

Rhythm Management Product Performance Report

Q2 Edition



RESONATE™ Family of ICDs AND CRT-Ds



ACCOLADE™ Family of Pacemakers



CRM Quality Pledge

l improve

the quality

of patient care

and all things

Boston Scientific

Advancing Science for Life.

For over forty years, meaningful innovation at Boston Scientific Rhythm Management has helped patients live healthier, longer lives. We are committed to providing performance data which are accurate, transparent and responsive to topics of contemporary clinical interest. This Q2 2021 report includes data through April 5th, 2021.

Boston Scientific provides performance data for pulse generators and leads that meets or exceeds the 2014 revision of ISO 5841-2: 2014 (E), the AdvaMed Industry Guidance for Uniform Reporting of Clinical Performance, and addresses recommendations from the Heart Rhythm Society Task Force.

This report provides the most comprehensive presentation of rhythm management product performance data available, including:

- ✓ U.S. lead and pulse generator survival probability
- ✓ Worldwide malfunction counts and patterns
- ✓ Worldwide malfunctions during an implant procedure
- ✓ Acute (first month) lead observations
- ✓ Chronic (after first month) lead complications
- ✓ Reasons for out of service
- ✓ Return rates

Your feedback is always welcome, and plays a vital role in our effort to continuously improve our products and services, advancing science to transform the lives of our patients.

Sincerely,

Alexandra Naughton Vice President, Quality Assurance

Statistical Methodology

What Is Device Survival Probability?

Medical journals have traditionally used patient survival probability to display information on treatment option effectiveness. In this report, **pulse generator and lead** survival probabilities convey information about long-term performance of implantable cardiac rhythm management products.

Device survival probability shows the percentage of implanted devices that remain implanted and in service at various points in a product's service life, in the absence of competing risks, such as natural mortality or voluntary explants. Conceptually, a pulse generator of high reliability and large battery capacity or low current drain remains near 100% survival until eventually, normal battery depletion begins to cause significant numbers of devices to be removed, and the device survival probability drops rapidly. For example, a device survival probability of 99% indicates that within the stated implant duration, the pulse generator had a 1% risk of removal for battery depletion or for incurring a malfunction that required replacement. Survival probabilities are provided with and without normal battery depletions, depicted as "Battery Depletions and Malfunctions" and "Malfunctions Only," respectively.

Boston Scientific estimates survival probability in compliance with the 2014 revision of international standard ISO 5841-2: 2014 (E). Survival probability is calculated at a given time by separately estimating the probability of surviving each interval and multiplying the survival probabilities of all intervals through which a device has passed. To estimate the probability of surviving any interval, the number of units that successfully functioned during the interval is divided by the number of units exposed to malfunction/depletion during the interval. The number of units exposed is calculated using the actuarial method, where device suspensions in an interval are distributed uniformly across the interval. Reasons for device suspension from survival probability statistics are detailed in the report section entitled U.S. Reason for Out of Service.

Inclusion Criteria for Pulse Generator and Lead Survival Probability Datasets

Pulse generator survival probability is reported for U.S. implanted devices in product families that meet inclusion criteria described below. Lead survival probability is reported for the U.S. Registered Implant population for product families that meet inclusion criteria described below.

To be included in survival probability statistics, a device must first be successfully implanted (defined in this report as occurring upon pocket closure). Prophylactic device removals are tracked as part of the active population up until the time the device is removed from service; devices removed prophylactically and are not identified as malfunctions at the time of explant do not contribute to a reduction in survival probability. Reasons for device explant or out of service, if known, are provided in this report for each pulse generator product/product grouping.

Survival probabilities are based on devices registered as implanted in the U.S. Privacy laws in many other geographies preclude manufacturers from obtaining specific patient implant and explant information, thus device survival probabilities cannot be constructed from these data. Boston Scientific considers U.S. experience representative of worldwide performance. The Malfunction Details for leads and pulse generators reflect worldwide malfunctions, inclusive of U.S. data.

Criteria for inclusion of product families in this report are in compliance with the AdvaMed *Industry Guidance for Uniform Reporting of Clinical Performance of Pulse Generators and Leads*. Survival estimates are provided for product families once they have at least 10,000 cumulative U.S. implant

months. The minimum interval sample size is 200 U.S. implanted units. Pulse generator product families with fewer than 500 total remaining estimated active U.S. devices are not included in this report. Lead product families that received original U.S. market release approval twenty or more years ago are not included in this report.

Estimated Longevity information is provided for pulse generator products in the U.S. Survival Probability - Battery Depletions and Malfunctions graphs, depicted as a blue bar on the x axis for Years Implanted. The estimated longevity values from the Instructions for Use for each product family are used to construct the blue longevity bars on their U.S. Survival Probability graph. They represent the range of estimated longevity based on a variety of programmed settings and therapy usage.

Survival probability data are presented in tabular and graphical formats online at www.bostonscientific.com/ppr. Not all products may be approved for use in all geographies, as product approval is geography specific.

Worldwide distribution, U.S. registered implant, and U.S. estimated active implant numbers have been rounded to provide population size context.

To convey implant experience for a product family, U.S. approval dates are provided. The U.S. approval date listed is the earliest date Boston Scientific received approval for one or more of the models in the family.

Survival Probability – Battery Depletions and Malfunctions (Pulse Generators) Reduction in survival probability for **pulse generators** is due to:

- Devices removed for normal battery depletion
- Device malfunctions occurring while implanted, as confirmed by returned product analysis

Survival Probability – Malfunctions Only (Pulse Generators)

Reduction in survival probability for **pulse generators** is due only to:

• Device malfunctions occurring while implanted, as confirmed by returned product analysis; premature battery depletions are considered device malfunctions.

In this case, normal battery depletions do not contribute to the reduction in survival probability; rather, reduction in survival probability is due only to confirmed pulse generator malfunctions. Furthermore, unconfirmed reports of premature battery depletions do not reduce "Malfunctions Only" survival probability. Put another way, this information depicts the percentage of confirmed malfunction-free devices remaining in service at various intervals in the product's service life, based on returned product analysis.

Survival Probability — Complications and Malfunctions (Leads)

The 2014 version of ISO 5841-2: 2014(E) outlines a methodology for lead survival probability inclusion. Boston Scientific has applied this methodology for survival probability to all lead families implanted as of May 2009 and forward. Worldwide malfunctions are not included for previous lead families.

Reduction in survival probability is due to:

- Leads and lead segments returned for analysis and determined to be non-compliant in form, fit, or function at any time while implanted
- Leads removed from service with reported complications 30 days or more post-implant, whether returned or not. See the Chronic Lead Complications Table in this report for the observations which are included.

Further Adjustments for Device and Lead Survival

Because underreporting of patient deaths unrelated to device function would result in overestimation of pulse generator or lead survival by overstating the number of devices in service, Boston Scientific addresses this underreporting in two ways. First, regular updates are obtained from the Social Security Administration about deceased persons and compared to Boston Scientific patient data to identify patients who have died but whose deaths had not been reported to Boston Scientific. Second, Boston Scientific uses 10% annual patient mortality as a baseline and adjusts reported patient deaths in any interval for which reports are less than the baseline rate. No adjustment is applied to account for underreporting of malfunctions, as the rate of underreporting is unknown.

Boston Scientific does not make statistical adjustments to account for underreporting of battery depletion. However, as mentioned earlier, Boston Scientific includes non-returned devices removed from service for battery depletion with no associated complaint as normal battery depletions.

Categorization of Malfunctions for Survival Probability Reporting

Malfunctions represent pulse generators and leads removed from service and confirmed through laboratory analysis to have operated outside the specified performance limits established by Boston Scientific while implanted and in service. Device damage occurring during or after explant, or caused by external factors including those warned against in product labeling (such as ionizing therapeutic radiation), are not reported as device malfunctions in survival data. Damage to a pulse generator caused by a lead malfunction is reported as a lead malfunction. Malfunctions are further classified according to their impact on therapy, as follows:

• Malfunction With Compromised Therapy —

The condition when a device is confirmed through laboratory analysis to have malfunctioned in a manner that compromised pacing or defibrillation therapy (including complete loss or partial degradation) while implanted and in service.

Examples include (but are not limited to): sudden loss of battery voltage; accelerated current drain such that low battery was not detected before loss of therapy; sudden malfunction during defibrillation therapy resulting in aborted therapy delivery; intermittent malfunction in which therapy is compromised while in the malfunction state.

• Malfunction Without Compromised Therapy —

The condition when a device is confirmed through laboratory analysis to have malfunctioned in a manner that did not compromise pacing or defibrillation therapy while implanted and in service. Malfunctions in which critical patient-protective pacing and defibrillation therapies remain available are included here.

Examples include (but are not limited to): error affecting diagnostic functions, telemetry function, data storage; malfunction of a component that causes the battery to lose power quickly enough to result in premature battery depletion, but slowly enough that the condition is detected through normal follow-up before therapy is lost; mechanical problems with connector header that do not affect therapy.

Categorization of Normal Battery Depletion for Survival Probability Reporting

Per the AdvaMed Industry Guidance for Uniform Reporting of Clinical Performance of Pulse Generators and Leads, Normal Battery Depletion is defined as the condition when:

- A device is returned with no associated complaint and the device has reached its elective replacement indicator(s) with implant time that meets or exceeds the nominal (50 percentile) predicted longevity at default (labeled) settings, or
- b) A device is returned and the device has reached its elective replacement indicator(s) with implant time exceeding 75% of the expected longevity using actual device settings and therapeutic use.

Boston Scientific includes within this count both returned *and non-returned* devices removed from service for battery depletion with no associated complaint. In conformance with the AdvaMed guidance document, Boston Scientific performs battery usage analysis, including battery status verification, on all devices returned without a complaint. We continue to include non-returned devices reported by our customers as being removed from service due to normal battery depletion within this count.

Boston Scientific CRM's Corrective and Preventive Actions (CAPA) System

Boston Scientific strives to provide implantable devices of high quality and reliability. However, these devices are not perfect and may exhibit malfunctions at a low rate of occurrence. Device performance information is received from many sources through various channels. Boston Scientific monitors information from many sources including suppliers, testing, manufacturing and field performance to identify opportunities for improvement.

When a device is returned to Boston Scientific, laboratory technicians and engineers assess overall device function and perform analysis using specific tests related to the clinical observation(s). Test results are compared to original manufacturing records and design intent. Clinical observations are added to laboratory findings to help determine cause of the clinical observation(s). Each discrete event is then compared to other similar-appearing events. If a pattern is detected, actions are taken to identify a common root cause, and improvements intended to improve product reliability and/or performance may be implemented. Observations from supplier data and internal manufacturing operations also lead to opportunities for improvement. Improvements, when made, may include design changes in existing or subsequent generations, manufacturing and supplier process modifications, software updates, educational communications, and/or labeling changes as examples. Improvement implementation may vary by geography due to various factors including regulatory review timing. They may not be applied to every product susceptible to the malfunction pattern and may not mitigate or eliminate the potential for additional malfunctions. In cases where an improvement is made to an approved product line, devices made without the improvement may continue to be distributed where such products meet our high reliability and performance standards, particularly when changes are incremental and in accordance with our overall philosophy of continuous product improvement.

Improvements are closely monitored for effectiveness. Boston Scientific informs regulatory bodies of each significant event that poses potential risk to patient health to meet regulatory obligations, and shares returned product investigation findings with physicians. The malfunction details section for pulse generators and leads includes a summary of these findings.

In summary, thorough investigation of internal and external data coupled with low trigger levels for improvements creates a continuous product improvement system that is very responsive to patient and physician needs. Boston Scientific is committed to sharing an accurate picture of product performance and addressing identified opportunities for improvement in a timely fashion for our customers.

Malfunction Details: Overview

Boston Scientific CRM pursues product quality and reliability with a passion. We therefore continuously monitor product performance to make improvements whenever possible. Worldwide Malfunction tables provide a count and description of malfunctions associated with the majority of actively in-service Boston Scientific products. Information presented is based on malfunctions reported to and analyzed by Boston Scientific. Each table contains malfunction counts listed by category, pattern and therapy availability.

Category

Malfunctions are categorized by the nature of their root cause. For example, a malfunction due to the software within a pulse generator is listed in the Software category. There are four pulse generator malfunction categories and four malfunction categories for leads (described below).

Patterns

Patients and physicians have asked for more access to Quality System details; therefore, we provide information on patterns of product performance. Patterns listed are informational and do not represent actions that need to be taken. Boston Scientific is committed to direct communication when predicted product performance fails to achieve design or performance expectations or when actions may be taken to improve patient outcomes. Malfunctions associated with product advisories are denoted. Refer to the Product Advisories section for more information.

Each pattern description includes:

- Clinical Manifestation and Root Cause Malfunctions for each product are characterized according to root cause. Descriptions provide clinical observations and/or analysis findings associated with each malfunction pattern listed in this report.
 Malfunctions listed within "Other" either do not yet have an identified root cause, or are related to a proprietary product feature, such as connectors or seal rings.
- Improvement Implementation All of the patterns listed are thoroughly investigated and analyzed. As part of Boston Scientific's process of continuous improvement, when possible, improvements have been or will be implemented in response to identified malfunction patterns. Improvements may include product design changes in existing or subsequent generations, manufacturing process modifications, software updates, educational communications or labeling changes. Improvement implementation may vary by geography due to various factors, including regulatory review timing. They may not be applied to every product susceptible to the malfunction pattern, and may not completely mitigate or eliminate the potential for additional malfunctions.

Pattern information in this report is dynamic. Pattern names, superscript number assignments and descriptions may all change from quarter to quarter; as Boston Scientific's investigations progress and improvements are implemented, updated information is provided.

Therapy Availability

Malfunctions are further classified according to their impact on therapy, as follows:

- Malfunction With Compromised Therapy The condition when a device is confirmed through laboratory analysis to have malfunctioned in a manner that compromised pacing or defibrillation therapy (including complete loss or partial degradation) while implanted and in service. Examples include (but are not limited to): sudden loss of battery voltage; accelerated current drain such that low battery was not detected before loss of therapy; sudden malfunction during defibrillation therapy resulting in aborted therapy delivery; intermittent malfunction in which therapy is compromised while in the malfunction state.
- **Malfunction Without Compromised Therapy** The condition when a device is confirmed through laboratory analysis to have malfunctioned in a manner that did not compromise pacing or defibrillation therapy while implanted and in service. Malfunctions in which critical patient-protective pacing and defibrillation therapies remain available are included here. Examples include (but are not limited to): error affecting diagnostic functions, telemetry function, data storage; malfunction of a component that causes the battery to lose power quickly enough to result in premature battery depletion, but slowly enough that the condition is detected through normal follow-up before therapy is lost; mechanical problems with connector header that do not affect therapy.

Pulse Generator Malfunctions

Pulse generator malfunctions represent devices removed from service and confirmed through laboratory analysis to have operated outside the performance limits established by Boston Scientific while implanted and in service. Device damage occurring during or after explant, or caused by external factors including those warned against in product labeling (e.g. therapeutic radiation), are not considered device malfunctions. Damage to a pulse generator caused by a lead malfunction is reported as a lead malfunction.

Lead Confirmed Malfunctions

Lead confirmed malfunctions represent leads removed from service and confirmed through laboratory analysis to have operated outside the performance limits established by Boston Scientific while implanted and in service. The Boston Scientific Product Performance Report is in compliance with the 2014 version of ISO 5841-2: 2 (E), Reporting of Clinical Performance of Populations of Pulse Generators or Leads. This version categorizes leads with reported complications which are taken out of service and returned, but for which no malfunction can be confirmed, as Chronic Lead Complications. This methodology also addresses the Recommendations from the Heart Rhythm Society Task Force on Lead Performance Policies and Guidelines.

Supporting Greater Return of Explanted Devices

The Heart Rhythm Society (HRS) Task Force on Device Performance Policies and Guidelines stated that knowledge, confidence, and trust in cardiac rhythm management devices can be strengthened through enhancing systems that increase the return of devices to the manufacturer. Boston Scientific CRM shares in this belief and supports the HRS-specified actions geared toward achieving the goal of greater device return to the manufacturer, including post-mortem device interrogation, explantation and return to the manufacturer.¹ Approximately 60% of ICD, CRT-D, and PM pulse generators are returned for analysis.

