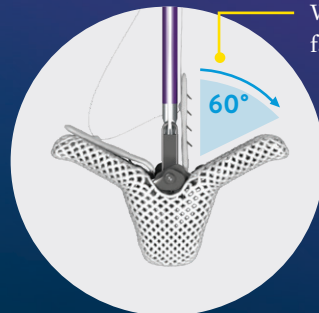
BOTH GRIPPERS LOWERED



ONE GRIPPER LOWERED



GRIPPERS DESIGNED TO DISTRIBUTE LEAFLET RETENTION FORCE
to grasp leaflet with confidence*



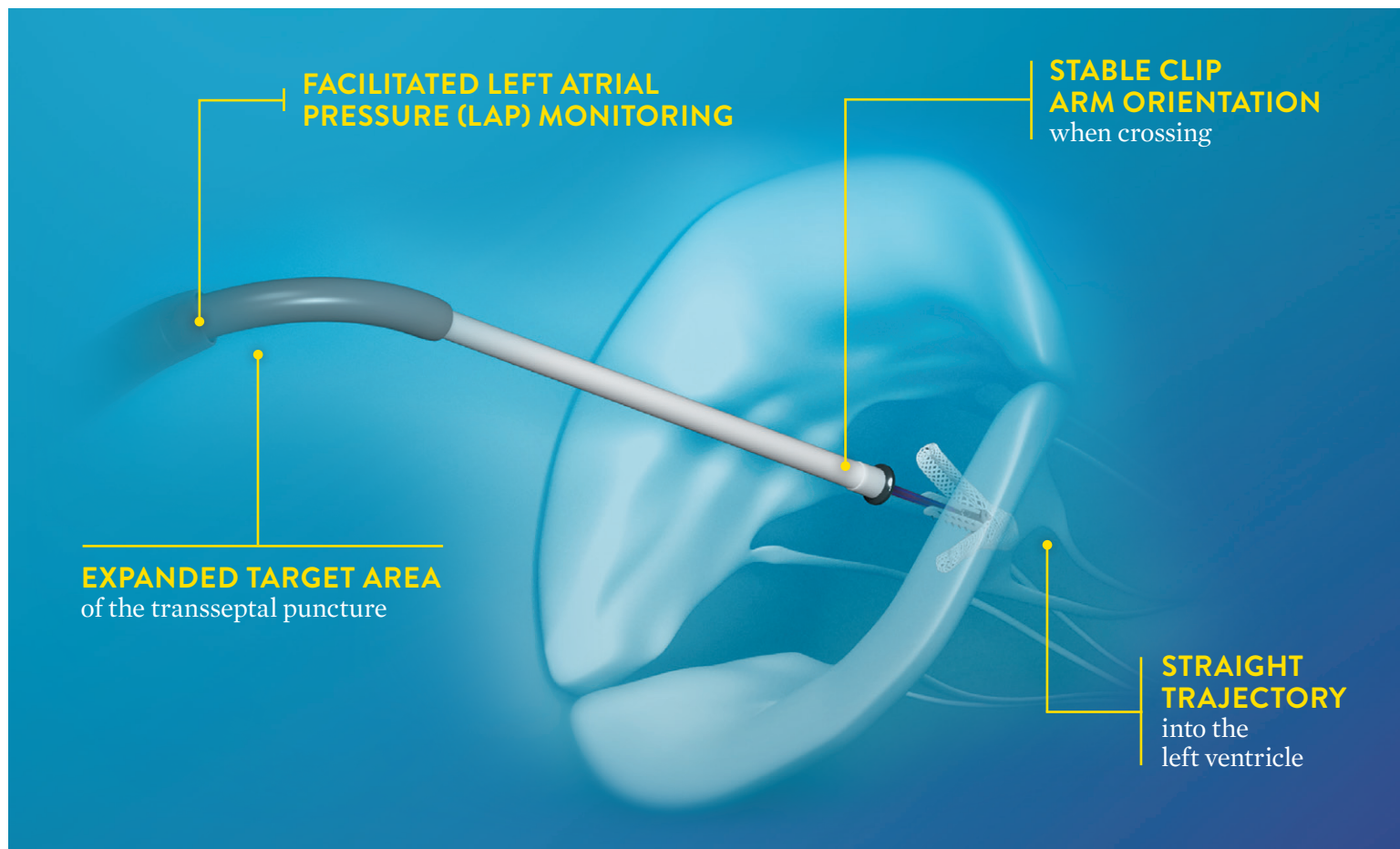
Wide grasping opening to facilitate full leaflet insertion*

