



## ADVANCING MITRAL THERAPY FOR YOUR PATIENTS

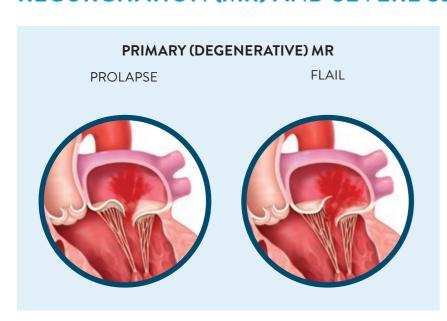


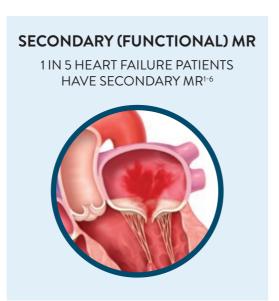


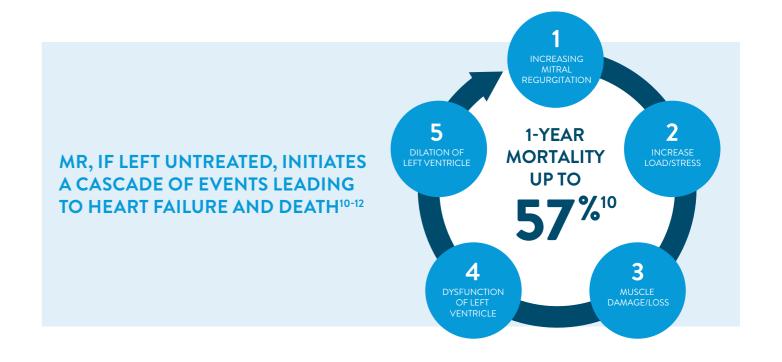
## MITRAL VALVE DISEASE: HIGHLY PREVALENT AND UNDERTREATED

## UNTREATED, MITRAL REGURGITATION KILLS

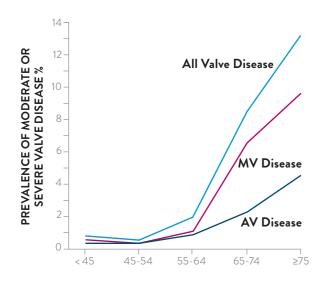
## MITRACLIP™ IS INDICATED TO TREAT BOTH PRIMARY MITRAL REGURGITATION (MR) AND SEVERE SECONDARY MR







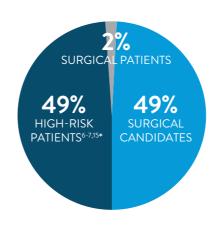
## MORE LIVES ARE COMPROMISED BY MR THAN ANY OTHER VALVE DISEASE, BUT LESS THAN 1.5% ARE TREATED<sup>7-9\*†</sup>



SIGNIFICANT MR IS 4X MORE PREVALENT THAN SIGNIFICANT AORTIC STENOSIS, WITH OVER 4 MILLION PATIENTS SUFFERING FROM IMMEDIATE OR SEVERE MR IN THE U.S. ALONE.

\*Calculations are approximations made based on data from Mills J, Furlong C. CANACCORD: Biomedical Devices and Services. Nov 8, 2016 and Millennium Research Group. US Markets for Heart Valve Devices 2014. 2013; RPUS12HV13:92; and data from Abbott (LRP 20161130; based on LBE4) and Millennium Research Group. US Markets for Heart Valve Devices 2014. 2013; RPUS12HV13:94,153. †Patients treated defined as undergoing surgery or transcatheter procedure.