Help Us Provide You With More Complete Product Performance Data

Reporting Adverse Events

The data in this report reflect Boston Scientific's understanding of product performance. We acknowledge that there is underreporting. If you have product performance observations to report, please contact your local Boston Scientific sales representative or Boston Scientific's Technical Services department at:

United States: Phone 1.800.CARDIAC (1.800.227.3422) or 1.651.582.2698.

International: Please refer to the Country Offices List for local contact information.

E-mail: crmevent@bsci.com

Returning Products to Boston Scientific

Boston Scientific provides a Returned Products Kit (Model 6499) that includes proper forms, shipping/packaging (biohazard bags), and a prepaid shipping label. It can be ordered at no charge through Boston Scientific's Customer Service department at 1.800.CARDIAC (1.800.227.3422) or 1.651.582.2698, or you can order a Returned Products Kit online at www.bostonscientific.com/ppr.

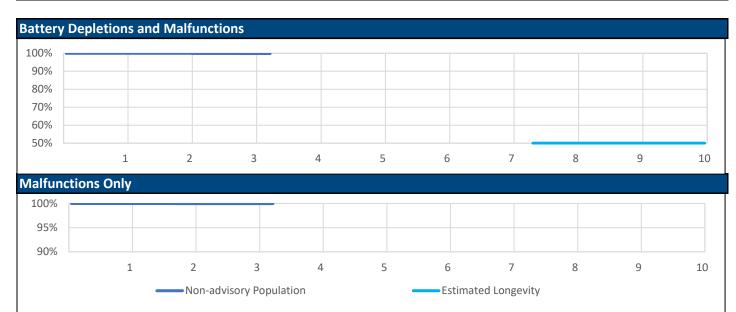
¹Carlson et al. Recommendations from the Heart Rhythm Society Task Force. Heart Rhythm. October 2006; 3(special issue):1251 — 1252.



RESONATE/MOMENTUM/CHARISMA/VIGILANT CRT-D

Models: G124/G125/G126/G128/G138/G224/G225/G228/G237/G247/G248/G324/G325/G347/G348/G424/G425/G426/G428/G437/G447/G448/G524/G525/G526/G528/G537/G547/G548

US Summary			
US Registered Implants:	37,000	US Normal Battery Depletions:	7
US Approval Date:	September 2017	US Malfunctions:	6
US Estimated Active Implants:	35,000	Without Compromised Therapy:	5
		With Compromised Therapy:	1



US Surviva	US Survival Probability											
	Year	1	2	3	4	5	6	7	8	9	10	
Non-Advisory Population	Depletions and Malfunctions	100.0%	100.0%	99.9%	99.9%							
Registered Implants:	Malfunctions Only	100.0%	100.0%	100.0%	100.0%							
37,000	Effective Sample Size	21201	8856	1412	297							

RESONATE/MOMENTUM/CHARISMA/VIGILANT CRT-D

Models: G124/G125/G126/G128/G138/G224/G225/G228/G237/G247/G248/G324/G325/G347/G348/G424/G425/G426/G428/G437/G447/G448/G524/G525/G526/G528/G537/G547/G548

Worldwide Confirmed Malfunctions Worldwide Distribution	8 71,000		
	With Compromised Therapy	Without Compromised Therapy	Total
Electrical			
Integrated circuit (63) Low-voltage capacitor (69) Software	0 0	2 1	2 1
Memory errors (51) Other	0	3	3
Non-patterned, other	1	1	2
Grand Total	1	7	8

AUTOGEN CRT-D

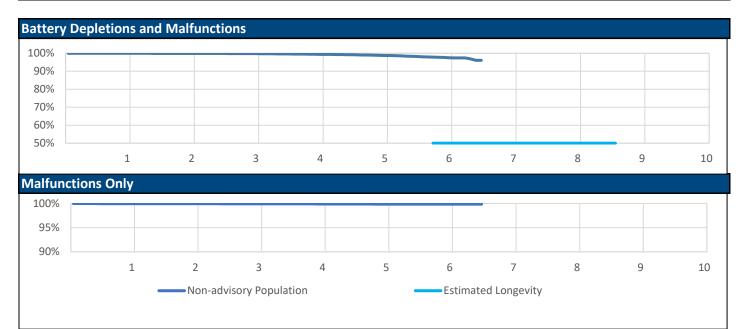
Models: G160/G161/G164/G166/G168/G172/G173/G175/G177/G179

Worldwide Confirmed Malfunctions Worldwide Distribution	18 24,000		
	With Compromised Therapy	Without Compromised Therapy	Total
Electrical			
High voltage circuit component (62)	0	7	7
Integrated circuit (63)	2	4	6
Low-voltage capacitor (69) Software	0	1	1
Safety Core-unintended biventricular pacing (64) Other	0	1	1
		2	2
Non-patterned, other	1	2	3
Grand Total	3	15	18

DYNAGEN/INOGEN/ORIGEN CRT-D

Models: G050/G051/G056/G058/G140/G141/G146/G148/G150/G151/G154/G156/G158

US Summary				
US Registered Implants:	70,000	US Normal Battery Depletions:	300	
US Approval Date:	April 2014	US Malfunctions:	51	
US Estimated Active Implants:	58,000	Without Compromised Therapy:	42	
		With Compromised Therapy:	9	



US Survival	l Probability	у									
	Year	1	2	3	4	5	6	7	8	9	10
	Depletions and Malfunctions	100.0%	99.9%	99.8%	99.4%	98.8%	97.6%	96.1%			
0	Malfunctions Only	100.0%	99.9%	99.9%	99.9%	99.9%	99.9%	99.9%			
	Effective Sample Size	58393	47311	34814	21357	9940	2239	272			

DYNAGEN/INOGEN/ORIGEN CRT-D

Models: G050/G051/G056/G058/G140/G141/G146/G148/G150/G151/G154/G156/G158

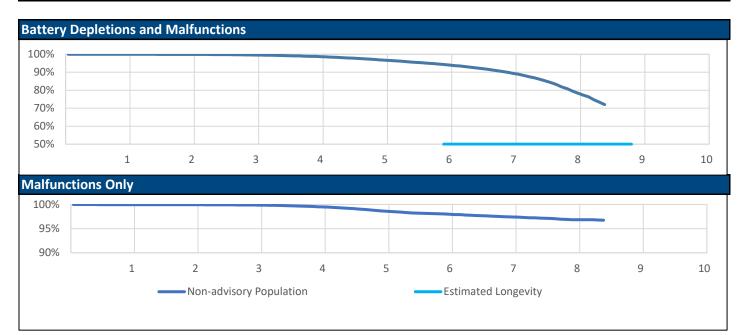
Worldwide Confirmed Malfunctions Worldwide Distribution	76 110,000		
	With Compromised Therapy	Without Compromised Therapy	Total
Electrical			
High voltage circuit component (62)	0	17	17
Integrated circuit (63)	3	11	14
Low-voltage capacitor (69)	0	7	7
High voltage capacitor (75)	1	1	2
Battery (53)	0	3	3
Software			
Memory errors (51)	2	20	22
Safety Core-unintended biventricular	0	2	2
pacing (64)			
Other			
Non-patterned, other	7	2	9
Grand Total	13	63	76

INCEPTA/ENERGEN/PUNCTUA CRT-D

Models: N050/N051/N052/N053/N140/N141/N142/N143/N160/N161/N162/N163/N164/N165/P052/P053/P142/P143/

P162/P163/P165

US Summary				
US Registered Implants:	53,000	US Normal Battery Depletions:	3,279	
US Approval Date:	November 2011	US Malfunctions:	773	
US Estimated Active Implants:	29,000	Without Compromised Therapy:	754	
		With Compromised Therapy:	19	



US Surviv	al Probabilit	y									
	Year	1	2	3	4	5	6	7	8	9	10
Non-Advisory Population	Depletions and Malfunctions	100.0%	99.9%	99.6%	98.8%	96.9%	94.3%	89.9%	79.5%	60.4%	
Registered Implants:	Malfunctions Only	100.0%	100.0%	99.9%	99.5%	98.7%	98.0%	97.4%	96.9%	96.4%	
53,000	Effective Sample Size	46313	41468	37013	32857	28504	23212	14130	5159	227	

INCEPTA/ENERGEN/PUNCTUA CRT-D

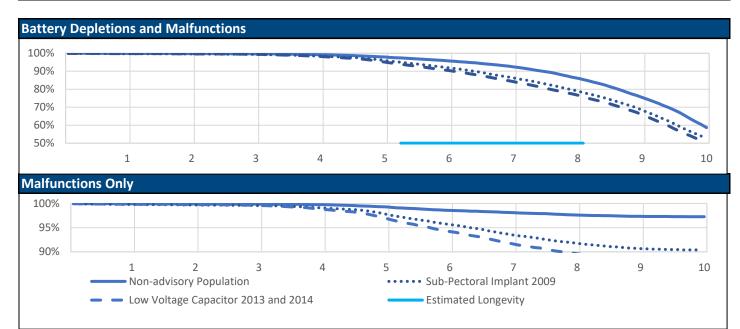
Models: N050/N051/N052/N053/N140/N141/N142/N143/N160/N161/N162/N163/N164/N165/ P052/P053/P142/P143/P162/P163/P165

Worldwide Confirmed Malfunctions Worldwide Distribution	1,247 81,000		
	With Compromised	Without Compromised	
	Therapy	Therapy	Total
Electrical			
Safety Core-electrocautery (42)	1	5	6
High-voltage capacitor (43)	5	0	5
Low-voltage capacitors (47)	0	1	1
Integrated circuit (50)	7	2	9
Battery (53)	1	9	10
Low-voltage capacitor (54)	5	1173	1178
Low-voltage capacitor (69)	0	5	5
Mechanical			
Transformer (38)	6	0	6
Software			
Memory errors (51)	0	8	8
Other			
Non-patterned, other	5	14	19
Grand Total	30	1217	1247

COGNIS CRT-D

Models: N106/N107/N108/N118/N119/N120/P106/P107/P108

US Summary				
US Registered Implants:	75,000	US Normal Battery Depletions:	12,421	
US Approval Date:	March 2008	US Malfunctions:	2,077	
US Estimated Active Implants:	19,000	Without Compromised Therapy:	1,885	
		With Compromised Therapy:	192	



US Surviv	S Survival Probability											
	Year	1	2	3	4	5	6	7	8	9	10	
Non-Advisory Population	Depletions and Malfunctions	99.9%	99.8%	99.7%	99.3%	98.0%	96.0%	92.9%	86.7%	76.5%	60.4%	
Registered Implants:	Malfunctions Only	99.9%	99.9%	99.9%	99.8%	99.3%	98.6%	98.2%	97.6%	97.3%	97.3%	
36,000	Effective Sample Size	31291	28062	25130	22411	19860	17376	14995	12408	9369	2986	

COGNIS CRT-D

Models: N106/N107/N108/N118/N119/N120/P106/P107/P108

US Surviva	al Probability	y (cont.)									
	Year	1	2	3	4	5	6	7	8	9	10
Subpectoral Implant 2009	Depletions and Malfunctions	99.8%	99.6%	99.4%	98.5%	96.3%	92.2%	86.9%	79.7%	69.7%	54.0%
Registered Implants:	Malfunctions Only	99.8%	99.7%	99.6%	99.1%	98.0%	95.8%	93.7%	91.9%	90.7%	90.4%
32,000	Effective Sample Size	27334	24225	21626	19199	16770	14295	11975	9751	7557	5165
Low Voltage Capacitor 2013 and 2014	Depletions and Malfunctions	99.8%	99.7%	99.5%	98.4%	95.6%	90.7%	84.8%	77.4%	67.0%	51.6%
Registered Implants:	Malfunctions Only	99.8%	99.8%	99.6%	98.9%	97.2%	94.4%	91.8%	89.8%	88.4%	88.1%
26,000	Effective Sample Size	22473	19950	17838	15790	13739	11604	9628	7789	5986	4040

*Devices subject to an advisory. Refer to the Advisories for more details. Devices may be part of more than one advisory.

COGNIS CRT-D

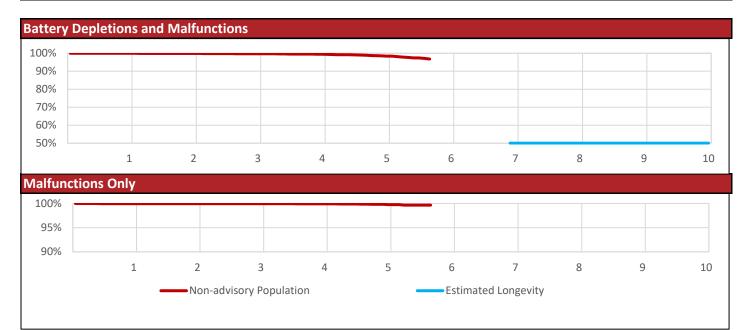
Models: N106/N107/N108/N118/N119/N120/P106/P107/P108

Worldwide Confirmed Malfunctions Worldwide Distribution	2,929 109,000		
	With Compromised Therapy	Without Compromised Therapy	Total
Electrical			
Low Voltage Capacitor 2014 - August 29, 2013 and September 17, 2014 Voluntary Physician Advisory (3)	82	1616	1698
Safety Core-electrocautery (42)	25	54	79
High-voltage capacitor (43)	6	1	7
Low-voltage capacitors (47)	0	7	7
Integrated circuit (50)	21	8	29
High voltage circuit (52)	1	0	1
Battery (53)	9	49	58
Low-voltage capacitor (54)	12	827	839
Low-voltage capacitor (69)	0	2	2
Mechanical			
Transformer (38)	9	0	9
Difficulty securing lead (41)	8	8	16
Header contacts (45)	8	10	18
Subpectoral implant 2009 - December 01, 2009	48	19	67
Voluntary Physician Advisory (6)			
Header (74)	25	9	34
Software			
Safety Core-programming (46)	0	1	1
Alert messages not displayed post-EOL (48)	0	2	2
Memory errors (51)	2	15	17
Other			
Non-patterned, other	11	34	45
Grand Total	267	2662	2929

VISIONIST/VALITUDE

Models: U125/U128/U225/U226/U228

US Summary				
US Registered Implants:	36,000	US Normal Battery Depletions:	100	
US Approval Date:	October 2014	US Malfunctions:	33	
US Estimated Active Implants:	30,000	Without Compromised Therapy:	32	
		With Compromised Therapy:	1	



US Survival Probability											
Y	Year	1	2	3	4	5	6	7	8	9	10
	Depletions and Malfunctions	100.0%	99.9%	99.7%	99.5%	98.6%	96.8%				
0	Malfunctions Only	100.0%	99.9%	99.9%	99.9%	99.8%	99.7%				
	ffective Sample iize	26100	18169	11606	6215	1901	272				

VISIONIST/VALITUDE

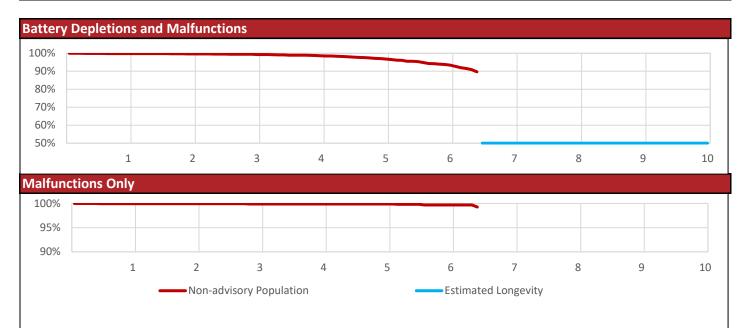
Models: U125/U128/U225/U226/U228

Worldwide Confirmed Malfunctions Worldwide Distribution	43 72,000		
Electrical	With Compromised Therapy	Without Compromised Therapy	Total
Low-voltage capacitors (47)	0	2	2
Integrated circuit (63)	1	6	7
Telemetry (68)	0	1	1
Hydrogen induced premature depletion - September 2018 (70)	0	14	14
Capacitor (67) Software	0	7	7
Memory errors (51) Other	0	6	6
Non-patterned, other	0	6	6
Grand Total	1	42	43