*Tests performed by and data on file at Abbott

**MitraClip G4 IFU

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[†]*

¹*Tests performed by and data on file at Abbott.

INCREASED PROCEDURE EFFICIENCY*

~7% REDUCTION IN CLIPS IMPLANTED PER PROCEDURE¹



1 IMPLANTED CLIP IN 61% OF CASES

15% SHORTER PROCEDURAL TIME¹



39 MIN. AVERAGE DEVICE TIME¹

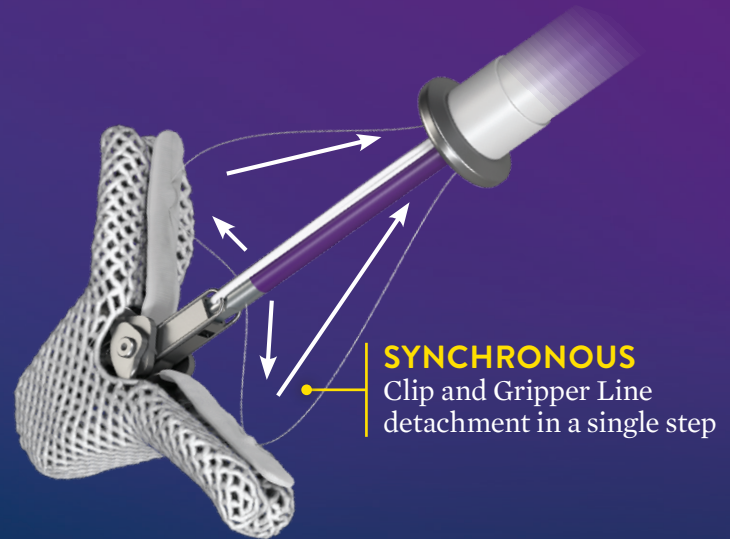
“

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, in comparison to traditional MitraClip™ System

FIRST AND FOREMOST

EVERY TIME

OVER TIME

OVER 16



YEARS OF CLINICAL
EXPERIENCE*

OVER 100K



PATIENTS TREATED
WORLDWIDE*

OVER 30K



PATIENTS STUDIED
IN CLINICAL TRIALS*

MOST
EXPERIENCED



FIELD &
TRAINING TEAM

*Data on file at Abbott

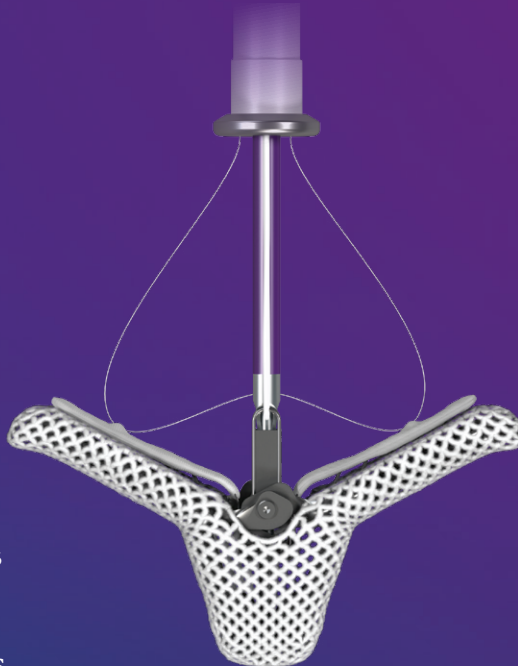
MITRACLIP™ IS THE ONLY PROVEN TMV** THERAPY THAT GIVES YOU CONFIDENCE IN:

