

TAILORED. OPTIMIZED. PROVEN. MITRACLIP™ G4

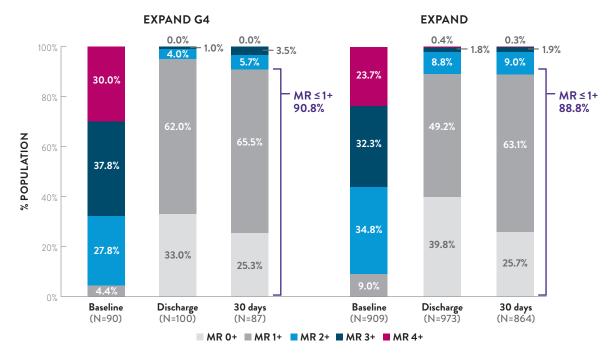






HIGHEST MR REDUCTION ACHIEVED WITH TMVr^{1*}

PROVEN MR REDUCTION TO 1+ OR LESS WITH TAILORED REPAIR¹



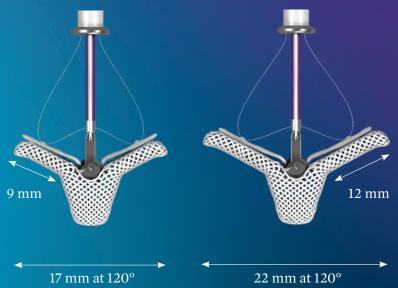
MR severity baseline and follow-up are assessed based on US Guidelines



*Reported to date.

EXPANDED PORTFOLIO OF CLIP SIZES*

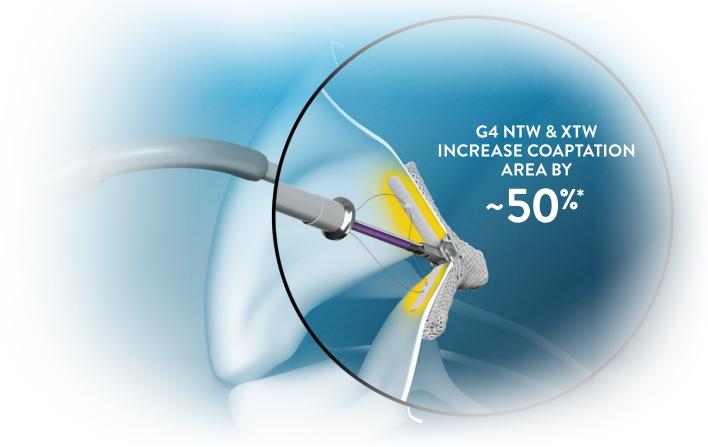




*MitraClip G4 IFU.

HIGHEST MR REDUCTION ACHIEVED WITH TMVr¹

DESIGNED TO TAILOR AND FURTHER REDUCE REGURGITANT VOLUME WITH A SINGLE CLIP



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.

