

SIGNIFICANT OUTCOMES IN HEART FAILURE PATIENTS WITH SECONDARY MR

STUDY DESIGN

The COAPT™ Trial was a parallel-controlled, open-label, multicenter trial in 614 patients with heart failure and moderate-to-severe (grade 3+) or severe (grade 4+) secondary MR who remained symptomatic despite maximally tolerated guideline-directed medical therapy (GDMT). Patients were randomized into 2 groups, MitraClip™ + GDMT (N=302) or GDMT alone (N=312).

DEMOGRAPHICS & ECHO MEASURES	MITRACLIP + GDMT (N=302)	GDMT ALONE (N=312)
Mean Age (years)	71.7 ± 11.8	72.8 ± 10.5
Male	66.6%	61.5%
STS Replacement Score	7.8 ± 5.5	8.5 ± 6.2
Effective Regurgitant Orifice Area (EROA, cm ²)	0.41 ± 0.15	0.40 ± 0.15

SUSTAINED PATIENT SAFETY OUT TO 5-YEARS

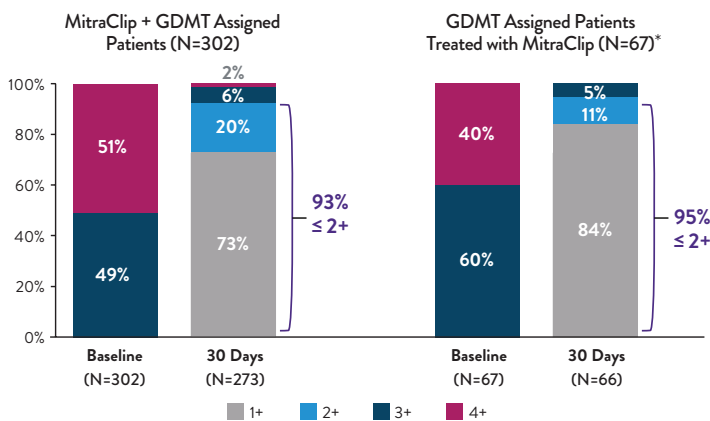


Freedom from device-specific complications at 5 years¹

EARLIER THE BETTER, BUT BETTER LATE THAN NEVER

Earlier treatment with MitraClip therapy saves lives, but also, it's never too late to improve patient outcomes¹

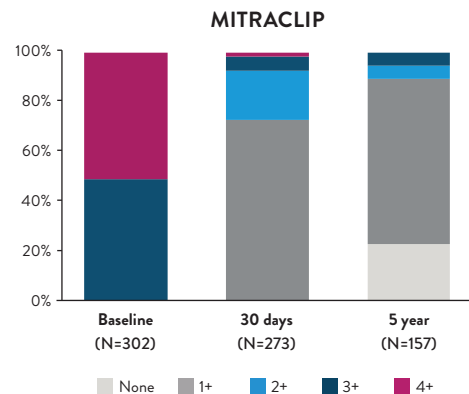
MITRAL REGURGITATION SEVERITY (CORE LABORATORY ASSESSED)



*GDMT group patients were permitted to have MitraClip device treatment after 2 years (crossover)

DURABLE MR REDUCTION OUT TO 5-YEARS

At 5 years, 95% of MitraClip-treated patients experienced MR≤2+, a trend sustained from 93% at 30 days¹



“We now know fixing the valve matters... MitraClip improves survival. I would consider this a landmark trial and a real game-changer for our patients.”⁴

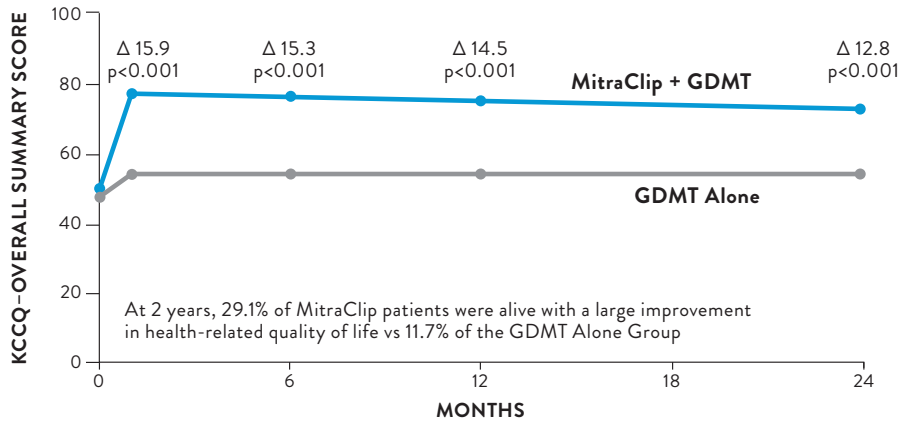
— William Abraham, MD
COAPT Principal investigator