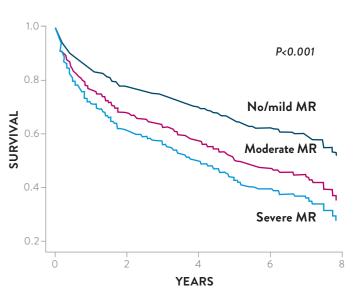
## APPROXIMATELY 50% OF PRIMARY MR PATIENTS ARE NOT CANDIDATES FOR SURGERY DUE TO UNDERLYING FACTORS<sup>13-14</sup>



Factors prohibiting surgery include<sup>16</sup>:

- Impaired LVEF
- High operative risk
- Multiple comorbidities
- Advanced age

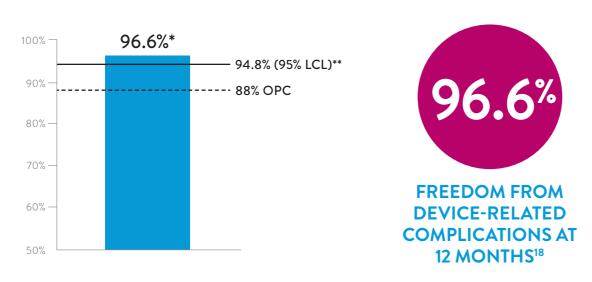
## SEVERE SECONDARY MR IS AN INDEPENDENT PREDICTOR OF MORTALITY<sup>17</sup>



Symptoms and MR may persist in Secondary MR patients, despite maximally-tolerated GDMT.

## MITRACLIP: PROVEN SAFETY AND DURABILITY

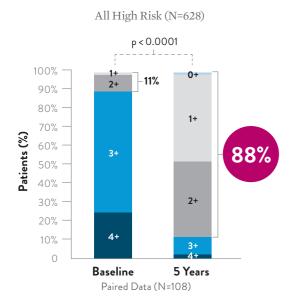
# THE ONLY MV DEVICE SHOWN TO IMPROVE SURVIVAL IN HF PATIENTS WITH SECONDARY MR



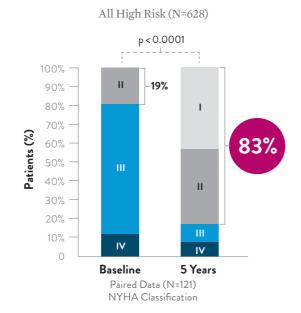
<sup>\*</sup>KM estimate

## THE ONLY TMV DEVICE WITH PROVEN DURABLE OUTCOMES OUT TO 5 YEARS<sup>19</sup>

## SUSTAINED REDUCTION IN MR SEVERITY AT 5 YEARS

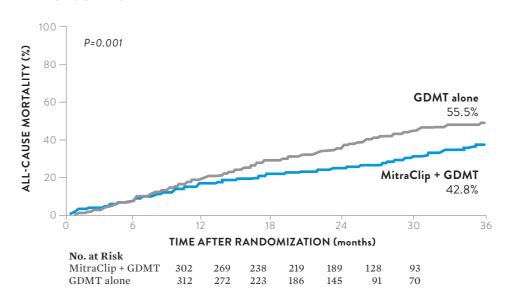


## SUSTAINED IMPROVEMENTS IN HEART FAILURE SYMPTOMS AT 5 YEARS



## MITRACLIP CONTINUES TO IMPROVE SURVIVAL AT 3 YEARS<sup>20</sup>

#### **ALL-CAUSE MORTALITY**

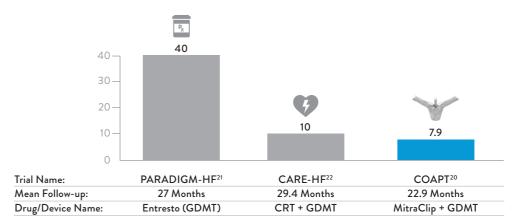






### MITRACLIP SETS A NEW STANDARD WITH NNT OF 7.9

NUMBER NEEDED TO TREAT (NNT) TO PREVENT ONE DEATH FROM ANY CAUSE\*\*



MITRACLIP WITH
GDMT WAS PROVEN
MORE EFFECTIVE
THAN GDMT ALONE

<sup>\*\*</sup>Calculated from Z test with Greenwood's method of estimated variance against a pre-specified objective performance goal of 88%.

<sup>\*</sup> Includes crossover patients (GDMT only patients that were allowed to crossover to MitraClip after 24 mths).