SAFETY

96.6% freedom from device-related complications at 12 months¹²

SURVIVAL

- Lowest 30-day and 1-year mortality rate reported in large scale real world studies^{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 volumes⁴⁻¹³

EFFICACY

- 89% $\leq 1+$ at 1 year in PMR and SMR patients¹⁵
- 99% MR $\leq 2+$ at 24 months 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)

REFERENCES

1. Chehab Bassem M. Contemporary Clinical Outcomes with the Transcatheter Mitral Valve Repair using MitraClip™ G4 System: Core Laboratory Echocardiographic Results in EXPAND G4 Study. Data presented at PCR Valves eCourse 2020. **2.** Rottbauer W. D. Contemporary Clinical Outcomes with MitraClip™ (NTR/XTR) System: Core-lab Echo Results from +1000 Patient the Global EXPAND Study. Data presented at PCR 2020. **3.** Maisano F. Clip Selection Strategy and Outcomes with MitraClip™ (NTR/XTR): Evidence-Based Recommendations from the Global EXPAND Study. Data presented at PCR 2020. **4.** Feldman T. Randomized Comparison of Percutaneous Repair and Surgery for Mitral Regurgitation 5-Year Results of EVEREST II. *JACC*. VOL . 66 , NO. 25, 2015. **5.** Kar S. Five-year outcomes of transcatheter reduction of significant mitral regurgitation in high-surgical-risk patients. *Heart* 2018;0:1–7. **6.** Lim S. Five-Year Durability Results Of Transcatheter Mitral Valve Repair With the MitraClip® System in Patients With Severe Degenerative Mitral Regurgitation and Prohibitive Surgical Risk. Poster presented at ACC 2018. **7.** Feldman T. The EVEREST II REALISM Continued Access Study: Five-Year Outcomes in High Surgical Risk Patients. Data presented at PCR 2018. **8.** Feldman T. The EVEREST II REALISM Continued Access Non-High Risk Study: Mid- and Long-Term Follow-up in Surgical Candidates. Data presented at ESC 2017. **9.** Kalbacher et al. Long-term outcome, survival and predictors of mortality after MitraClip therapy: Results from the German Transcatheter Mitral Valve Interventions (TRAMI) registry. *International Journal of Cardiology* 277 (2019) 35–41. **10.** Adamo et al. Five year clinical outcomes after percutaneous edge-to-edge mitral valve repair: Insights from the multicenter GRASP-IT registry. *American Heart Journal*. **11.** Bedogni et al. Real world safety and efficacy of transcatheter mitral valve repair with MitraClip. Thirty-day results from the Italian Society of Interventional Cardiology (GISe) Registry Of Transcatheter Treatment of Mitral Valve RegurgitaTiOn (GIOTTO). *Cardiovascular Revascularization Medicine*. **12.** Surder et al. Impact of aetiology of mitral regurgitation on outcome after Mitraclip: lessons learned from MitraSwiss Registry. *EuroIntervention*. **13.** Buzzati et al. Mid-term outcomes (up to 5 years) of percutaneous edge-to-edge mitral repair in the real-world according to regurgitation mechanism: A single-center experience. *Catheter Cardiovasc Interv* 2019;94:427–435. **14.** Stone G. COAPT: A Randomized Trial of Transcatheter Mitral Valve Leaflet Approximation in Patients with Heart Failure and Secondary Mitral Regurgitation. Presented at TCT 2018. **15.** Kar S. Core-Lab Adjudicated Contemporary Clinical Outcomes at 1 Year with MitraClip™ (NTR/XTR) System from Global EXPAND Study. Data presented at TCT 2020. **16.** Price M. Adjudicated Safety and Effectiveness Outcomes with MitraClip™ XTR System: Results from the Global EXPAND Study. Data presented at PCR 2020.

†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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