

MitraClip™

Transcatheter Edge-to-Edge Repair

TAILORED. OPTIMIZED. PROVEN.
MITRACLIP™ G4



NT

NTW

XT

XTW



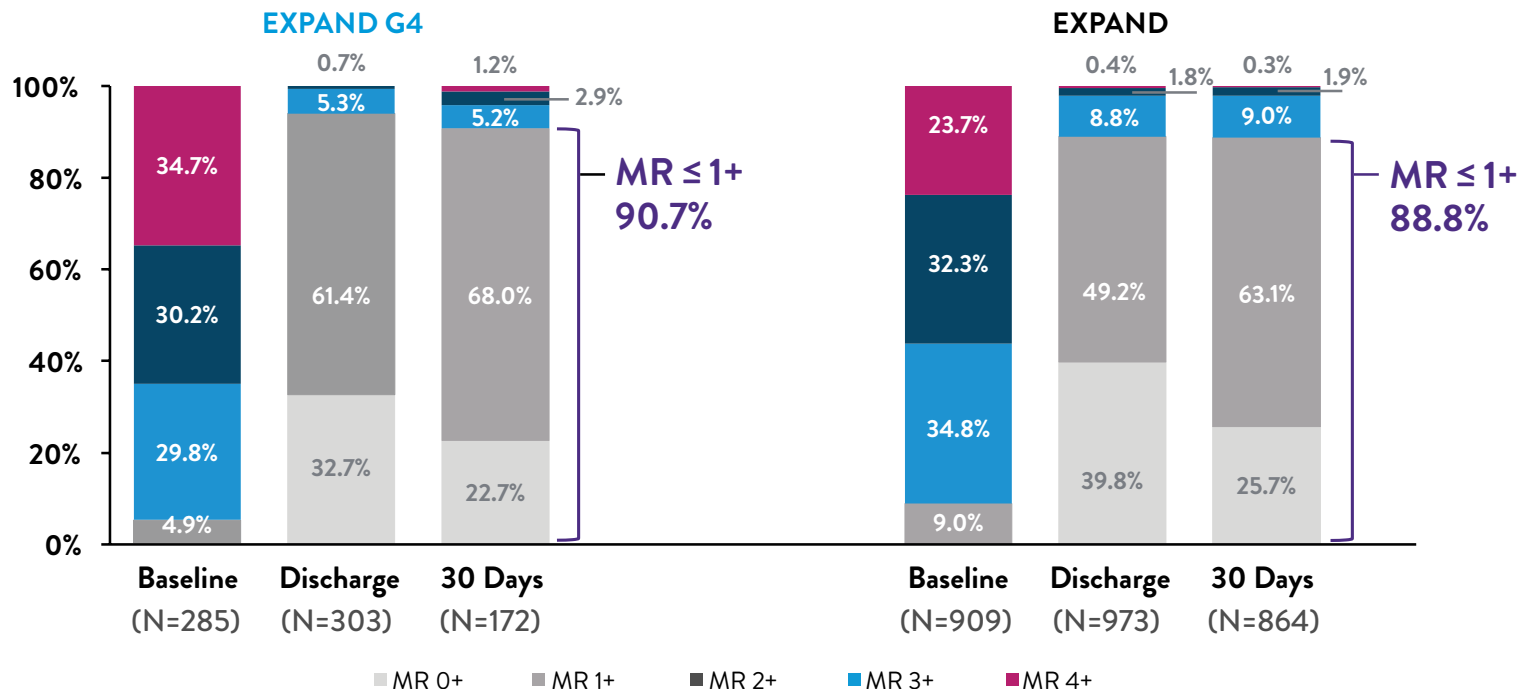
Abbott

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HIGHEST MR REDUCTION ACHIEVED WITH TMVr^{1*}

PROVEN MR REDUCTION TO 1+ OR LESS WITH TAILORED REPAIR¹

ECL Adjudicated MR Severity



97.2%

IMPLANT RATE

97.4%

ACUTE PROCEDURAL SUCCESS

Acute Procedural Success (APS) defined as successful implantation of the MitraClip® device with resulting MR severity of 2+ or less on discharge Echocardiogram (30-day echocardiogram is used if discharge is unavailable or uninterpretable). Subjects who die or undergo mitral valve surgery before discharge are considered to be an APS failure.

Baseline MR Severity was reported as 3+/4+ for all subjects enrolled in EXPAND G4 and EXPAND per site assessment.