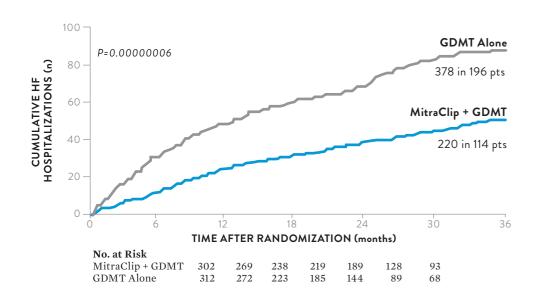
<sup>\*\*</sup>Data from different trials with similar follow up periods; incremental benefits due to test drug/device above background therapy. NOTE: Results from clinical trials are not directly comparable. Information provided for educational purposes only.

## COAPT™ TRIAL: LANDMARK STUDY IN THE MANAGEMENT OF HEART FAILURE

## MITRACLIP: PROVEN TO REDUCE MR

## MITRACLIP CONTINUES TO REDUCE HF HOSPITALIZATIONS AT 3 YEARS<sup>20</sup>

#### **REDUCES HOSPITALIZATIONS FOR HF**



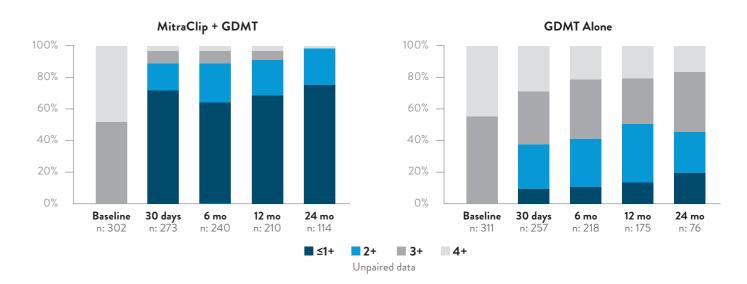




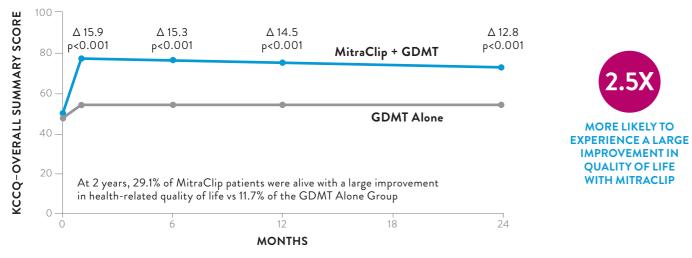
**FAILURE HOSPITALIZATION\*** 

## MITRACLIP™ REDUCES SECONDARY MR SEVERITY¹8

99.1% OF MITRACLIP PATIENTS HAD MR ≤ 2+ AT 24 MONTHS



## DRAMATIC IMPROVEMENT IN QUALITY OF LIFE<sup>23</sup>

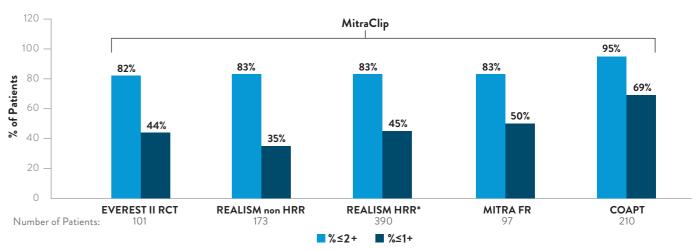


Includes crossover patients (GDMT only patients that were allowed to crossover to MitraClip after 24 mths).

Note: KCCQ Minimum for Clinically Important Difference (MCID)= 5 points; Large Improvement Defined as ≥20 Points in KCCQ from Baseline; quality of life is assessed only in surviving patients

## MR REDUCTION DEMONSTRATED OVER MULTIPLE CLINICAL STUDIES<sup>19,24-26</sup>

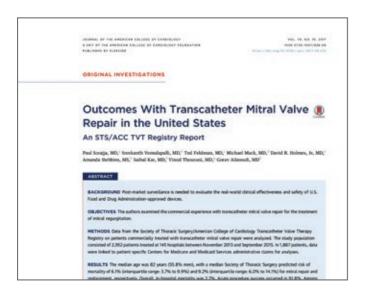
#### MITRAL REGURGITATION SEVERITY AT 12 MONTHS