INTUA

Models: V272/V273/V282/V283/W272/W273

US Summary				
US Registered Implants:	3,000	US Normal Battery Depletions:	94	
US Approval Date:	May 2013	US Malfunctions:	5	
US Estimated Active Implants:	2,000	Without Compromised Therapy:	4	
		With Compromised Therapy:	1	



US Survival Probability											
,	Year	1	2	3	4	5	6	7	8	9	10
	Depletions and Malfunctions	99.8%	99.6%	99.4%	98.7%	97.0%	93.8%	89.7%			
•	Malfunctions Only	100.0%	100.0%	99.9%	99.9%	99.9%	99.7%	99.3%			
	Effective Sample Size	2270	2015	1786	1568	1281	629	227			

INTUA

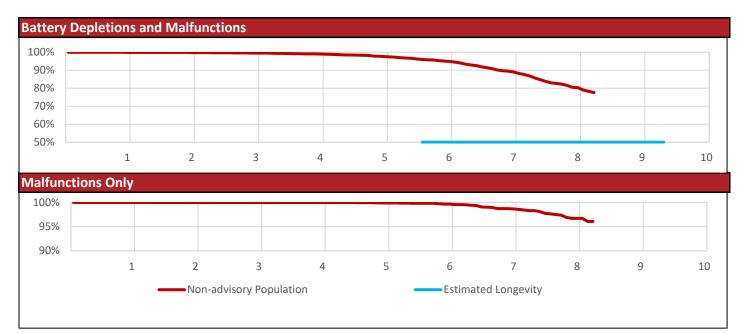
Models: V272/V273/V282/V283/W272/W273

Worldwide Confirmed Malfunctions Worldwide Distribution	5 3,000		
	With Compromised Therapy	Without Compromised Therapy	Total
Other			
Non-patterned, other Electrical	1	3	4
Battery (82)	0	1	1
Grand Total	1	4	5

INVIVE

Models: V172/V173/V182/V183/W172/W173

US Summary				
US Registered Implants:	8,000	US Normal Battery Depletions:	447	
US Approval Date:	May 2012	US Malfunctions:	61	
US Estimated Active Implants:	4,000	Without Compromised Therapy:	59	
		With Compromised Therapy:	2	



US Survival Probability											
١	Year	1	2	3	4	5	6	7	8	9	10
	Depletions and Malfunctions	100.0%	99.9%	99.6%	99.1%	97.7%	95.1%	89.5%	80.5%	77.6%	
0	Malfunctions Dnly	100.0%	100.0%	100.0%	100.0%	99.9%	99.7%	98.7%	96.7%	96.1%	
8,000 E S	Effective Sample Size	6714	5993	5333	4736	4141	3280	1949	528	238	

INVIVE

Models: V172/V173/V182/V183/W172/W173

Worldwide Confirmed Malfunctions Worldwide Distribution	87 18,000		
	With Compromised Therapy	Without Compromised Therapy	Total
Electrical			
Low-voltage capacitors (47)	1	0	1
Battery (82)	0	55	55
Software			
Memory errors (51)	0	3	3
Other			
Non-patterned, other	3	25	28
Grand Total	4	83	87

INLIVEN

Models: V274/V275/V284/V285/W275

Worldwide Confirmed Malfunctions Worldwide Distribution	4 4,000		
	With Compromised Therapy	Without Compromised Therapy	Total
Other			
Non-patterned, other Electrical	0	3	3
Battery (82)	0	1	1
Grand Total	0	4	4

RESONATE/MOMENTUM/CHARISMA/VIGILANT ICD DR

Models: D121/D221/D233/D321/D333/D421/D433/D521/D533

US Summary				
US Registered Implants:	20,000	US Normal Battery Depletions:	2	
US Approval Date:	July 2017	US Malfunctions:	3	
US Estimated Active Implants:	19,000	Without Compromised Therapy:	2	
		With Compromised Therapy:	1	



US Survival Probability											
	Year	1	2	3	4	5	6	7	8	9	10
	Depletions and Malfunctions	100.0%	100.0%	100.0%	100.0%						
0	Malfunctions Only	100.0%	100.0%	100.0%	100.0%						
	Effective Sample Size	9881	3459	353	216						

RESONATE/MOMENTUM/CHARISMA/VIGILANT ICD DR

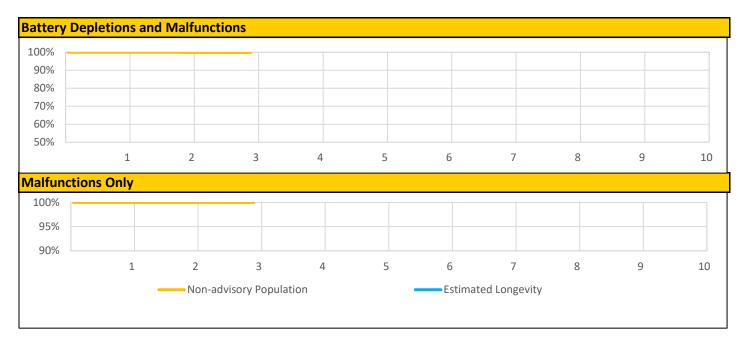
Models: D121/D221/D233/D321/D333/D421/D433/D521/D533

Worldwide Confirmed Malfunctions Worldwide Distribution	3 36,000		
	With Compromised Therapy	Without Compromised Therapy	Total
Electrical			
High voltage capacitor (75) Other	1	0	1
Non-patterned, other	0	2	2
Grand Total	1	2	3

RESONATE/MOMENTUM/CHARISMA/VIGILANT ICD VR

Models: D120/D220/D232/D320/D332/D420/D432/D520/D532

US Summary				
US Registered Implants:	12,000	US Normal Battery Depletions:	4	
US Approval Date:	July 2017	US Malfunctions:	1	
US Estimated Active Implants:	11,000	Without Compromised Therapy:	1	
		With Compromised Therapy:	-	



<mark>US Surviva</mark>	JS Survival Probability											
	Year	1	2	3	4	5	6	7	8	9	10	
Non-Advisory Population	Depletions and Malfunctions	100.0%	99.9%	99.9%								
Registered Implants:	Malfunctions Only	100.0%	100.0%	100.0%								
12,000	Effective Sample Size	6638	2517	262								@ 36 mo

RESONATE/MOMENTUM/CHARISMA/VIGILANT ICD VR

Models: D120/D220/D232/D320/D332/D420/D432/D520/D532

Worldwide Confirmed Malfunctions Worldwide Distribution	4 28,000		
	With Compromised Therapy	Without Compromised Therapy	Total
Electrical			
High voltage capacitor (75) Other	1	0	1
Non-patterned, other Software	0	2	2
Memory errors (51)	0	1	1
Grand Total	1	3	4

PERCIVA DR

Models: D401/D413/D501/D513

US Summary			
US Registered Implants:	2,000	US Normal Battery Depletions:	1
US Approval Date:	July 2017	US Malfunctions:	-
US Estimated Active Implants:	2,000	Without Compromised Therapy:	-
		With Compromised Therapy:	-



US Survival Probability												
Y	'ear	1	2	3	4	5	6	7	8	9	10	
	epletions and Ialfunctions	99.9%	99.9%	99.9%								
0	1alfunctions nly	100.0%	100.0%	100.0%								
2,000 Efi Siz	ffective Sample ize	1059	371	210								@ 2

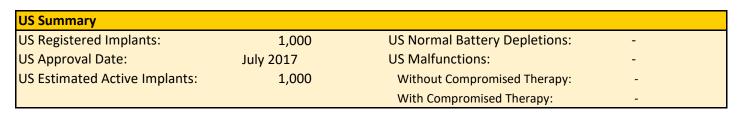
PERCIVA DR

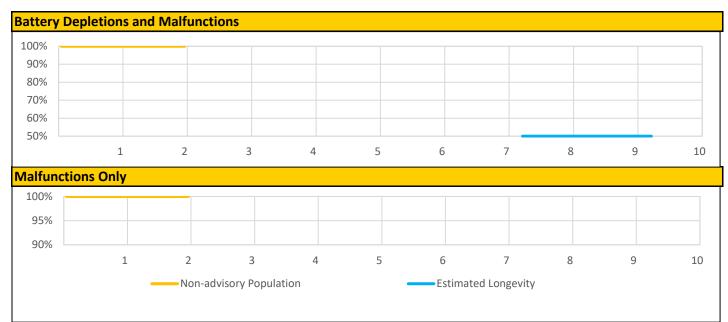
Models: D401/D413/D501/D513

Worldwide Confirmed Malfunctions Worldwide Distribution	0 4,000		
	With Compromised Therapy	Without Compromised Therapy	Total
Other			
Non-patterned, other	0	0	0
Grand Total	0	0	0

PERCIVA VR

Models: D400/D412/D500/D512





US Survival Probability												
	Year	1	2	3	4	5	6	7	8	9	10	
Non-Advisory Population	Depletions and Malfunctions	100.0%	100.0%	100.0%								
Registered Implants:	Malfunctions Only	100.0%	100.0%	100.0%								
1,000	Effective Sample Size	711	240	214								@ 25 m

PERCIVA VR

Models: D400/D412/D500/D512

Worldwide Confirmed Malfunctions Worldwide Distribution	0 3,000		
	With Compromised Therapy	Without Compromised Therapy	Total
Other			
Non-patterned, other	0	0	0
Grand Total	0	0	0

AUTOGEN ICD EL DR

Models: D162/D163/D176/D177

Worldwide Confirmed Malfunctions Worldwide Distribution	14 16,000		
	With Compromised Therapy	Without Compromised Therapy	Total
Electrical			
High voltage circuit component (62)	0	4	4
Integrated circuit (63)	2	0	2
Low-voltage capacitor (69)	0	3	3
Battery (53)	0	1	1
High voltage capacitor (75)	1	0	1
Other			
Non-patterned, other Software	1	1	2
Memory errors (51)	0	1	1
Grand Total	4	10	14

AUTOGEN ICD EL VR

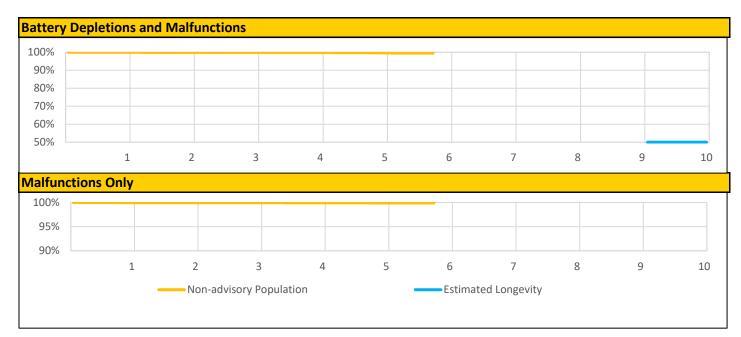
Models: D160/D161/D174/D175

Worldwide Confirmed Malfunctions Worldwide Distribution	7 17,000		
	With Compromised Therapy	Without Compromised Therapy	Total
Electrical			
High voltage capacitor (75)	1	0	1
Low-voltage capacitor (69)	0	1	1
Battery (53)	0	1	1
Other			
Non-patterned, other Software	0	1	1
Memory errors (51)	2	1	3
Grand Total	3	4	7

DYNAGEN/INOGEN/ORIGEN ICD EL DR

Models: D052/D053/D142/D143/D152/D153

US Summary				
US Registered Implants:	44,000	US Normal Battery Depletions:	40	
US Approval Date:	April 2014	US Malfunctions:	19	
US Estimated Active Implants:	38,000	Without Compromised Therapy:	12	
		With Compromised Therapy:	7	



US Survival	Probability	/									
,	Year	1	2	3	4	5	6	7	8	9	10
	Depletions and Malfunctions	100.0%	99.9%	99.9%	99.8%	99.7%	99.5%				
•	Malfunctions Only	100.0%	100.0%	100.0%	99.9%	99.9%	99.9%				
44,000 E S	Effective Sample Size	35141	27333	18592	10091	3908	408				

DYNAGEN/INOGEN/ORIGEN ICD EL DR

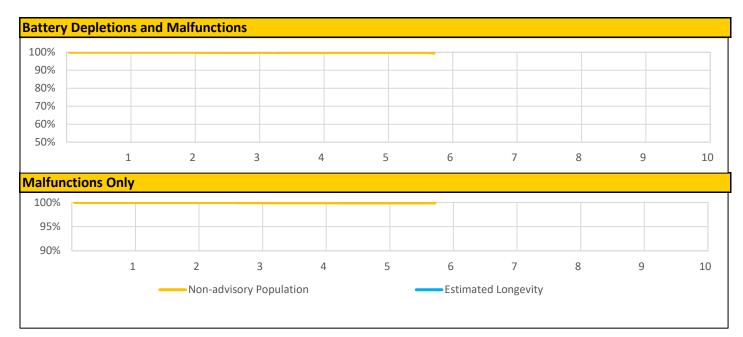
Models: D052/D053/D142/D143/D152/D153

Worldwide Confirmed Malfunctions Worldwide Distribution	23 64,000		
	With Compromised Therapy	Without Compromised Therapy	Total
Electrical			
Low-voltage capacitors (47)	0	2	2
High voltage circuit component (62)	0	3	3
Integrated circuit (63)	1	1	2
Low-voltage capacitor (69)	0	3	3
High voltage capacitor (75)	5	0	5
Battery (53) Software	0	1	1
Memory errors (51)	0	1	1
Other			
Non-patterned, other	2	4	6
Grand Total	8	15	23

DYNAGEN/INOGEN/ORIGEN ICD EL VR

Models: D050/D051/D140/D141/D150/D151

US Summary				
US Registered Implants:	36,000	US Normal Battery Depletions:	22	
US Approval Date:	April 2014	US Malfunctions:	15	
US Estimated Active Implants:	31,000	Without Compromised Therapy:	14	
		With Compromised Therapy:	1	



US Surviva	l Probability	y										
	Year	1	2	3	4	5	6	7	8	9	10	
	Depletions and Malfunctions	100.0%	99.9%	99.9%	99.8%	99.8%	99.5%					
Registered Implants:	Malfunctions Only	100.0%	100.0%	100.0%	99.9%	99.9%	99.9%					
36,000	Effective Sample Size	29525	23237	16275	9370	3852	381					@ 70 mc

DYNAGEN/INOGEN/ORIGEN ICD EL VR

Models: D050/D051/D140/D141/D150/D151

Worldwide Confirmed Malfunctions Worldwide Distribution	29 60,000		
	With Compromised Therapy	Without Compromised Therapy	Total
Electrical			
Low-voltage capacitors (47)	0	1	1
High voltage circuit component (62)	0	2	2
Integrated circuit (63)	0	1	1
Low-voltage capacitor (69)	1	11	12
Software			
Memory errors (51)	0	4	4
Other			
Non-patterned, other	4	5	9
Grand Total	5	24	29

DYNAGEN/INOGEN/ORIGEN ICD MINI DR

Models: D002/D003/D012/D013/D022/D023

US Summary				
US Registered Implants:	10,000	US Normal Battery Depletions:	437	
US Approval Date:	April 2014	US Malfunctions:	15	
US Estimated Active Implants:	7,000	Without Compromised Therapy:	12	
		With Compromised Therapy:	3	



US Surviva	al Probability	/										
	Year	1	2	3	4	5	6	7	8	9	10	
Non-Advisory Population	Depletions and Malfunctions	99.9%	99.8%	99.6%	99.1%	95.9%	78.6%	64.1%				
Registered Implants:	Malfunctions Only	100.0%	99.9%	99.8%	99.8%	99.8%	99.8%	99.8%				
10,000	Effective Sample Size	8040	6445	4777	3282	2013	643	202				@ 77 mo

DYNAGEN/INOGEN/ORIGEN ICD MINI DR

Models: D002/D003/D012/D013/D022/D023

Worldwide Confirmed Malfunctions Worldwide Distribution	21 27,000		
	With Compromised Therapy	Without Compromised Therapy	Total
Electrical			
High voltage circuit component (62)	0	11	11
High voltage capacitor (75)	2	0	2
Other			
Non-patterned, other	3	5	8
Grand Total	5	16	21

DYNAGEN/INOGEN/ORIGEN ICD MINI VR

Models: D000/D001/D010/D011/D020/D021

US Summary				
US Registered Implants:	9,000	US Normal Battery Depletions:	44	
US Approval Date:	April 2014	US Malfunctions:	8	
US Estimated Active Implants:	7,000	Without Compromised Therapy:	7	
		With Compromised Therapy:	1	