ECL assessed MR severity based on ASE Guidelines (Zoghbi et al. J Am Soc Echocardiogr 2003; 16:777-802, 2017;30:303-371, 2019;32:431-475)

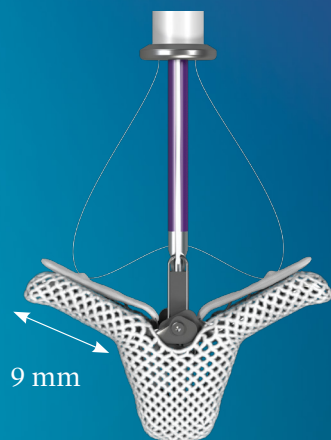
NOTE: Data not from head to head studies. Data differences depicted between these trials may not be directly comparable, statistically significant, or clinically meaningful due to differences in trial protocols, endpoints, and/or patient populations. Data provided for informational purposes only

*Reported to date.

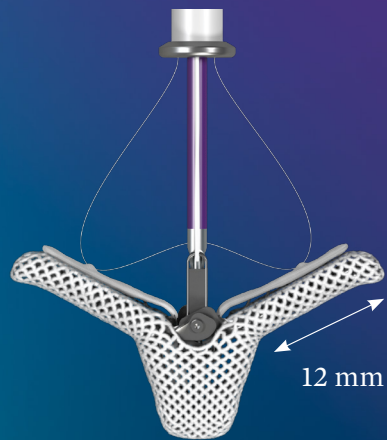
EXPANDED PORTFOLIO OF CLIP SIZES*



G4 NT AND G4 NTW



G4 XT AND G4 XTW



HIGHEST MR REDUCTION ACHIEVED WITH TMVr¹

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.

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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*}

CLIP SELECTION 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)^{*,**}

NEW GRIPPER LEVERS



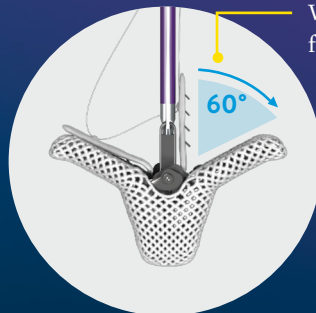
BOTH GRIPPERS LOWERED



ONE GRIPPER LOWERED



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



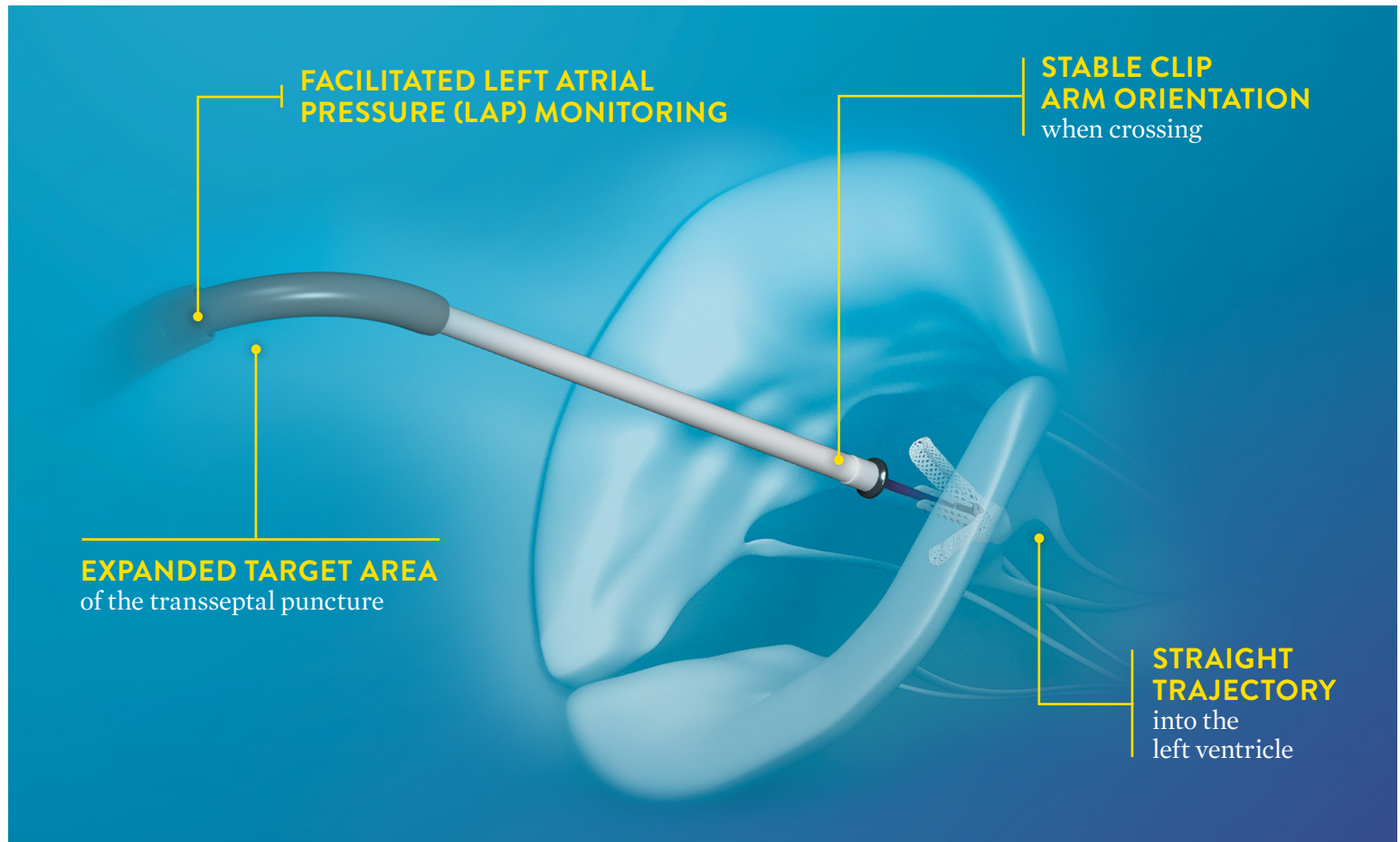
Wide grasping opening to facilitate full leaflet insertion*