- Treatment with MitraClip™ in control patients was an independent predictor of freedom from subsequent heart-failure hospitalization (HFH) or death.¹
- Even after two years, crossover subjects experienced outcomes similar to those initially in the device group; however, nearly half of the control group patients had died by the time crossover was permitted, emphasizing the need for early treatment with the MitraClip™ therapy.¹

DRAMATIC IMPROVEMENT IN QUALITY OF LIFE

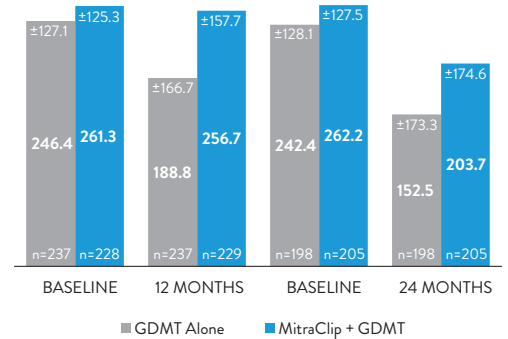
2.5X

MORE LIKELY TO EXPERIENCE A LARGE IMPROVEMENT IN QUALITY OF LIFE WITH MITRACLIP³



6-MINUTE WALK DISTANCE²

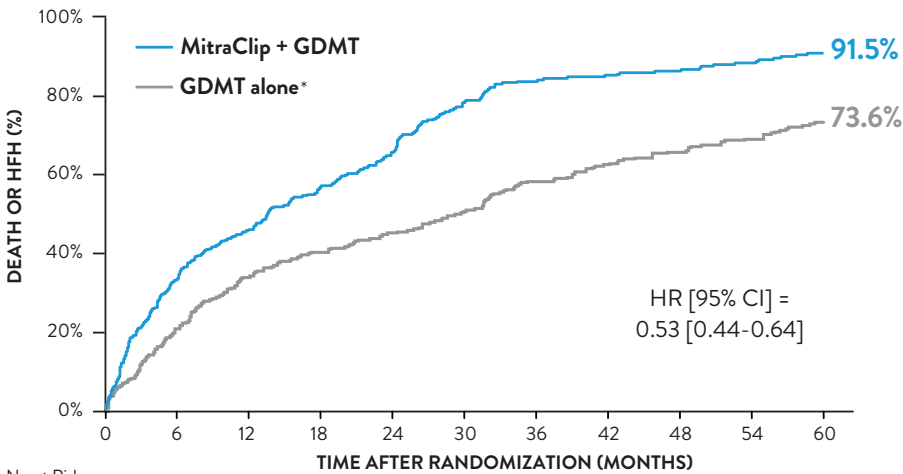
Greater decline in 6MWD in GDMT group compared to Mitraclip group at 24 months



Note: KCCQ Minimum for Clinically Important Difference (MCID)= 5 points; Large Improvement Defined as ≥ 20 Points increase from baseline KCCQ; quality of life is assessed only in surviving patients
KCCQ score was collected only for the first 2 years of the COAPT Trial

PATIENTS LIVE LONGER, LESS BURDENED¹

- MitraClipTM + GDMT patients were more likely to be in NYHA functional class I or II throughout the 5 years.¹
- MitraClipTM + GDMT patients benefited from a 47% relative risk reduction in HFH/ Death versus GDMT-alone¹



47%

RELATIVE RISK REDUCTION¹

No. at Risk:

	0	6	12	18	24	30	36	42	48	54	60
MitraClip	302	236	194	174	158	141	118	105	93	81	52
GDMT	312	206	157	122	95	58	43	37	33	26	17

*Includes crossover patients (GDMT only patients that were allowed to crossover to MitraClip after 24 mths).

References:

- Stone GW, et al. Five-Year Follow-up after Transcatheter Repair of Secondary Mitral Regurgitation. N Engl J Med. March 5, 2023. DOI: 10.1056/NEJMOA2300213
- Mack M. COAPT: 3-Year Outcomes of Transcatheter Mitral Valve Repair in Patients with Heart Failure. JACC Mar 2021
- Arnold SV et al. Health status after transcatheter mitral valve repair in heart failure and secondary mitral regurgitation. JACC. Mar 2019, 25951; DOI: 10.1016/j.jacc.2019.02.010
- Zagoudis, J., FDA Approves MitraClip for Use in Heart Failure Patients with Functional Mitral Regurgitation. DAIC Mar 2019

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