US Surviva	l Probability	/										
	Year	1	2	3	4	5	6	7	8	9	10	
Non-Advisory Population	Depletions and Malfunctions	100.0%	99.9%	99.8%	99.7%	99.2%	98.3%	96.0%				
Registered Implants:	Malfunctions Only	100.0%	99.9%	99.9%	99.9%	99.8%	99.8%	99.8%				
9,000	Effective Sample Size	7511	6085	4616	3290	2051	739	214				@ 78 m

DYNAGEN/INOGEN/ORIGEN ICD MINI VR

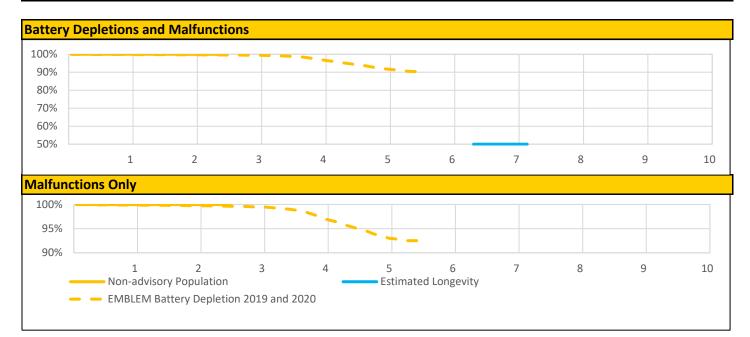
Models: D000/D001/D010/D011/D020/D021

Worldwide Confirmed Malfunctions Worldwide Distribution	19 28,000		
	With Compromised Therapy	Without Compromised Therapy	Total
Electrical			
Low-voltage capacitors (47)	0	2	2
High voltage circuit component (62)	0	6	6
High voltage capacitor (75)	5	0	5
Low-voltage capacitor (69)	0	1	1
Software			
Memory errors (51)	1	2	3
Other			
Non-patterned, other	0	2	2
Grand Total	6	13	19

EMBLEM S-ICD

Models: A209/A219

US Summary				
US Registered Implants:	38,000	US Normal Battery Depletions:	79	
US Approval Date:	March 2015	US Malfunctions:	448	
US Estimated Active Implants:	33,000	Without Compromised Therapy:	425	
		With Compromised Therapy:	23	



US Survival Probability												
	Year	1	2	3	4	5	6	7	8	9	10	
Non-Advisory Population	Depletions and Malfunctions	100.0%	99.9%	99.9%								
Registered Implants:	Malfunctions Only	100.0%	100.0%	100.0%								
14,000	Effective Sample Size	8747	2753	295								@ 31 mor

EMBLEM S-ICD

Models: A209/A219

US Survival Probability (cont.)											
	Year	1	2	3	4	5	6	7	8	9	10
Battery Depletion 2019 and 2020	Depletions and Malfunctions	99.9%	99.7%	99.5%	97.2%	92.1%	90.2%				
Registered Implants:	Malfunctions Only	99.9%	99.8%	99.5%	97.4%	93.3%	92.5%				
22,000	Effective Sample Size	18603	16279	12180	6544	2363	262				

EMBLEM S-ICD

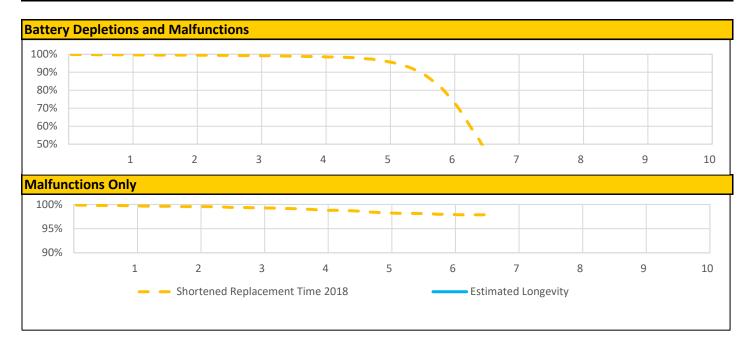
Models: A209/A219

Worldwide Confirmed Malfunctions Worldwide Distribution	1,066 84,000		
	With Compromised Therapy	Without Compromised Therapy	Total
Electrical	Петару	тегару	Total
High-voltage capacitor (43) S-ICD battery depletion 2019 and 2020 (77) Software	1 6	0 952	1 958
Memory corruption (65) Misaligned markers (73) Mechanical	1 1	0 2	1 3
Solder joint (78) EMBLEM S-ICD electrical overstress 2020 (80) RF antenna (81) Other	6 7 1	0 0 0	6 7 1
Non-patterned, other Telemetry (56) Grand Total	27 13 63	32 17 1003	59 30 1066

SQ-RX S-ICD

Models: 1010

US Summary				
US Registered Implants:	8,000	US Normal Battery Depletions:	1,354	
US Approval Date:	September 2012	US Malfunctions:	98	
US Estimated Active Implants:	4,000	Without Compromised Therapy:	42	
		With Compromised Therapy:	56	



	Year	1	2	3	4	5	6	7	8	9	10
Shortened Replacement Time 2018	Depletions and Malfunctions	99.7%	99.5%	99.2%	98.6%	96.5%	78.1%	34.9%			
Registered Implants:	Malfunctions Only	99.7%	99.5%	99.3%	98.8%	98.3%	98.0%	97.9%			
8,000	Effective Sample Size	6417	5654	4996	4385	3698	2111	215			

SQ-RX S-ICD

Models: 1010

Worldwide Confirmed Malfunctions Worldwide Distribution	206 11,000		
	With Compromised Therapy	Without Compromised Therapy	Total
Electrical			
Unintended Fuse Activation 2013 (4)	3	0	3
Charge Timeout Alert (61)	1	11	12
Mechanical			
High cathode condition (5)	1	1	2
Shortened replacement time 2018 (55)	59	41	100
Software			
Unintended Battery Depletion Alert (57)	0	10	10
Other			
Telemetry (56)	10	4	14
Non-patterned, other	38	27	65
Grand Total	112	94	206

INCEPTA/ENERGEN/PUNCTUA ICD DR

Models: E052/E053/E142/E143/E162/E163/F052/F053/F142/F143/F162/F163

US Summary				
US Registered Implants:	47,000	US Normal Battery Depletions:	280	
US Approval Date:	November 2011	US Malfunctions:	1,092	
US Estimated Active Implants:	30,000	Without Compromised Therapy:	1,069	
		With Compromised Therapy:	23	



US Survival Probability												
	Year	1	2	3	4	5	6	7	8	9	10	
Non-Advisory Population	Depletions and Malfunctions	99.9%	99.9%	99.8%	99.6%	98.8%	97.2%	94.7%	92.3%	86.0%		
Registered Implants:	Malfunctions Only	100.0%	100.0%	99.9%	99.7%	99.0%	97.5%	95.4%	93.9%	92.9%		
47,000	Effective Sample Size	41225	36538	32291	28417	24576	19826	11428	4413	226		@ 108 mon

INCEPTA/ENERGEN/PUNCTUA ICD DR

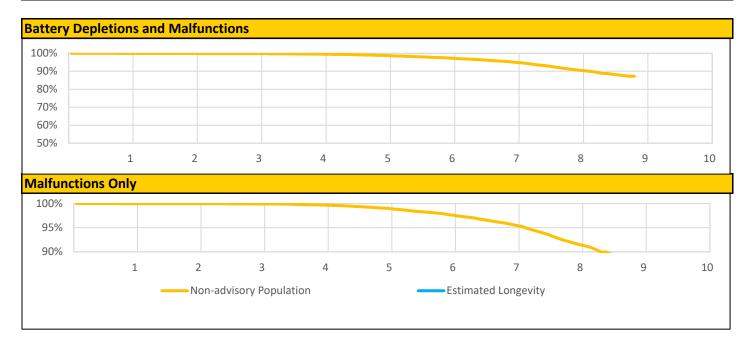
Models: E052/E053/E142/E143/E162/E163/F052/F053/F142/F143/F162/F163

Worldwide Confirmed Malfunctions Worldwide Distribution	1,667 72,000		
	With Compromised Therapy	Without Compromised Therapy	Total
Mechanical			
Transformer (38) Electrical	2	0	2
High-voltage capacitor (43)	4	1	5
Low-voltage capacitors (47)	0	4	4
Integrated circuit (50)	5	7	12
Battery (53)	8	68	76
Low-voltage capacitor (54)	7	1520	1527
High voltage circuit (58)	0	1	1
Low-voltage capacitor (69) Software	0	8	8
Memory errors (51)	0	6	6
Other			
Non-patterned, other	8	18	26
Grand Total	34	1633	1667

INCEPTA/ENERGEN/PUNCTUA ICD VR

Models: E050/E051/E140/E141/E160/E161/F050/F051/F140/F141/F160/F161

US Summary									
US Registered Implants:	39,000	US Normal Battery Depletions:	146						
US Approval Date:	November 2011	US Malfunctions:	1,046						
US Estimated Active Implants:	26,000	Without Compromised Therapy:	1,016						
		With Compromised Therapy:	30						



US Survival	Probability	/									
	Year	1	2	3	4	5	6	7	8	9	10
	Depletions and Malfunctions	99.9%	99.9%	99.8%	99.5%	98.8%	97.4%	95.2%	90.8%	87.2%	
0	Malfunctions Only	100.0%	100.0%	99.9%	99.7%	99.0%	97.7%	95.7%	91.7%	88.6%	
	Effective Sample Size	34699	30725	27148	23904	20717	16659	9459	3483	331	

INCEPTA/ENERGEN/PUNCTUA ICD VR

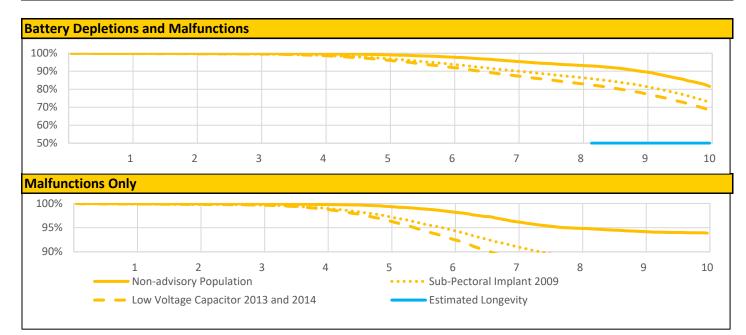
Models: E050/E051/E140/E141/E160/E161/F050/F051/F140/F141/F160/F161

Worldwide Confirmed Malfunctions Worldwide Distribution	1,764 68,000		
	With Compromised Therapy	Without Compromised Therapy	Total
Electrical	Петару	тегару	TOtal
High-voltage capacitor (43)	4	1	5
Integrated circuit (50)	5	4	9
Battery (53)	13	106	119
Low-voltage capacitor (54)	10	1581	1591
High voltage circuit (58)	1	0	1
Low-voltage capacitor (69) Mechanical	0	3	3
Transformer (38) Software	6	0	6
Memory errors (51)	1	7	8
Other			
Non-patterned, other	10	12	22
Grand Total	50	1714	1764

TELIGEN DR

Models: E110/E111/F110/F111

US Summary				
US Registered Implants:	66,000	US Normal Battery Depletions:	5,279	
US Approval Date:	March 2008	US Malfunctions:	2,962	
US Estimated Active Implants:	25,000	Without Compromised Therapy:	2,806	
		With Compromised Therapy:	156	



	Year	1	2	3	4	5	6	7	8	9	10
Non-Advisory Population	Depletions and Malfunctions	99.9%	99.9%	99.8%	99.6%	99.2%	98.0%	95.7%	93.4%	90.1%	82.7%
Registered Implants:	Malfunctions Only	99.9%	99.9%	99.9%	99.8%	99.4%	98.4%	96.4%	94.9%	94.2%	93.9%
30000	Effective Sample Size	26327	23352	20706	18285	16081	13984	11979	10221	8411	3457

TELIGEN DR

Models: E110/E111/F110/F111

	Year	1	2	3	4	5	6	7	8	9	10
Subpectoral Implant 2009	Depletions and Malfunctions	99.9%	99.8%	99.6%	98.9%	97.2%	94.2%	90.4%	86.8%	82.2%	73.8%
Registered Implants:	Malfunctions Only	99.9%	99.8%	99.7%	99.1%	97.5%	94.7%	91.4%	88.6%	86.6%	85.3%
30000	Effective Sample Size	26634	23515	20791	18255	15862	13513	11370	9510	7813	6059
ow Voltage Capacitor 2013 and 2014	Depletions and Malfunctions	99.9%	99.8%	99.6%	98.8%	96.5%	92.5%	87.8%	83.4%	78.2%	69.4%
Registered mplants:	Malfunctions Only	99.9%	99.8%	99.7%	98.9%	96.7%	93.0%	88.7%	85.3%	82.9%	81.3%
23000	Effective Sample Size	20620	18227	16103	14128	12174	10253	8521	7044	5718	4374

TELIGEN DR

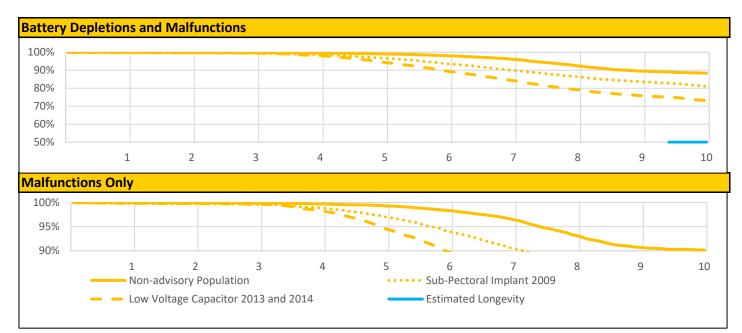
Models: E110/E111/F110/F111

Norldwide Confirmed Malfunctions Norldwide Distribution	4,058 91,000		
Electrical	With Compromised Therapy	Without Compromised Therapy	Total
Low Voltage Capacitor 2014 - August 29, 2013 and September 17, 2014 Voluntary Physician Advisory (3)	51	2290	2341
Safety Core-electrocautery (42)	1	4	5
High-voltage capacitor (43)	8	1	9
Low-voltage capacitors (47)	0	8	8
Integrated circuit (50)	21	22	43
Battery (53)	40	254	294
Low-voltage capacitor (54)	8	1208	1216
Low-voltage capacitor (69)	0	4	4
Integrated circuit (63) Mechanical	1	0	1
Transformer (38)	20	0	20
Seal plug (40)	0	3	3
Difficulty securing lead (41)	8	7	15
Header contacts (45)	12	3	15
Subpectoral implant 2009 - December 01, 2009 Voluntary Physician Advisory (6)	9	6	15
Header (74) Software	9	3	12
Alert messages not displayed post-EOL (48)	0	3	3
Memory errors (51)	0	16	16
Other			
Non-patterned, other	10	28	38
rand Total	198	3860	4058

TELIGEN VR

Models: E102/E103/F102/F103

US Summary				
US Registered Implants:	38,000	US Normal Battery Depletions:	528	
US Approval Date:	March 2008	US Malfunctions:	2,287	
US Estimated Active Implants:	17,000	Without Compromised Therapy:	2,160	
		With Compromised Therapy:	127	



US Surviv	al Probability	y									
	Year	1	2	3	4	5	6	7	8	9	10
Non-Advisory Population	Depletions and Malfunctions	99.9%	99.8%	99.7%	99.6%	99.1%	98.1%	96.3%	92.8%	89.6%	88.4%
Registered Implants:	Malfunctions Only	99.9%	99.9%	99.9%	99.7%	99.3%	98.4%	96.7%	93.4%	90.8%	90.2%
18000	Effective Sample Size	16200	14331	12651	11155	9790	8516	7304	6107	4978	1690

