

REAL-WORLD EVIDENCE[†]

REPAIR OF LARGE-BORE ARTERIAL ACCESS-SITES

A Comparison of Suture-Mediated Closure with Perclose™ Systems vs. Surgical Cutdown

Perclose ProStyle Suture-Mediated Closure and Repair System

Sources can be found on page 6.

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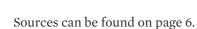


REAL-WORLD EVIDENCE⁺

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 sites via suture-mediated repair using the $\operatorname{Perclose}^{\mathbb{T}}$ Family of Products (Perclose) versus Surgical Cutdown (Cutdown) in a real-world setting.

 The Perclose[™] Family of Products deliver a secure, non-masking percutaneous suture to the access site¹ that promotes primary healing² and has no reaccess restrictions.¹

• 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.





DATABASE AND PATIENT POPULATION^{+§}

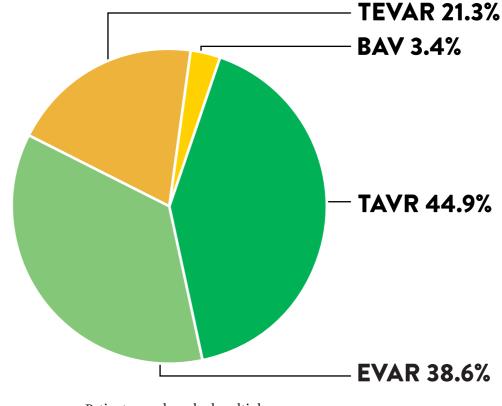
A retrospective study utilizing IBM Explorys data from IBM Watson Health with longitudinal data for approximately **55 million U.S. patients.**

PATIENT SELECTION AND METHODOLOGY:

- Matched cohorts⁴
- Multivariate regression controlled for baseline⁵

PATIENT BASELINE:

	Cutdown	Perclose [™] Systems
# 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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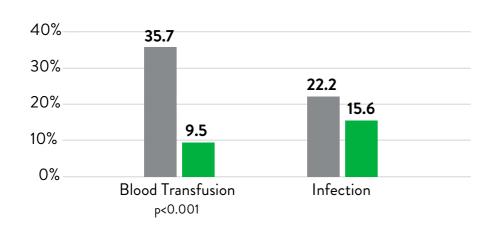


KEY STUDY FINDINGS^{†§}

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

INDEX HOSPITALIZATION

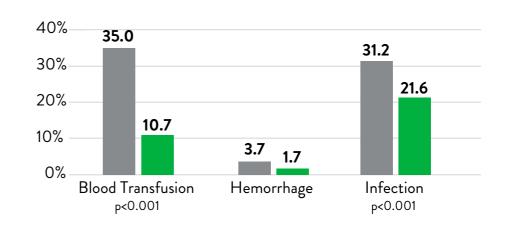
Perclose[™] patients **80%** less likely to require a blood transfusion and **41%** less likely to have an infection.



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

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

Surgical Cutdown Perclose[™] Systems

Sources can be found on page 6.

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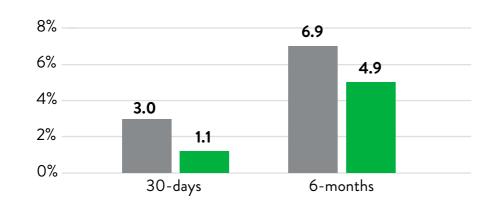


KEY STUDY FINDINGS[†] (CONT.)

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

MORTALITY"

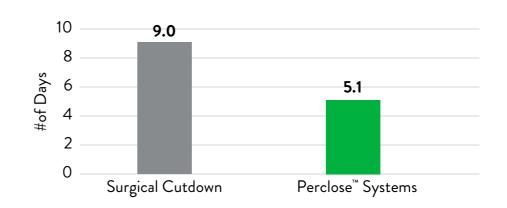
At 30 days, Perclose[™] patients **70%** less likely to die.



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

HOSPITALIZATION LENGTH OF STAY (LOS)***

Hospitalization 42% shorter for PercloseTM patients.



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

Surgical Cutdown Perclose™ Systems

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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 and Perclose™ ProStyle™ SMCR System Instructions for Use (IFU). Refer to IFU for additional information.
- 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: These products are 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 vascular.eifu.abbott or at medical.abbott/manuals for more detailed information on Indications, Contraindications, Warnings, Precautions and Adverse Events. This material is intended for use with healthcare professionals only.

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- ™ Indicates a trademark of the Abbott Group of Companies.
- [‡] Indicates a third-party trademark, which is property of its respective owner.

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