<sup>\*</sup>FMR patient cohort; DMR patient cohort N=108; % of patients with MRS2+: 83%; % of patients with MRS1+: 43%

## REAL WORLD EVIDENCE AND EXPERIENCE SUPPORTS PROVEN OUTCOMES

## PROVEN SAFETY AND EFFECTIVENESS DATA FROM TVT REGISTRY<sup>27</sup> N=2,952 PATIENTS



30 day and 1 year events from linked CMS claims data

### 

Post-implant

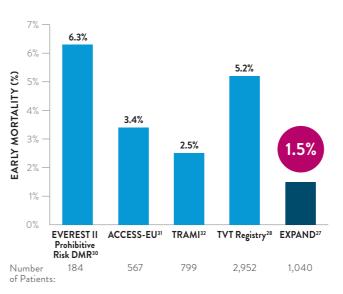
Baseline



## THE EXPAND STUDY WITH MITRACLIP NTR/XTR <sup>28</sup> IN AN ALL COMER, REAL WORLD STUDY N=1041 PATIENTS (60 centers from the US and Europe)

#### **LOWEST 30-DAY MORTALITY<sup>29</sup>**

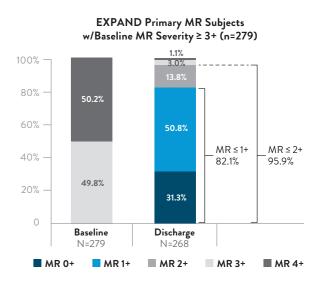
Reported to date in large scale studies



NOTE: Results from clinical trials are not directly comparable. Information provided for educational purposes only.

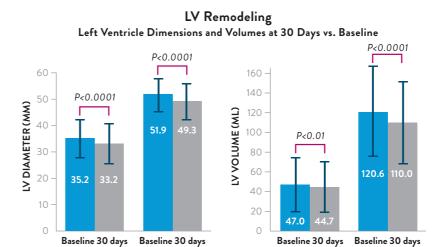
### OPERATORS ARE ACHIEVING MR ≤1+ TODAY WITH NTR AND XTR

More often than previously observed in EVEREST II and other trials



## SIGNIFICANT INCREMENTAL REDUCTION IN THE LEFT VENTRICULAR VOLUME AND DIMENSIONS

MitraClip remodels the LV within 30 days of treatment



Early evidence of reduction in left ventricular dimensions and volumes; Larger, more clinically significant changes may be evident at longer term follow-up

LVEDD

LVESD

LVESV

## MITRACLIP WITH GDMT IS A COST **EFFECTIVE TREATMENT**

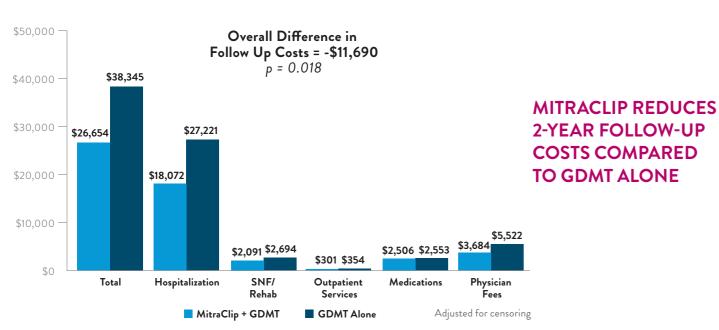
## IN HEART FAILURE PATIENTS WITH SECONDARY MR33

## THE FIRST RCT-BASED COST EFFECTIVENESS STUDY COMPARING TRANSCATHETER MITRAL VALVE DEVICE VS **MEDICAL THERAPY ALONE**





### 2-YEAR FOLLOW UP COSTS



## **TRANSSEPTAL**

**CROSSING AND** 

**GUIDE INSERTION** 



#### **ADVANCING INTO LEFT VENTRICLE AND LEAFLET GRASPING**

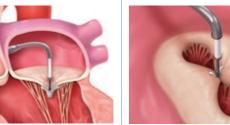
#### **LEAFLET INSERTION ASSESSMENT AND HEMODYNAMIC MEASUREMENTS**



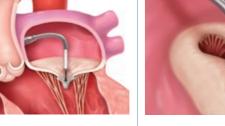
MITRACLIP PROCEDURE KEY STEPS



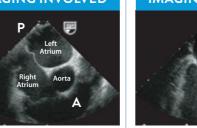




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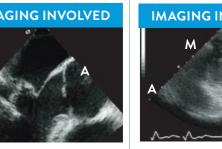