TELIGEN VR

Models: E102/E103/F102/F103

	Year	1	2	3	4	5	6	7	8	9	10
Subpectoral Implant 2009	Depletions and Malfunctions	99.8%	99.6%	99.5%	98.7%	96.9%	93.8%	90.2%	86.6%	83.7%	81.3%
Registered Implants:	Malfunctions Only	99.8%	99.7%	99.6%	98.9%	97.2%	94.2%	90.7%	87.4%	84.8%	83.4%
16000	Effective Sample Size	13615	11998	10574	9244	7987	6798	5706	4754	3993	3357
Low Voltage Capacitor 2013 and 2014	Depletions and Malfunctions	99.8%	99.7%	99.5%	98.2%	94.8%	89.7%	84.6%	79.5%	76.0%	73.4%
Registered Implants:	Malfunctions Only	99.8%	99.8%	99.6%	98.4%	95.0%	90.1%	85.1%	80.2%	77.1%	75.5%
12000	Effective Sample Size	10854	9583	8449	7367	6264	5196	4247	3444	2856	2385

TELIGEN VR

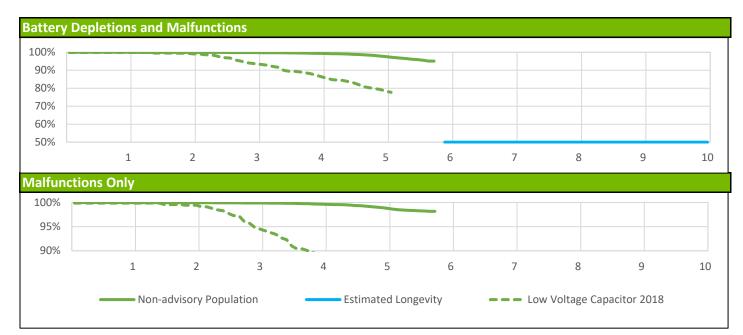
Models: E102/E103/F102/F103

Worldwide Confirmed Malfunctions Worldwide Distribution	3,867 66,000		
	With Compromised Therapy	Without Compromised Therapy	Total
Electrical			
Low Voltage Capacitor 2014 - August 29, 2013 and September 17, 2014 Voluntary Physician Advisory (3)	45	1893	1938
Safety Core-electrocautery (42)	1	1	2
High-voltage capacitor (43)	3	0	3
Low-voltage capacitors (47)	0	5	5
Integrated circuit (50)	17	11	28
Battery (53)	51	410	461
Low-voltage capacitor (54)	5	1278	1283
Low-voltage capacitor (69)	0	3	3
Mechanical			
Transformer (24)	1	0	1
Transformer (38)	14	0	14
Seal plug (40)	0	1	1
Difficulty securing lead (41)	9	0	9
Header contacts (45)	22	16	38
Subpectoral implant 2009 - December 01, 2009 Voluntary Physician Advisory (6)	16	8	24
Header (74)	13	4	17
Software			
Alert messages not displayed post-EOL (48)	0	4	4
Memory errors (51)	0	12	12
Respiratory Sensor Oversensing - March 23, 2009 Voluntary Physician Advisory (7)	0	2	2
Other			
Non-patterned, other	11	11	22
Grand Total	208	3659	3867

ACCOLADE/PROPONENT/ESSENTIO DR

Models: L101/L111/L201/L211/L301/L311

US Summary				
US Registered Implants:	201,000	US Normal Battery Depletions:	524	
US Approval Date:	October 2014	US Malfunctions:	557	
US Estimated Active Implants:	173,000	Without Compromised Therapy:	544	
		With Compromised Therapy:	13	



US Surviva	al Probability	y									
	Year	1	2	3	4	5	6	7	8	9	10
Non-Advisory Population	Depletions and Malfunctions	100.0%	99.9%	99.8%	99.4%	97.9%	95.1%				
Registered Implants:	Malfunctions Only	100.0%	100.0%	99.9%	99.7%	98.9%	98.2%				
24000	Effective Sample Size	152781	111316	74112	41431	13998	594				

ACCOLADE/PROPONENT/ESSENTIO DR

Models: L101/L111/L201/L211/L301/L311

US Survival Probability (cont.)											
	Year	1	2	3	4	5	6	7	8	9	10
Low Voltage Capacitor 2018	Depletions and Malfunctions	99.9%	99.4%	94.2%	88.0%	79.8%	77.7%				
Registered Implants:	Malfunctions Only	99.9%	99.4%	94.9%	89.0%	84.5%	83.6%				
800	Effective Sample Size	712	639	545	447	325	229				

ACCOLADE/PROPONENT/ESSENTIO DR

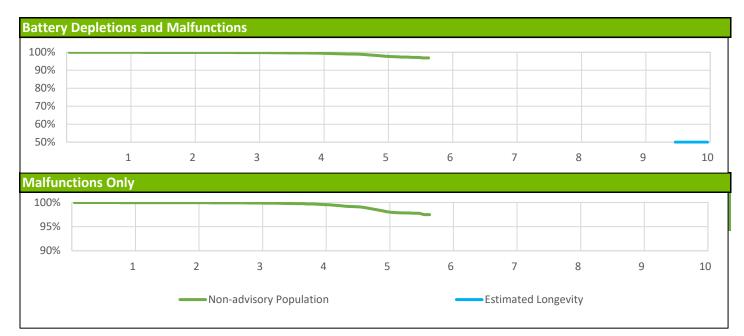
Models: L101/L111/L201/L211/L301/L311

Worldwide Confirmed Malfunctions Worldwide Distribution	971 416,000		
	With Compromised Therapy	Without Compromised Therapy	Total
Electrical			
Low-voltage capacitors (47)	0	4	4
Integrated circuit (63)	9	22	31
Capacitor (67)	2	677	679
Telemetry (68)	2	11	13
Hydrogen induced premature depletion - September 2018 (70) Software	1	155	156
Memory errors (51) Mechanical	0	31	31
Battery cathode (79)	1	0	1
Other			
Non-patterned, other	11	45	56
Grand Total	26	945	971

ACCOLADE/PROPONENT/ESSENTIO EL DR

Models: L121/L131/L221/L231/L321/L331

US Summary				
US Registered Implants:	102,000	US Normal Battery Depletions:	74	
US Approval Date:	October 2014	US Malfunctions:	252	
US Estimated Active Implants:	93,000	Without Compromised Therapy:	247	
		With Compromised Therapy:	5	



US Survival Probability												
	Year	1	2	3	4	5	6	7	8	9	10	
Non-Advisory Population	Depletions and Malfunctions	100.0%	99.9%	99.8%	99.5%	98.0%	96.9%					
Registered mplants:	Malfunctions Only	100.0%	99.9%	99.9%	99.6%	98.3%	97.5%					
102,000	Effective Sample Size	72362	48524	29798	14706	4090	390					@ 69 mont

ACCOLADE/PROPONENT/ESSENTIO EL DR

Models: L121/L131/L221/L231/L321/L331

Worldwide Confirmed Malfunctions Worldwide Distribution	550 244,000		
	With	Without	
	Compromised	Compromised	
	Therapy	Therapy	Total
Electrical			
Low-voltage capacitors (47)	0	8	8
Integrated circuit (63)	1	10	11
Capacitor (67)	0	401	401
Telemetry (68)	1	12	13
Hydrogen induced premature	2	65	67
depletion - September 2018 (70)			
Software			
Memory errors (51)	0	25	25
Mechanical			
Battery cathode (79)	1	0	1
Other			
Non-patterned, other	2	22	24
Grand Total	7	543	550

ACCOLADE/PROPONENT/ESSENTIO SR

Models: L100/L110/L200/L210/L300/L310

US Summary				
US Registered Implants:	39,000	US Normal Battery Depletions:	64	
US Approval Date:	October 2014	US Malfunctions:	164	
US Estimated Active Implants:	31,000	Without Compromised Therapy:	162	
		With Compromised Therapy:	2	



US Survival Probability											
١	Year	1	2	3	4	5	6	7	8	9	10
,	Depletions and Malfunctions	99.9%	99.9%	99.7%	99.1%	97.5%	96.8%				
0	Malfunctions Dnly	100.0%	100.0%	99.8%	99.4%	98.2%	97.9%				
	Effective Sample Size	29154	21347	14322	7893	2528	305				

ACCOLADE/PROPONENT/ESSENTIO SR

Models: L100/L110/L200/L210/L300/L310

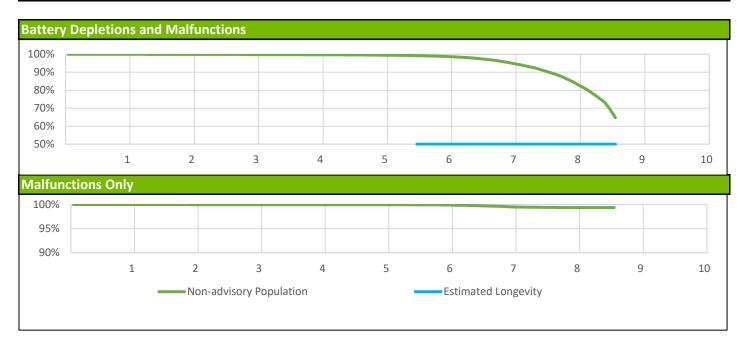
Worldwide Confirmed Malfunctions Worldwide Distribution	418 152,000		
Electrical	With Compromised Therapy	Without Compromised Therapy	Total
Low-voltage capacitors (47) Integrated circuit (63) Capacitor (67) Telemetry (68) Hydrogen induced premature depletion - September 2018 (70) Software	0 5 2 0 2	2 3 333 4 47	2 8 335 4 49
Memory errors (51) Other	0	9	9
Non-patterned, other Grand Total	1 10	10 408	11 418

ADVANTIO/INGENIO/VITALIO/FORMIO DR

Models: J063/J066/J173/J176/J273/J276/J278/J279/K063/K066/K083/K086/K173/K176/K183/K186/K273/K276/K278/K279/

K283/K286/K288/K289

US Summary				
US Registered Implants:	121,000	US Normal Battery Depletions:	4,387	
US Approval Date:	May 2012	US Malfunctions:	256	
US Estimated Active Implants:	79,000	Without Compromised Therapy:	244	
		With Compromised Therapy:	12	



US Survival Probability											
	Year	1	2	3	4	5	6	7	8	9	10
Non-Advisory Population	Depletions and Malfunctions	100.0%	99.9%	99.9%	99.7%	99.5%	98.9%	95.4%	84.8%	64.7%	
Registered Implants:	Malfunctions Only	100.0%	100.0%	100.0%	100.0%	99.9%	99.9%	99.5%	99.4%	99.4%	
	Effective Sample Size	107357	95775	85409	76131	67669	55677	29180	8363	346	

ADVANTIO/INGENIO/VITALIO/FORMIO DR

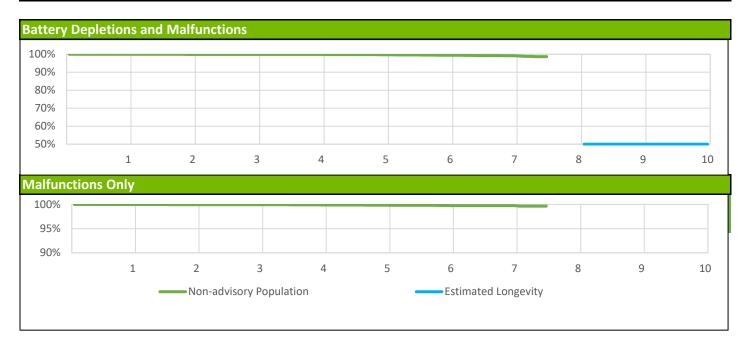
Models: J063/J066/J173/J176/J273/J276/J278/J279/K063/K066/K083/K086/K173/K176/K183/K186/K273/K276/ K278/K279/K283/K286/K288/K289

Worldwide Confirmed Malfunctions Worldwide Distribution	296 218,000		
	With Compromised Therapy	Without Compromised Therapy	Total
Electrical	1- 7		
Low-voltage capacitors (47)	0	8	8
Integrated circuit (50)	7	3	10
Titanium case material (60)	3	0	3
Software			
Memory errors (51)	1	27	28
Other			
Non-patterned, other	10	237	247
Grand Total	21	275	296

ADVANTIO/INGENIO/VITALIO EL DR

Models: J064/J067/J174/J177/J274/J277/K064/K067/K084/K087/K174/K177/K184/K187/K274/K277/K284/K287

US Summary				
US Registered Implants:	11,000	US Normal Battery Depletions:	28	
US Approval Date:	May 2012	US Malfunctions:	16	
US Estimated Active Implants:	8,000	Without Compromised Therapy:	14	
		With Compromised Therapy:	2	



US Surviva	al Probability	y					_		_			
	Year	1	2	3	4	5	6	7	8	9	10	
Non-Advisory Population	Depletions and Malfunctions	100.0%	99.9%	99.9%	99.9%	99.8%	99.5%	99.2%	98.7%			
Registered Implants:	Malfunctions Only	100.0%	100.0%	99.9%	99.9%	99.9%	99.8%	99.8%	99.7%			
11,000	Effective Sample Size	9675	8588	7640	6792	5961	4502	1197	268			@ 91 mon

ADVANTIO/INGENIO/VITALIO/FORMIO EL DR

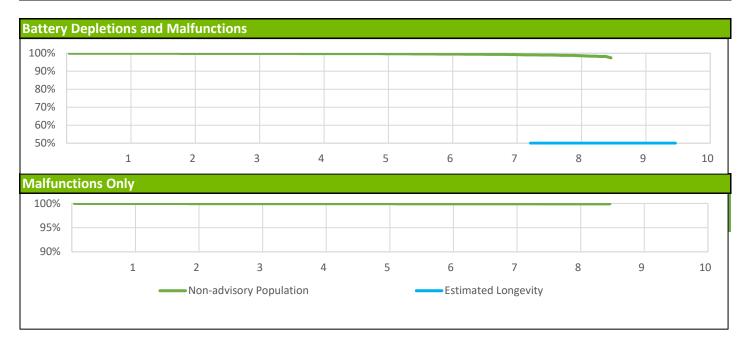
Models: J064/J067/J174/J177/J274/J277/K064/K067/K084/K087/K174/K177/K184/K187/K274/K277/K284/K287

Worldwide Confirmed Malfunctions Worldwide Distribution	117 76,000		
Electrical	With Compromised Therapy	Without Compromised Therapy	Total
Low-voltage capacitors (47) Integrated circuit (50) Titanium case material (60)	1 2 2	5 0 0	6 2 2
Battery (82) Software	0	2	2
Memory errors (51) Respiratory sensor (59) Other	1 0	5 1	6 1
Non-patterned, other Grand Total	4 10	94 107	98 117

ADVANTIO/INGENIO/VITALIO/FORMIO SR

Models: J062/J065/J172/J175/J272/J275/K062/K065/K082/K085/K172/K175/K182/K185/K272/K275/K282/K285

US Summary				
US Registered Implants:	27,000	US Normal Battery Depletions:	105	
US Approval Date:	May 2012	US Malfunctions:	12	
US Estimated Active Implants:	15,000	Without Compromised Therapy:	11	
		With Compromised Therapy:	1	



US Surviva	l Probability	/									
	Year	1	2	3	4	5	6	7	8	9	10
	Depletions and Malfunctions	100.0%	99.9%	99.9%	99.8%	99.8%	99.6%	99.3%	98.8%	97.5%	
0	Malfunctions Only	100.0%	100.0%	100.0%	100.0%	99.9%	99.9%	99.9%	99.9%	99.9%	
	Effective Sample Size	22843	20314	18119	16176	14250	11158	5898	1797	251	

ADVANTIO/INGENIO/VITALIO SR

Models: J062/J065/J172/J175/J272/J275/K062/K065/K082/K085/K172/K175/K182/K185/K272/K275/K282/K285

Worldwide Confirmed Malfunctions Worldwide Distribution	25 86,000		
	With Compromised Therapy	Without Compromised Therapy	Total
Electrical			
Low-voltage capacitors (47)	1	3	4
Integrated circuit (50)	3	2	5
Titanium case material (60)	1	0	1
Software			
Memory errors (51)	0	9	9
Other			
Non-patterned, other	3	3	6
Grand Total	8	17	25

ALTRUA 2 DR

Models: S702

Worldwide Confirmed Malfunctions Worldwide Distribution	5 10,000		
Cafturara	With Compromised Therapy	Without Compromised Therapy	Total
Software Memory errors (51) Electrical	0	1	1
Capacitor (67) Grand Total	0 0	4 5	4 5