*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*

**GREATER PROPORTION
OF PATIENTS TREATED
WITH 1 CLIP¹**



**1 CLIP
IMPLANTED IN
58%¹
OF CASES**

**26% SHORTER
DEVICE TIME^{1**}**



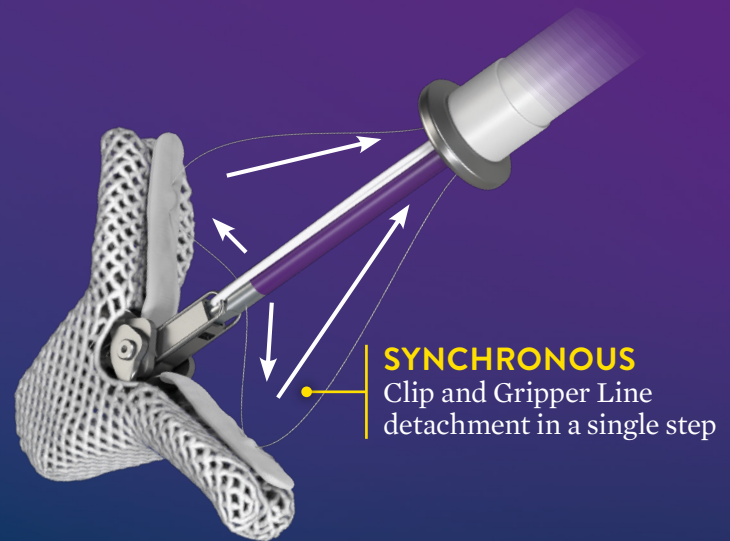
**34 MIN.
AVERAGE
DEVICE TIME¹**

**“ 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

**Compared to EXPAND 1 year at 46 min

BUILT TO REPAIR. PROVEN TO RESTORE.

DELIVERING THE STANDARD OF CARE IN TMVr

OVER 17



YEARS OF CLINICAL EXPERIENCE*

OVER 100K



PATIENTS TREATED WORLDWIDE*

OVER 30K



PATIENTS STUDIED IN CLINICAL TRIALS*

UNMATCHED EXPERTISE



FIELD & TRAINING TEAM

THE CATALYST FOR A SIGNIFICANT EVOLUTION IN MR GUIDELINES*

MitraClip is the standard of care in TMVr and recommended intervention in the 2020 ACC/AHA Guideline, 2021 ESC/EACTS Guidelines and APSC Consensus Recommendation.

*Data on file at Abbott

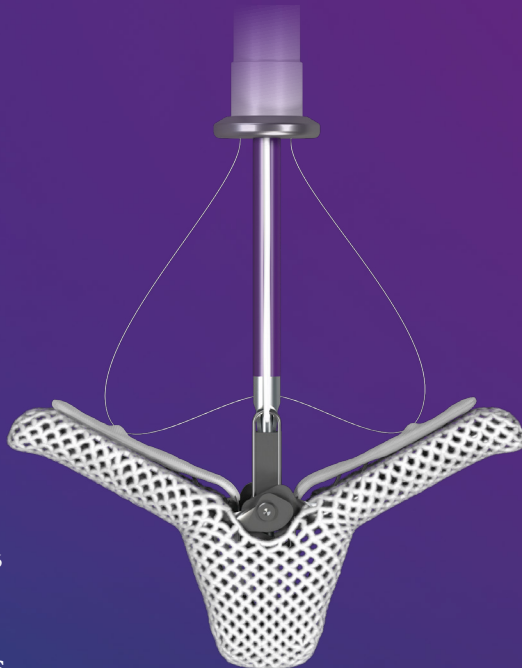
STANDARD-SETTING CLINICAL OUTCOMES THAT NEVER STAND STILL:

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

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†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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