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

66 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*}

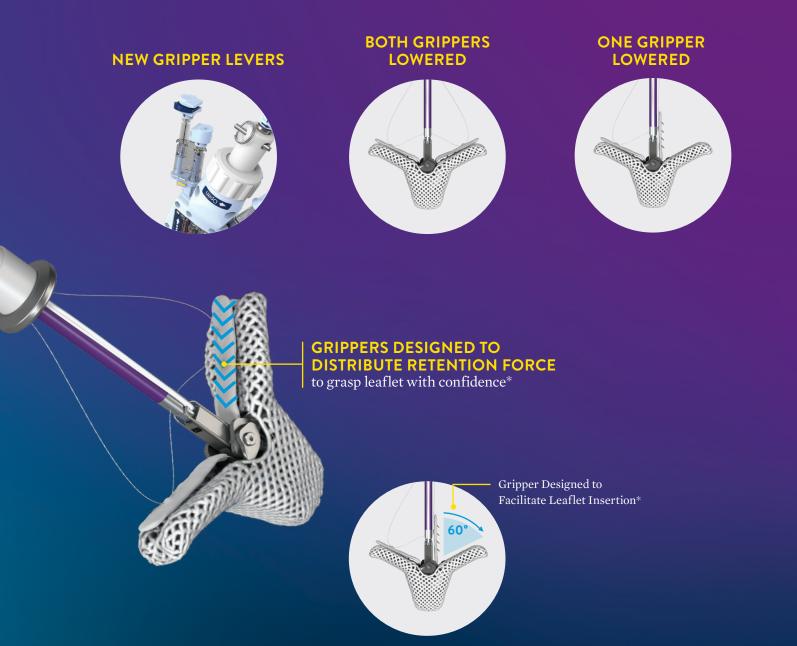
ANATOMICAL CONSIDERATIONS	FAVORS G4 NTW	FAVORS G4 NT	FAVORS G4 XTW	FAVORS G4 XT
Leaflet Length < 9 mm	+	+		
Leaflet Length ≥ 9 mm			+	+
Broad Jet	+		+	
Smaller Valve		+		
Larger Valve	+		+	+

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⁺

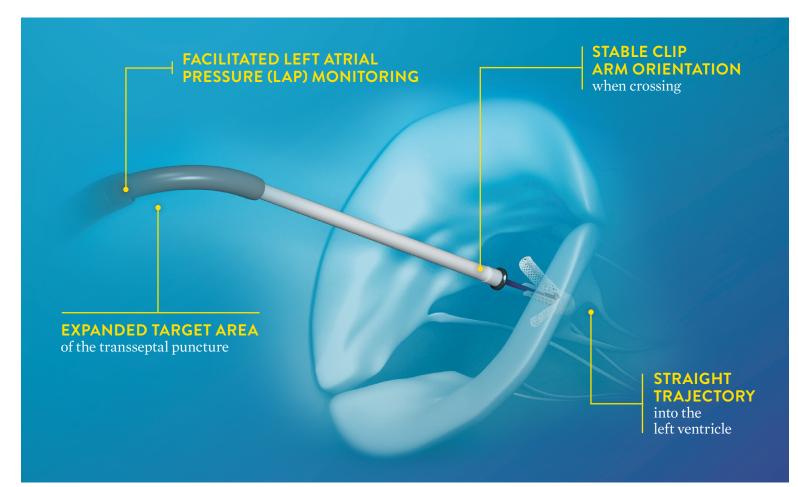
*Tests performed by and data on file at Abbott.

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



PREDICTABLE PROCEDURE EXPERIENCE^{2*}

PRECISION AND CONTROL FROM DELIVERY SYSTEM **SPECIFICALLLY DESIGNED FOR THE MV***



THE DELIVERY SYSTEM IS VERY STABLE 66

when advancing into the ventricle, keeping a straight trajectory

- Interventional Cardiologist with over 10 years of MitraClip experience commenting on MitraClip G4⁺

*Tests performed by and data on file at Abbott.

INCREASED EFFICIENCY WITH STREAMLINED PROCEDURE*

SIMPLIFIED PROCEDURAL STEPS*

- 40% reduction in system preparation steps
- Simplified system deployment with reduced number of steps

C IN OUR INSTITUTE, WE HAVE NOW REDUCED DEVICE TIME TO ~20 MIN.

- Echocardiographer with 6 years of MitraClip experience, commenting on MitraClip $G4^{\dagger}$



FIRST AND FOREMOST



YEARS OF CLINICAL EXPERIENCE*

OVER 100K



PATIENTS TREATED WORLDWIDE*





*Data on file at Abbott

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



DURABILTY

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% ≤1+ at 1 year in PMR and SMR patients¹⁵
- 99% MR ≤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)

SURVIVAL

SAFETY

96.6% freedom from <u>device-related complications</u>

at 12 months¹²

- 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

REFERENCES

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