ALTRUA 2 EL DR

Models: S722

Worldwide Confirmed Malfunctions Worldwide Distribution	0 5,000		
	With Compromised Therapy	Without Compromised Therapy	Total
Other			
Non-patterned, other	0	0	0
Grand Total	0	0	0

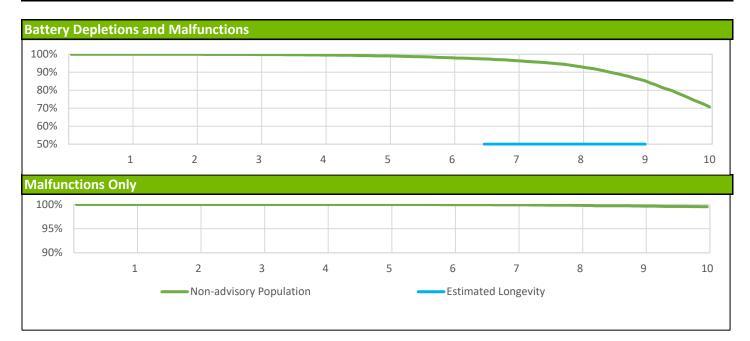
ALTRUA 2 SR

Models: S701

Worldwide Confirmed Malfunctions Worldwide Distribution	6 7,000		
	With Compromised Therapy	Without Compromised Therapy	Total
Electrical			
Capacitor (67) Other	0	5	5
Non-patterned, other	0	1	1
Grand Total	0	6	6

ALTRUA 60 DR

US Summary				
US Registered Implants:	22,000	US Normal Battery Depletions:	3,511	
US Approval Date:	April 2008	US Malfunctions:	40	
US Estimated Active Implants:	8,000	Without Compromised Therapy:	37	
		With Compromised Therapy:	3	



US Surviva	S Survival Probability											
	Year	1	2	3	4	5	6	7	8	9	10	
Non-Advisory Population	Depletions and Malfunctions	100.0%	100.0%	99.9%	99.6%	99.1%	98.2%	96.6%	93.5%	86.1%	72.1%	
Registered Implants:	Malfunctions Only	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	99.9%	99.8%	99.7%	99.5%	
22,000	Effective Sample Size	19598	17526	15637	13870	12253	10757	9373	7927	6212	4085	

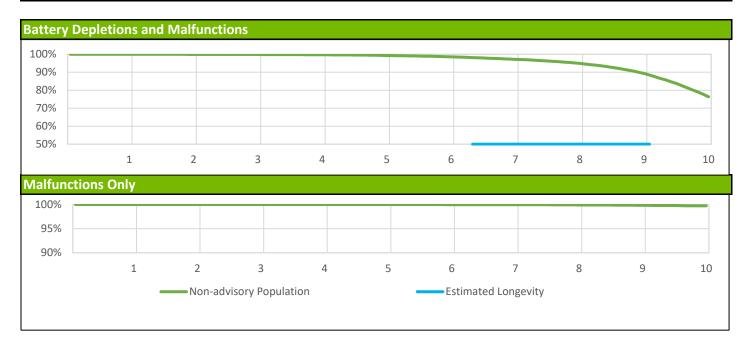
ALTRUA 60 DR

Models: S602

Worldwide Confirmed Malfunctions Worldwide Distribution	68 56,000		
	With Compromised Therapy	Without Compromised Therapy	Total
Electrical			
Capacitor (15)	0	1	1
Mechanical			
Capacitor array (16)	0	1	1
Difficulty securing lead (41)	1	0	1
Other			
Battery depletion (26)	1	1	2
Battery status (49)	0	56	56
Non-patterned, other	3	4	7
Grand Total	5	63	68

ALTRUA 60 EL DR

US Summary			
US Registered Implants:	59,000	US Normal Battery Depletions:	5,061
US Approval Date:	April 2008	US Malfunctions:	57
US Estimated Active Implants:	29,000	Without Compromised Therapy:	51
		With Compromised Therapy:	6



US Surviv	S Survival Probability											
	Year	1	2	3	4	5	6	7	8	9	10	
Non-Advisory Population	Depletions and Malfunctions	100.0%	99.9%	99.9%	99.7%	99.4%	98.6%	97.3%	95.2%	89.9%	77.7%	
Registered Implants:	Malfunctions Only	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	99.9%	99.8%	99.7%	
59,00	0 Effective Sample Size	52527	46944	41899	37351	33258	29412	25837	22161	15909	6874	

ALTRUA 60 EL DR

Models: S606

Worldwide Confirmed Malfunctions Worldwide Distribution	78 90,000		
Floor Soul	With Compromised Therapy	Without Compromised Therapy	Total
Electrical			
Capacitor (15)	0	3	3
Integrated circuit (17)	0	1	1
Mechanical			
Difficulty securing lead (41)	1	0	1
Other			
Battery depletion (26)	2	0	2
Battery status (49)	1	64	65
Magnet rate (44)	0	1	1
Non-patterned, other	2	3	5
Grand Total	6	72	78

ALTRUA 60 DR (Downsize)

US Summary			
US Registered Implants:	90,000	US Normal Battery Depletions:	24,055
US Approval Date:	April 2008	US Malfunctions:	99
US Estimated Active Implants:	24,000	Without Compromised Therapy:	89
		With Compromised Therapy:	10



US Surviva	S Survival Probability										
	Year	1	2	3	4	5	6	7	8	9	10
Non-Advisory Population	Depletions and Malfunctions	100.0%	99.9%	99.7%	99.2%	97.6%	92.9%	80.0%	61.1%	45.3%	31.1%
Registered Implants:	Malfunctions Only	100.0%	100.0%	100.0%	100.0%	100.0%	99.9%	99.8%	99.8%	99.7%	99.7%
90,000	Effective Sample Size	78696	70389	62863	55938	49240	41856	32105	21033	11594	4119

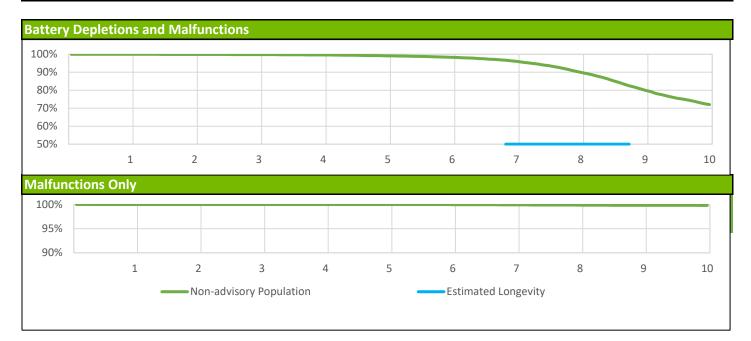
ALTRUA 60 DR (Downsize)

Models: S603

Worldwide Confirmed Malfunctions Worldwide Distribution	128 132,000		
	With Compromised	Without Compromised	
Fleetricel	Therapy	Therapy	Total
Electrical			
Capacitor (15)	7	4	11
Integrated circuit (30)	1	1	2
Mechanical			
Difficulty securing lead (41)	0	1	1
Connector block (39)	0	1	1
Software			
Underestimation of battery status (34)	0	1	1
Other			
Battery depletion (26)	1	3	4
Battery status (49)	0	98	98
Magnet response (21)	0	2	2
Non-patterned, other	4	4	8
Grand Total	13	115	128

ALTRUA 60 SR

US Summary				
US Registered Implants:	32,000	US Normal Battery Depletions:	3,116	
US Approval Date:	April 2008	US Malfunctions:	22	
US Estimated Active Implants:	10,000	Without Compromised Therapy:	19	
		With Compromised Therapy:	3	



US Surviva	JS Survival Probability										
	Year	1	2	3	4	5	6	7	8	9	10
Non-Advisory Population	Depletions and Malfunctions	100.0%	99.9%	99.8%	99.6%	99.2%	98.4%	96.3%	90.6%	80.9%	72.5%
Registered Implants:	Malfunctions Only	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	99.9%	99.9%	99.8%	99.8%
32,000	D Effective Sample Size	26339	23108	20498	18258	16263	14409	12614	10340	7081	3712

ALTRUA 60 SR

Models: S601

Worldwide Confirmed Malfunctions Worldwide Distribution	42 68,000		
	With Compromised Therapy	Without Compromised Therapy	Total
Electrical			
Capacitor (15)	2	1	3
Integrated circuit (30)	2	0	2
Other			
Battery depletion (26)	1	0	1
Battery status (49)	1	32	33
Non-patterned, other	2	1	3
Grand Total	8	34	42

ALTRUA 50 DR (Downsize)

Models: S502

Worldwide Confirmed Malfunctions Worldwide Distribution	39 48,000		
	With Compromised Therapy	Without Compromised Therapy	Total
Electrical			
Capacitor (15)	1	2	3
Integrated circuit (30)	0	1	1
Other			
Battery depletion (26)	0	2	2
Battery status (49)	0	31	31
Non-patterned, other	1	1	2
Grand Total	2	37	39

ALTRUA 50 SR

Models: S501

Worldwide Confirmed Malfunctions Worldwide Distribution	15 25,000		
	With Compromised Therapy	Without Compromised Therapy	Total
Electrical			
Capacitor (15)	4	1	5
Other			
Battery depletion (26)	2	0	2
Battery status (49)	0	7	7
Non-patterned, other	1	0	1
Grand Total	7	8	15

ALTRUA 50 DDD (Downsize)

Models: S504

Worldwide Confirmed Malfunctions Worldwide Distribution	13 12,000		
	With Compromised Therapy	Without Compromised Therapy	Total
Other			
Non-patterned, other	0	1	1
Battery depletion (26)	3	0	3
Battery status (49)	0	9	9
Grand Total	3	10	13

ALTRUA 50 SSI

Models: S508

Worldwide Confirmed Malfunctions Worldwide Distribution	5 6,000		
	With Compromised Therapy	Without Compromised Therapy	Total
Other			
Battery depletion (26) Battery status (49)	1 0	0 4	1 4
Grand Total	1	4	5

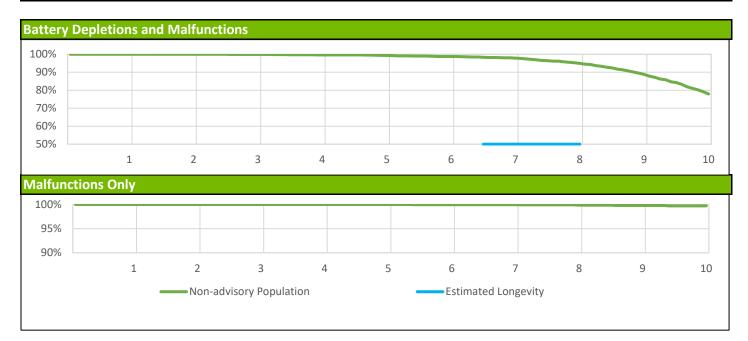
ALTRUA 50 VDD (Downsize)

Models: S504

Worldwide Confirmed Malfunctions Worldwide Distribution	7 6,000		
	With	Without	
	Compromised	Compromised	
	Therapy	Therapy	Total
Other			
Battery status (49)	0	7	7
Grand Total	0	7	7

ALTRUA 40 EL DR

US Summary			
US Registered Implants:	5,000	US Normal Battery Depletions:	443
US Approval Date:	April 2008	US Malfunctions:	5
US Estimated Active Implants:	2,000	Without Compromised Therapy:	5
		With Compromised Therapy:	-



US Surviva	JS Survival Probability										
	Year	1	2	3	4	5	6	7	8	9	10
Non-Advisory Population	Depletions and Malfunctions	100.0%	100.0%	99.9%	99.7%	99.4%	98.7%	98.0%	95.3%	89.5%	79.2%
Registered Implants:	Malfunctions Only	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	99.9%	99.8%	99.7%
5,000	Effective Sample Size	4434	3964	3559	3179	2838	2514	2225	1921	1460	734

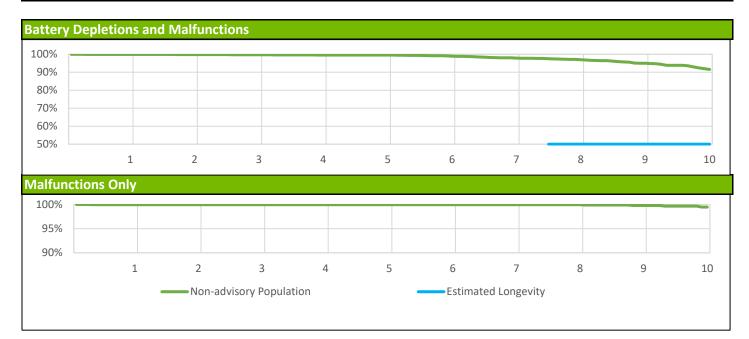
ALTRUA 40 EL DR

Models: S404

Worldwide Confirmed Malfunctions Worldwide Distribution	6 11,000		
	With Compromised Therapy	Without Compromised Therapy	Total
Electrical			
Capacitor (15) Other	0	1	1
Battery status (49)	0	5	5
Grand Total	0	6	6

ALTRUA 20 EL DR

US Summary				
US Registered Implants:	3,000	US Normal Battery Depletions:	126	
US Approval Date:	April 2008	US Malfunctions:	5	
US Estimated Active Implants:	1,000	Without Compromised Therapy:	4	
		With Compromised Therapy:	1	



US Survival Probability											
	Year	1	2	3	4	5	6	7	8	9	10
Non-Advisory Population	Depletions and Malfunctions	99.9%	99.9%	99.8%	99.6%	99.5%	99.1%	98.0%	97.2%	95.0%	91.9%
Registered Implants:	Malfunctions Only	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	99.8%	99.5%
3,000	Effective Sample Size	2762	2472	2200	1968	1745	1555	1370	1208	943	536

ALTRUA 20 EL DR

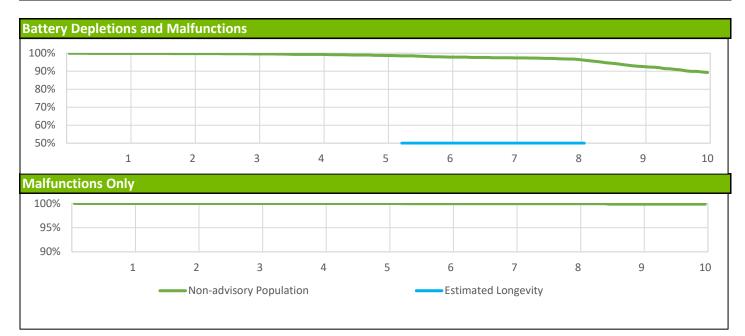
Models: S208

Worldwide Confirmed Malfunctions Worldwide Distribution	8 11,000		
	With Compromised Therapy	Without Compromised Therapy	Total
Electrical			
Capacitor (15) Other	2	0	2
Battery status (49)	0	5	5
Non-patterned, other	1	0	1
Grand Total	3	5	8

ALTRUA 20 SR

Model: S201/S204

US Summary			
US Registered Implants:	5,000	US Normal Battery Depletions:	185
US Approval Date:	April 2008	US Malfunctions:	2
US Estimated Active Implants:	1,000	Without Compromised Therapy:	2
		With Compromised Therapy:	-



US Surviv	JS Survival Probability										
	Year	1	2	3	4	5	6	7	8	9	10
Non-Advisory Population	Depletions and Malfunctions	99.9%	99.8%	99.7%	99.3%	98.8%	97.9%	97.5%	96.8%	92.8%	89.6%
Registered Implants:	Malfunctions Only	100.0%	100.0%	100.0%	100.0%	100.0%	99.9%	99.9%	99.9%	99.9%	99.9%
5,00	0 Effective Sample Size	3569	3039	2610	2284	1997	1731	1521	1316	1018	580

ALTRUA 20 SR

Models: S201/S204

Worldwide Confirmed Malfunctions Worldwide Distribution	4 24,000		
	With Compromised	Without Compromised	
	Therapy	Therapy	Total
Electrical			
Capacitor (15)	0	1	1
Other			
Non-patterned, other	1	0	1
Battery status (49)	0	2	2
Grand Total	1	3	4

ALTRUA 20 DDD

Models: S207

Worldwide Confirmed Malfunctions Worldwide Distribution	0 1,000		
	With Compromised	Without Compromised	
	Therapy	Therapy	Total
Other			
Non-patterned, other	0	0	0
Grand Total	0	0	0

ALTRUA 20 SSI

Models: S206

Worldwide Confirmed Malfunctions Worldwide Distribution	0 8,000		
	With Compromised Therapy	Without Compromised Therapy	Total
Other			
Non-patterend, other	0	0	0
Grand Total	0	0	0

Confirmed Malfunction Details: Pulse Generator References

Descriptions listed below provide an overview of the clinical observations and/or analysis findings associated with each pulse generator confirmed malfunction pattern listed in this report.