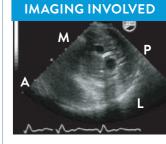












- Bicaval
- Short axis at base (SAX)
- 4-chamber
- 3D echo
- Fluoroscopy
- SAX
- Intercommissural— 2-chamber
- Left ventricular outflow tract (LVOT)
- 3D echo
- Transgastric short axis
- Fluoroscopy

- LVOT
- Intercommissural
- X-Plane (LVOT. Intercommissural)
- 3D echo
- Transgastric short axis
- Fluoroscopy

- LVOT
- Intercommissural— 2-chamber
- 4-chamber
- X-Plane
- 3D echo
- Transgastric short axis

#### **DEPLOYMENT AND SYSTEM REMOVAL**



- Intercommissural
- LVOT
- SAX
- Fluoroscopy

#### PRE- AND POST-MITRACLIP THERAPY







Visible MR reduction after Baseline MR Clip deployment

Images courtesy of Dr. Paul Sorajja at Abbott Northwestern

## AN ONGOING COMMITMENT TO INNOVATION

## THE MITRACLIP SYSTEM

The MitraClip System performs **transcatheter mitral valve repair** by reestablishing leaflet coaptation, forming a double or multiple orifice valve.

- Transcatheter beating heart procedure no cardiopulmonary bypass
- Allows for real-time positioning and repositioning to optimise MR reduction
- Femoral venous access requiring successful transseptal puncture
- Can be used in a standard cath lab or hybrid room

#### CLIP DELIVERY SYSTEM

Contains the implant, attached to a highly maneuverable delivery catheter, with all controls at the proximal end.

#### STEERABLE GUIDE CATHETER

• A25-French steerable catheter

### MITRACLIP DEVICE (IMPLANT)

Multiple clip sizes for tailored repair







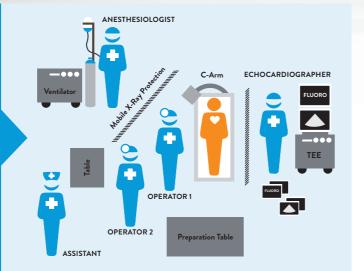
STANDARD LENGTH ARM (G4 NT / G4 NTW)

LONG LENGTH ARM (G4 XT / G4 XTW)

### **EQUIPMENT**

The MitraClip G4 System can be used in a standard cath lab or hybrid room. Equipment required includes:

- Fluoroscopy
- Slave monitors (one for echocardiography, one for fluoroscopy)
- General anesthesia
- Echocardiography machine equipped with transesophageal echo (TEE) probe
- Sterile system-preparation station





- Polyester cover designed to promote tissue growth
- All implants are safe under labeled MRI scanning conditions\*

#### **REUSABLE ACCESSORIES**







STABILIZER

SUPPORT PLATE

LII 1

\*Non-clinical testing has demonstrated that the MitraClip implants are MR conditional. A patient with this device can be safely scanned in an MR system meeting the following conditions:

Static magnetic field of 1.5-Tesla (1.5 T) or 3-Tesla (3.0 T)

Maximum spatial field gradient of 4,000 Gauss/cm (40 T/m)

Maximum MR system reported, whole body averaged specific absorption rate (SAR) of 2W/kg (normal Operating Mode)

## THE ONLY PROVEN TMVr THERAPY









**PATIENTS STUDIED** 



IN PMR AND SMR



Data on File at Abbott

#### **ADVANCING EVIDENCE IN CLIP THERAPIES** TRILUMINATE CE/EFS 97 Patients Enrolled **Enrollment Complete** MATTERHORN\* & RESHAPE-HF2\* COAPT CAS COAPT DATA TRICLIP CE MARK RCT **Continued Access** Release at TCT APPROVAL Currently Enrolling **EVEREST I EVEREST II HIGH RISK STUDY Currently Enrolling** 2017-Present BRIGHT STUDY **Feasibility Study** RCT Single-Arm Study RCT 2015-Present Observational Study Core Lab/CEC Adjudication 279 Patients Enrolled 78 Patients Enrolled 614 Patients Enrolled 55 Patients Enrolled MITRACLIP JAPAN 2013-2017 **MITRACLIP** MITRACLIP 2005-2008 2007-2008 2003-2006 Single-Arm Study **AVAILABLE** FDA APPROVAL Enrollment to Begin 30 Patients MITRACLIP FDA MITRACLIP FOR SMR IN JAPAN FIRST IN MAN 200 Patients 2015-2016 CE MARK APPROVAL APPROVAL FOR PMR 2004 2005 2006 2007 2008 2009 2010 2011 2012 2014 2017 2018 2019 2020 2003 2013 2015 2016 EVEREST II REALISM **EXPAND STUDY** TRILUMINATE PIVOTAL REPAIR MR MITRACLIP AVAILABLE IN CANADA Commercial approvals Observational Study Core Lab/CEC Adjudication Multi-Center RCT - IDE Trial Multi-Center RCT - IDE Trial **Continued Access** 965 Patients Enrolled MITRA.FR\* Clinical Study Currently Enrolling Enrollment Starts 2009-2014 \*Investigator-sponsored studies. Enrollment Complete 600-700 Patients 500-600 Patients 304 Patients Enrolled ACCESS EUROPE 1040 Patients 2014-2017 **EXPAND-G4 STUDY** Single-Arm Study

MITRACLIP PAS

**Prohibitive Risk** 

**Commercial Registry** 

1998 Patients Enrolled

Primary MR

2013-2016



MITRACLIP IS THE ONLY TMVR THERAPY RECOMMENDED BY 2017 AHA/ACC, 2016 ESC/HF, AND 2017 ESC/EACTS GUIDELINES.34-36

567 Commercial Patients Enrolled

2009-2012

JAPAN PMS

**Post-Market Surveillance Enrollment Complete** 500 Patients

Observational Study Core Lab/CEC Adjudication **Enrollment Complete** 1000 Patients

#### MITRACI IP PAS

Secondary MR **Commercial Registry** 5000 Patients

INDIA PMS **Post-Market Surveillance** 

#### **Enrollment Starts** 30-50 Patients

KORFA PMS **Post-Market Surveillance** 600 Patients / 4 Years

#### **CHINA FEASIBILITY**

**Feasibility Study** Ongoing 2020 60-100 Patients

#### **RUSSIA FEASIBILITY**

**Feasibility Study** Ongoing 2020 16 Patients

## FROM THE FIRST PATIENT...





**66** I can do anything a normal person can. There are times I forget that I had the procedure done. "

- THE FIRST MITRACLIP PATIENT WHO RECEIVED MITRACLIP IN 2003



\*Data on File

This testimonial relates an account of an individual's response to the treatment. The testimonial is genuine; however, it does not provide any indication, guide, warranty or guarantee as to the response other persons may have to the treatment. Responses to the treatment discussed can and do vary and are specific to the individual's account options, contact your doctor.

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- Access digital tools and resources for your practice and patients
- · Receive guidance on hospital resource optimization
- Expand access to life-changing MR therapy to patients in need within your community

### LEARN MORE AT ADVANCEDHEARTTHERAPIES.COM

#### References

1. AHA Heart Disease and Stroke Statistics Update, Circulation. 2017. 2. Yancy CW et al. JACC. 2013. 3. Pecini et al. EHJ. 2011. 4. Asgar et al. JACC. 2015 5. Nieminen et al. EHJ. 2006. 6. Patel, et al. Mitral regurgitation in patients with advanced systolic heart failure. J of Cardiac Failure. 2004. 7. Nkomo VT, Gardin with the special contribution of the Heart Failure Association (HFA) of the ESC. Eur J Heart Fail. 2016;18(8):891-975.

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