All of the patterns listed are thoroughly investigated and analyzed. As part of Boston Scientific's process of continuous improvement, when possible, changes have been or will be implemented in response to identified malfunction patterns. "Improvements implemented" may include product design changes in existing or subsequent generations, manufacturing process modifications, software updates, educational communications, labeling changes, etc. Improvement implementation may vary by geography due to various factors, including regulatory review timing, and may not completely mitigate or eliminate the potential for additional malfunctions.

- 3. Low Voltage Capacitor 2014— Aug 2013 and Sep 2014 Voluntary Physician Advisory. Alert message during followup, beeping tones, premature battery depletion. Diminished low voltage capacitor performance. Improvement implemented.
- 4. Unintended Fuse Activation 2013— March 1, 2013 Voluntary Physician Advisory. Inability to interrogate, no magnet response, permanent loss of therapy without warning. Improvement implemented.
- 5. High cathode condition— June 1, 2011 Voluntary Physician Advisory. Premature battery depletion. Misaligned battery component. Improvement implemented.
- 6. **Subpectoral implant 2009** December 01, 2009 Voluntary Physician Advisory.Noise, oversensing, inappropriate shocks, pacing inhibition, high impedance when implanted subpectorally. Weakened bond between header and titanium case. Improvement implemented.
- 7. Respiratory Sensor Oversensing— March 23, 2009 Voluntary Physician Advisory. Oversensing, noise, inappropriate shock, pacing inhibition. When Respiratory Sensor is ON, RV lead or system complications may cause oversensing or noise. Improvement implemented.
- 8. Low-voltage capacitor— June 23, 2006 and August 24, 2006 Voluntary Physician Advisory. Premature battery depletion, no output, no interrogation. Failed low-voltage capacitor. Improvement implemented.
- 9. Crystal timing component Failure Mode 1— September 22, 2005 Voluntary Physician Advisory. Intermittent or permanent loss of pacing output without warning, intermittent or permanent loss of telemetry, reversion to VVI mode or appearance of a reset warning message upon interrogation. Foreign material within a crystal timing component. Improvement implemented.
- 10. Crystal timing component Failure Mode 2— September 22, 2005 Voluntary Physician Advisory. At implant procedure or during pre-implant testing: Intermittent or permanent loss of pacing output without warning, intermittent or permanent loss of telemetry, reversion to VVI mode, or appearance of a reset warning message upon interrogation. Microscopic particle within a crystal timing component. Three failures have been reported following confirmation of successful implantation. No currently distributed devices are subject to this peri-implant failure mode. Improvement implemented.
- 11. Longevity labeling— Battery longevity inconsistent with longevity labeling. Device battery status indicators are accurate and no loss of therapy has been reported.
- 12. Solder bond— Loss of device output, loss of sensing. Separation of component solder from substrate. Improvement implemented.
- 13. Integrated circuit— Power on Reset state, loss of telemetry, safety mode operation or loss of output. Failed digital integrated circuit.
- 14. Capacitor— Premature battery depletion, inability to interrogate. Damage to low-voltage capacitor.
- 15. Capacitor— No telemetry, no pacing, premature battery depletion. Gradual, premature battery depletion most common; in rare instances, rapid depletion occurred with no therapy available. Failed low-voltage capacitor.
- 16. Capacitor array— Loss of device output, loss of capture, inability to accurately measure charge times causing elective replacement indicator declaration. Damage to capacitor array. Improvement implemented.
- 17. Integrated circuit— No telemetry, premature battery depletion. Integrated circuit issue within high-voltage transistor.
- 18. Battery depletion— Premature battery depletion and loss of capture.
- 19. Seal plug— Non-cardiac signals on electrograms leading to inhibition of pacing and/or inappropriate shock delivery. Damaged seal plug. Improvement implemented.
- 20. Header— High impedance, compromised header bonding identified during lead revision procedures. Insufficient medical adhesive bonding between header and case. Improvement implemented.
- 21. Magnet response- No magnet response. Particulate material in component. Improvement implemented.
- 22. Battery depletion- Premature battery depletion.
- 23. Memory error— Device resets (including pacing at reset parameters) and inability to interrogate. Errors in device memory.
- 24. Transformer— Charge time alert message and/or end of life (EOL) indicator displayed, loss of shock therapy. Damaged transformer. Improvement implemented.
- 25. Setscrew block— No pacing or pauses in pacing, intermittent or lack of setscrew contact with lead. Incorrect setscrew block. Improvement implemented.
- 26. Battery depletion— Loss of therapy, inability to interrogate, no magnet response, premature battery depletion.

- 27. Solder bond— Inability to interrogate, no magnet response, no pacing output. Broken solder bond between wire mounting surface and internal circuitry. Improvement implemented.
- 28. Stored EGMs— Inability to view stored EGMs. Incorrect EGM index location.
- 29. Battery post-Inability to interrogate, no pacing output. Bent battery post. Improvement implemented.
- 30. Integrated circuit— Premature battery depletion, loss of pacing output, inability to interrogate, loss of sensing, high-rate pacing, loss of shock therapy. Damage to integrated circuit. Improvement implemented.
- 31. Alert messages During programmer interactions, alert messages appear which are able to be cleared. In one case, an alert message occurred with two memory errors after multiple device resets.
- 32. Setscrew— Inability to tighten or loosen setscrews during implant or replacement procedure due to process variability. Improvement implemented.
- 33. Seal plug— Lifted or missing seal plugs. Inadequate medical adhesive bond. Improvement implemented
- 34. Underestimation of battery status— Underestimation of remaining longevity due to invalid charge time measurement. Improvement implemented.
- 35. Interrupted telemetry— Early appearance of Elective Replacement Time (ERT) indicator, unexpected impedance measurements (>2500 ohms). Interruption in telemetry sequence during software upgrade. Improvement implemented.
- 36. Pacing rate limit— Inability to interrogate. Inappropriate pacing due to feature interaction. Improvement implemented.
- 37. Solder joint— Inappropriate shocks, beeping, fallback mode, errors or inability to interrogate or program. Cracked solder joint due to repetitive mechanical stress-induced component damage, only when implanted subpectorally with serial number facing the ribs.
- 38. Transformer— Inability to interrogate, loss of pacing and shock therapy. Failed transformer.
- 39. **Connector block** Connector block can be moved out of alignment or displaced from header. Prolonged implant procedure, high impedance, no pacing, no sensing. Improvement implemented.
- 40. Seal plug— Non-cardiac signals on electrograms may result in loss of pacing or inappropriate shocks. Seal plug allows air in lead port to escape.
- 41. Difficulty securing lead—Noise, high impedance, inappropriate shocks or loss of therapy due to crossthreaded setscrews, intermittent or lack of contact between lead and header. Improvement implemented.
- 42. Safety Core-electrocautery— During electrocautery, device may enter Safety Core. Circuitry response to noise caused by electrocautery. Improvement implemented.
- 43. High-voltage capacitor— Alert message upon interrogation, extended charge time. Damaged high voltage capacitor.
- 44. Magnet rate— During interrogation, magnet rate remains after removal of magnet. Reed switch stuck in closed position. Improvement implemented.
- 45. Header contacts— Noise, oversensing, inappropriate shock, high pacing impedance, possible loss of pacing and sensing. Poor header connection with lead terminals due to contacts.
- 46. Safety Core-programming— Device enters Safety Core after three consecutive invalid programming attempts, due to firmware issue. Improvement implemented.
- 47. Low-voltage capacitors— Premature battery depletion, voltage alert during followup, device beeping. Capacitor failure.
- 48. Alert messages not displayed post-EOL— No alert message display after EOL declaration. Improvement implemented.
- 49. Battery status— Longevity remaining, battery status, gas gauge and/or magnet rate do not align or are inconsistent.
- 50. Integrated circuit—Loss of telemetry, premature battery depletion, alert message during followup. Integrated circuit issue. Improvement implemented.
- 51. Memory errors— Safety mode operation, inaccurately labeled pacing data. Errors in device memory
- 52. High voltage circuit— Alert message after implant, loss of shock therapy. Failed output module.
- 53. Battery— Beeping tones and alert message upon interrogation. Reduced battery voltage. Improvement implemented.
- 54. Low-voltage capacitor— Alert message during followup, beeping tones, premature battery depletion. Diminished low voltage capacitor performance. Improvement implemented.
- 55. Shortened replacement time 2018 November 2018 Voluntary Physician Advisory. Premature, gradual depletion of battery; in rare instances, rapid depletion with no therapy available. Improvement implemented.
- 56. **Telemetry** Inability to interrogate, premature battery depletion.
- 57. Unintended Battery Depletion Alert— Beeping tones, Battery Depletion alert during followup despite normal battery depletion. Alert may be cleared without impact to battery status or therapy availability. Improvement implemented.
- 58. High voltage circuit— Long charge time at implant, inability to interrogate, loss of pacing and shock therapy. Improvement implemented.
- 59. **Respiratory sensor** Temporary increase or decrease in pacing rate as a result of respiratory sensor response to non-respiratory signals. No loss of pacing output.
- 60. **Titanium case material** Noise, oversensing, abnormal pacing impedance, loss of capture, premature battery depletion. Titanium case material creating a higher than normal current drain condition. Improvement implemented.
- 61. Charge Timeout Alert- Beeping tones, programmer warning screen, abnormal shock impedance. Charge timeout alert.
- 62. High voltage circuit component— Charge time alert message and/or Elective Replacement indicator (ERI) displayed, beeping tones. High voltage circuit component. Improvement implemented.
- 63. Integrated circuit— Abnormal lead impedance, no telemetry, premature battery depletion. Integrated circuit issue within high-voltage transistor Improvement implemented

- 64. Safety Core-unintended biventricular pacing— Dec 2017 Voluntary Physician Advisory. Device enters Safety Core after detecting unintended asynchronous biventricular pacing due to software issue.
- 65. Memory corruption Jun 2017 Voluntary Physician Advisory. Atypical energy delivery, error messages upon interrogation, loss of tachy therapy. Memory corruption. Improvement implemented.
- 67. Capacitor— Premature battery depletion. Diminished low voltage capacitor performance.
- 68. Telemetry— Alert message during followup, inability to interrogate, premature battery depletion, loss of pacing therapy. Telemetry component.
- 69. Low-voltage capacitor Alert message during followup, beeping tones, premature battery depletion.
- 70. Hydrogen induced premature depletion September 2018 September 2018 Voluntary Physician Advisory. Premature battery depletion. Diminished low voltage capacitor performance.
- 71. Battery Premature, gradual depletion of battery; in rare instances, rapid depletion with no therapy available. Improvement implemented.
- 72. Capacitor Premature battery depletion. Diminished capacitor performance
- 73. Misaligned markers— Stored episode markers do not match recorded EGM.
- 74. **Header** Noise, oversensing, inappropriate shocks, pacing inhibition, high impedance when implanted subcutaneously. Weakened bond between header and titanium case. Improvement Implemented.
- 75. High voltage capacitor— Charge time alert message, end of life (EOL) indicator displayed, beeping tones. Loss of tachy therapy without loss of brady therapy. Internal high-voltage capacitor issue. Improvement implemented.
- 76. Internal insulation—Beeping tones, loss of telemetry, premature battery depletion, loss of tachy therapy. Internal insulation issue.
- 77. S-ICD battery depletion 2019 and 2020 August 2019 and December 2020 Voluntary Physician Advisory. Premature battery depletion. Diminished capacitor performance.
- 78. Solder joint— Beeping tones, device errors, loss of tachy therapy. Cracked solder joint.
- 79. Battery cathode— Safety mode operation, inability to interrogate, loss of brady therapy. Internal battery cathode issue.
- 80. EMBLEM S-ICD electrical overstress 2020— December 2020 Voluntary Physician Advisory. Beeping tones, loss of telemetry, loss of sensing, premature battery depletion, loss of tachy therapy.
- 81. RF antenna— Beeping tones, loss of telemetry, loss of sensing, premature battery depletion, loss of tachy therapy. Exposed antenna issue.
- 82. Battery— Safety mode operation. Temporary reduction in battery voltage later in device life.

Before/During Implant Procedure -Worldwide Malfunctions: Pulse Generators

This section of the report depicts the number of product malfunctions that occurred worldwide either before implant (prior to opening the sterile product packaging) or during implant (once the sterile product packaging has been opened). In all cases, the product in question must be returned to Boston Scientific CRM and confirmed through laboratory analysis to have operated or exhibited a problem outside the specified performance limits established by Boston Scientific. Damage incurred during shipping/transit or due to external factors warned against in labeling (e.g. radiation) is not reported as device malfunction here.

The Electrical category is comprised of confirmed malfunctions involving electrical components such as batteries and capacitors, and also includes fault codes encountered at implant. The majority of before/during implant pulse generator confirmed malfunctions in the Mechanical category are issues occurring within the connector block (e.g. stuck setscrews, seal plug/ring issues). The Software category consists primarily of confirmed malfunctions that result in telemetry issues. Confirmed malfunctions in the Labeling and Packaging categories include product labeling/identification issues and damage to sterile packaging, respectively. The Other category is comprised of non-patterned confirmed malfunctions.

CRT-D/Model	Worldwide Distribution	Electrical	Mechanical	Software	Other	Labeling	Packaging
RESONATE/MOMENTUM/CHARISMA/VIGILANT CRT-D							
G124/G125/G126/G128/G138/G224/G225/G228/G237/G247/ G248/G324/G325/G347/G348/G424/G425/G426/G428/G437/ G447/G448/G524/G525/G526/G528/G537/G547/G548	71,000	1	2	2	5	0	0
AUTOGEN CRT-D							
G160/G161/G164/G166/G168/G172/G173/G175/ G177/G179	24,000	3	0	0	3	0	0
DYNAGEN/INOGEN/ORIGEN CRT-D							
G150/G151/G154/G156/G158/G140/G141/ G146/G148/G050/G051/G056/G058	110,000	3	4	5	14	0	0
CRT-P/Model	Worldwide Distribution	Electrical	Mechanical	Software	Other	Labeling	Packaging
VISIONIST/VALITUDE U125/U128//U225/U226/U228	72,000	5	0	1	2	0	0
INTUA V272/V273/V282/V283/W272/W273	3,000	0	0	0	0	0	0
INVIVE V172/V173/V182/V183/W172/W173	18,000	0	0	1	3	0	0
CONTAK RENEWAL TR 2	31,000	1	7	0	5	0	0

ICD/Model	Worldwide Distribution	Electrical	Mechanical	Software	Other	Labeling	Packaging
RESONATE/MOMENTUM/CHARISMA/VIGILANT ICD DR	36,000	0	1	2	3	0	0
D121/D221/D233/D321/D333/D421/D433/D521/D533	50,000	0	•	L	9	Ŭ	0
RESONATE/MOMENTUM/CHARISMA/VIGILANT ICD VR	28,000	0	3	2	0	0	0
D120/D220/D232/D320/D332/D420/D432/D520/D532	20,000	Ū	0	L	0	0	0
AUTOGEN ICD EL VR	17,000	1	0	0	0	0	0
D160/D161/D174/D175	17,000	I	0	0	0	0	0
AUTOGEN ICD EL DR	16,000	1	0	1	0	0	0
D162/D163/D176/D177	10,000	I	0	I	0	0	0
DYNAGEN/INOGEN/ORIGEN ICD EL VR	60,000	1	0	3	4	0	0
D020/D021/D010/D011/D000/D001	00,000	•	J.	C C	•	C C	.
DYNAGEN/INOGEN/ORIGEN ICD EL DR	64,000	0	3	2	2	0	0
D020/D021/D010/D011/D000/D001	- ,		-	_	_	-	
DYNAGEN/INOGEN/ORIGEN ICD MINI VR	28,000	1	0	3	0	0	0
D020/D021/D010/D011/D000/D001							
DYNAGEN/INOGEN/ORIGEN ICD MINI DR	27,000	2	0	0	3	0	0
D022/D023/D012/D013/D002/D003							
S-ICD/Model	Worldwide Distribution	Electrical	Mechanical	Software	Other	Labeling	Packaging
EMBLEM S-ICD A209/A219	84,000	1	0	5	57	0	0
SQ-RX S-ICD 1010	11,000	11	0	21	27	0	0

Pacemaker/Model	Worldwide Distribution	Electrical	Mechanical	Software	Other	Labeling	Packaging
ACCOLADE/PROPONENT/ESSENTIO DR EL J064/K064/K067/K084	244,000	7	3	4	12	0	0
ACCOLADE/PROPONENT/ESSENTIO DR J064/K064/K067/K084	416,000	6	0	6	21	0	0
ACCOLADE/PROPONENT/ESSENTIO SR L100/L110/L200/L210/L300/L310	152,000	3	1	1	14	0	0
ADVANTIO/INGENIO/VITALIO EL DR J064/J067/K064/K067/K084/K087/ J174/J177/K174/K177/K184/K187/ J274/J277/K274/K277/K284/K287	76,000	1	1	0	4	0	0
ADVANTIO/INGENIO/VITALIO/FORMIO DR J064/J067/K064/K067/K084/K087/J174/J177/ K174/K177/K184/K187/J274/J277/K274/K277/ K284/K287/J278/J279/K278/K279/K288/K289	218,000	4	0	1	15	0	0
ADVANTIO/INGENIO/VITALIO SR J062/J065/K062/K065/K082/K085/ J172/J175/K172/K175/K182/K185/ J272/J275/K272/K275/K282/K285	86,000	0	0	1	5	0	0

U.S. Reason for Out of Service

As requested by the Heart Rhythm Society Task Force on Device Performance Policies and Guidelines, Boston Scientific provides reasons for device explant or out of service, if known. The reasons consist of normal battery depletion, unconfirmed premature battery depletion, device upgrade, device malfunction (which includes devices under advisory that have experienced a malfunction), complication related to another system component or clinical condition, (such as infection), or "other," a category consisting of patient death, prophylactic device explant, elective replacement, general product dissatisfaction, other observation/complication, unspecified, or unknown.

The counts for normal battery depletion, unconfirmed premature battery depletion, and device malfunction are reflected in the U.S. survival probability data. Reason for device explant or out of service may either be confirmed through laboratory analysis (as in the case of device malfunction) or it may be reported to Boston Scientific with no associated device return or laboratory analysis. Although a device may be indicated by the health care provider to have been taken out of service for more than one reason, the table below indicates only one reason per device in category counts.

CRT-D/Model	U.S. Registered Implants	Normal Battery Depletion	Device Upgrade	Device Malfunction ¹	Complication related to another system component or clinical condition ²	Other ³
RESONATE/MOMENTUM/CHARISMA/VIGILANT CRT-D G124/G125/G126/G128/G138/G224/G225/G228/G237/G247/G248/G324/G 325/G347/G348/G424/G425/G426/G428/G437/G447/G448/G524/G525/G52 6/G528/G537/G547/G548	37000	7	103	6	397	2018
DYNAGEN/INOGEN/ORIGEN CRT-D G050/G051/G056/G058/G140/G141/G146/G148/G150/G151/G154/ G156/G158	70000	298	323	54	1038	9877
INCEPTA/ENERGEN/PUNCTUA CRT-D N050/N051/N052/N053/N140/N141/N142/N143/N160/N161/N162/ N163/N164/N165/P052/P053/P142/P143/ P162/P163/P165	53000	3275	388	783	911	17801
COGNIS N118/N119/N120/P106/P107/P108	75000	12411	409	2089	1656	38886

CRT-P/Model	U.S. Registered N Implants	ormal Battery Depletion	Device Upgrade	Device Malfunction ¹	Complication related to another system component or clinical condition ²	Other ³
VISIONIST/VALITUDE U125/U128/U225/U226/U228	36000	100	696	33	254	4303
INTUA V272/V273/V282/V283/W272/W273	3000	94	59	5	26	725
INVIVE V172/V173/V182/V183/W172/W173	8000	447	141	61	47	2831
CONTAK RENEWAL TR H120/H125	19000	4242	206	67	207	11921

S-ICD/Model	U.S. Registered Implants	Normal Battery Depletion	Device Upgrade	Device Malfunction ¹	Complication related to another system component or clinical condition ²	Other ³
EMBLEM S-ICD A209, A219	38000	79	345	449	802	3502
SQ-RX S-ICD 1010	8000	1354	183	98	246	1807

ICD/Model	U.S. Registered Implants	Normal Battery Depletion	Device Upgrade	Device Malfunction ¹	Complication related to another system component or clinical condition ²	Other ³
RESONATE/MOMENTUM/CHARISMA/VIGILANT ICD DR D121/D221/D233/D321/D333/D421/D433/D521/D533	20000	2	254	3	175	702
RESONATE/MOMENTUM/CHARISMA/VIGILANT ICD VR D120/D220/D232/D320/D332/D420/D432/D520/D532	12000	4	185	1	103	386
DYNAGEN/INOGEN/ORIGEN ICD EL DR D052/D053/D142/D143/D152/D153	44000	40	1463	19	521	4112
DYNAGEN/INOGEN/ORIGEN ICD EL VR D050/D051/D140/D141/D150/D151	36000	21	1338	15	411	3071
DYNAGEN/INOGEN/ORIGEN ICD MINI DR D002/D003/D012/D013/D022/D023	10000	437	312	15	117	1521
DYNAGEN/INOGEN/ORIGEN ICD MINI VR D000/D001/D010/D011/D020/D021	9000	44	327	8	118	1228
INCEPTA/ENERGEN/PUNCTUA ICD VR E050/E051/E140/E141/E160/E160/ F050/F051/F140/F141/F160/F161	39000	142	1940	1049	539	9575
INCEPTA/ENERGEN/PUNCTUA ICD DR E052/E053/E142/E143/E162/E163/F052/F053/F142/F143/F162/F163	47000	274	2233	1096	648	12179

ICD/Model, continued	U.S. Registered Implants	Normal Battery Depletion	Device Upgrade	Device Malfunction ¹	Complication related to another system component or clinical condition ²	Other ³
TELIGEN VR E102/E103/F102/F103	38000	525	1667	2295	654	16153
TELIGEN DR E110/E111/F110/F111	66000	5273	2608	2973	1129	29587
Pacemaker/Model	U.S. Registered Implants	Normal Battery Depletion	Device Upgrade	Device Malfunction ¹	Complication related to another system component or clinical condition ²	Other ³
ACCOLADE/PROPONENT/ESSENTIO DR EL L121/L131/L221/L231/L321/L331	102000	74	2234	252	478	6447
ACCOLADE/PROPONENT/ESSENTIO DR L101/L111/L201/L211/L301/L311	201000	520	4065	560	989	21198
ACCOLADE/PROPONENT/ESSENTIO SR L100/L110/L200/L210/L300/L310	39000	63	1044	164	193	6869
ADVANTIO/INGENIO/VITALIO EL DR J064/J067/K064/K067/K084/K087/ J174/J177/K174/K177/K184/K187/ J274/J277/K274/K277/K284/K287	11000	28	381	16	50	2115
ADVANTIO/INGENIO/VITALIO/FORMIO DR J064/J067/K064/K067/K084/K087/J174/J177/ K174/K177/K184/K187/J274/J277/K274/K277/ K284/K287/J278/J279/K278/K279/K288/K289	121000	4383	3265	258	541	33529
ADVANTIO/INGENIO/VITALIO SR J062/J065/K062/K065/K082/K085/ J172/J175/K172/K175/K182/K185/ J272/J275/K272/K275/K282/K285	27000	105	622	13	106	10640

Pacemaker/Model, continued	U.S. Registered Implants	Normal Battery Depletion	Device Upgrade	Device Malfunction ¹	Complication related to another system component or clinical condition ²	Other ³
ALTRUA 60 SR S601	32000	3112	468	22	144	18150
ALTRUA 60 DR (Downsize) s603	90000	24048	1235	99	470	39800
ALTRUA 60 DR S602	22000	3510	451	40	157	9871
ALTRUA 60 DR EL S606	59000	5057	1257	57	352	23136
ALTRUA 40 SR S401	5000	442	50	2	17	2954
ALTRUA 40 DR (downsize) s403	14000	3798	162	4	63	6694
ALTRUA 40 DR S402	2000	258	32	1	7	937
ALTRUA 40 DR EL S404	5000	442	81	5	33	2439
ALTRUA 20 SR S201/S204	5000	183	37	2	31	2950
ALTRUA 20 DR EL S208	3000	126	46	5	10	1616

¹ Device malfunction consists of all U.S. confirmed malfunctions for a product/product grouping. These include confirmed malfunctions for advisory populations, as well as any other type of malfunction in which a device was returned and confirmed by laboratory analysis to have malfunctioned. U.S. confirmed malfunction counts are reflected in U.S. survival probability.

² System component and/or clinical condition complications may include, for example: infection, erosion, lead-to-PG interface.

³ Other consists of: patient death, electrive replacement, general product dissatisfaction, other observation/complication, unspecifed, or unknown.

ACUITY X4 Spiral L

Models: 4677/4678

US Summary				
US Registered Implants:	15,000	US Chronic Complications	28	
US Approval Date:	February 2016	US Malfunctions:	-	
US Estimated Active Implants:	13,000	Without Compromised Therapy:	-	
		With Compromised Therapy:	-	

Complications and Malfunctions

-										
100%										-
95%										
90%										
										1
85%										-
80%										-
75%										_
	1 :	2 3	3 4	5	5 6	5 7	8	9	1	0

US Survival Probability												
Year		1	2	3	4	5	6	7	8	9	10	
Non-Advisory Population	Complications and Malfunctions	99.8%	99.8%	99.8%	99.8%	99.8%	99.8%	99.8%				
Registered Implants: 15000	Effective Sample Size	11056	7863	4774	2407	520	218	200				@ 7

ACUITY X4 Spiral L

Models: 4677/4678

Worldwide Confirmed Malfunctions Worldwide Distribution	1 35,000		
	With Compromised Therapy	Without Compromised Therapy	Total
Other			
Non-patterned, other	0	1	1
Grand Total	0	1	1

ACUITY X4 Straight

Models: 4671/4672

US Summary			
US Registered Implants:	31,000	US Chronic Complications	152
US Approval Date:	February 2016	US Malfunctions:	-
US Estimated Active Implants:	28,000	Without Compromised Therapy:	-
		With Compromised Therapy:	-

Complications and Malfunctions

100%										
95%										
95% 90%										
85%										
80%										
75%										
	1	L 2	2 3	3 4	l 5	6	7	' 8	9	10

JS Survival Probability												
Year		1	2	3	4	5	6	7	8	9	10	
Non-Advisory Population	Complications and Malfunctions	99.6%	99.5%	99.4%	99.4%	99.2%	99.2%	99.2%				
Registered Implants: 31000	Effective Sample Size	22465	14910	8577	3947	650	290	218				@ 76 m

ACUITY X4 Straight

Models: 4671/4672

Worldwide Confirmed Malfunctions Worldwide Distribution	(70,000		
	With Compromised Therapy	Without Compromised Therapy	Total
Other			
Non-patterned, other	0	0	0
Grand Total	0	0	0

ACUITY X4 Spiral S

Models: 4674/4675

US Summary			
US Registered Implants:	42,000	US Chronic Complications	82
US Approval Date:	February 2016	US Malfunctions:	1
US Estimated Active Implants:	37,000	Without Compromised Therapy:	1
		With Compromised Therapy:	-

Complications and Malfunctions

100%										
95%										
90%										
85%										
80% 75%										
75%										
	1	2	3	4	5	6	7	8	9	10

US Survival Probabi	lity										
Year	1	2	3	4	5	6	7	8	9	10	
Non-Advisory Population	Complications and 99.8% Malfunctions	99.8%	99.8%	99.7%	99.7%	99.7%	99.7%				
Registered Implants: 42000	Effective Sample Size 30344	20468	12214	5759	874	286	207				@

ACUITY X4 Spiral S

Models: 4674/4675

Worldwide Confirmed Malfunctions Worldwide Distribution	: 87,000		
	Without Compromised Therapy	With Compromised Therapy	Total
Other			
Non-patterned, other	0	1	1
Grand Total	0	1	1

ACUITY Spiral

Models: 4591/4592/4593

US Summary				
US Registered Implants:	24,000	US Chronic Complications	563	
US Approval Date:	May 2008	US Malfunctions:	9	
US Estimated Active Implants:	12,000	Without Compromised Therapy:	5	
		With Compromised Therapy:	4	

Complications and Malfunctions

100%									
100%									
100% 95%									
90%									
85%									
80%	 								
75%									
	1	2	3	4 5	5 6	5 7	7 8	9	10

US Survival Probabi	iity										
Year		1	2	3	4	5	6	7	8	9	10
Non-Advisory Population	Complications and Malfunctions	98.3%	97.9%	97.7%	97.5%	97.4%	97.3%	97.2%	97.0%	97.0%	96.8%
Registered Implants: 24000	Effective Sample Size	19899	17619	15577	13775	12106	10175	8034	5930	4197	2712

ACUITY Spiral

Models: 4591/4592/4593

Worldwide Confirmed Malfunctions Worldwide Distribution	46,000)	
	With Compromised Therapy	Without Compromised Therapy	Total
Other			
Non-patterned, other	4	5	9
Grand Total	4	5	9

ACUITY Steerable

Models: 4554/4555/4556

US Summary			
US Registered Implants:	29,000	US Chronic Complications	732
US Approval Date:	May 2008	US Malfunctions:	33
US Estimated Active Implants:	13,000	Without Compromised Therapy:	12
		With Compromised Therapy:	21

Year		1	2	3	4	5	6	7	8	9	10
Non-Advisory Population	Complications and Malfunctions	98.4%	98.0%	97.8%	97.6%	97.3%	97.1%	97.0%	96.7%	96.5%	96.4%
Registered Implants: 29000	Effective Sample Size	24545	21938	19650	17623	15744	13660	11257	8828	6824	5084

ACUITY Steerable

Models: 4554/4555/4556

Worldwide Confirmed Malfunctions Worldwide Distribution	57 65,000		
	With Compromised Therapy	Without Compromised Therapy	Total
Conductor			
Extracardiac fracture (34) Other	28	8	36
Non-patterned, other	10	11	21
Grand Total	38	19	57

Models: 4522/4524/4525/4527/4548/4549/4550

US Summary				
US Registered Implants:	22,000	US Chronic Complications	558	
US Approval Date:	August 2004	US Malfunctions:	32	
US Estimated Active Implants:	8,000	Without Compromised Therapy:	9	
		With Compromised Therapy:	23	

Year		1	2	3	4	5	6	7	8	9	10
Non-Advisory Population	Complications and Malfunctions	98.5%	98.2%	98.0%	97.6%	97.3%	97.0%	96.7%	96.5%	96.4%	96.3%
Registered Implants: 22000	Effective Sample Size	18451	16479	14754	13185	11738	10231	8628	7011	5654	4558

Models: 4522/4524/4525/4527/4548/4549/4550

Worldwide Confirmed Malfunctions Worldwide Distribution	52 43,000		
	With Compromised Therapy	Without Compromised Therapy	Total
Conductor			
Extracardiac fracture (34) Other	28	6	34
Non-patterned, other	7	11	18
Grand Total	35	17	52

Models: 4515/4517/4518/4520/4542/4543/4544

US Summary				
US Registered Implants:	97,000	US Chronic Complications	2,908	
US Approval Date:	August 2004	US Malfunctions:	402	
US Estimated Active Implants:	34,000	Without Compromised Therapy:	143	
		With Compromised Therapy:	259	

Year		1	2	3	4	5	6	7	8	9	10
Non-Advisory Population	Complications and Malfunctions	98.6%	98.0%	97.6%	97.2%	96.7%	96.2%	95.8%	95.5%	95.3%	95.1%
Registered Implants: 97000	Effective Sample Size	82281	73322	65451	58407	51854	44877	37791	31038	25329	20268

Models: 4515/4517/4518/4520/4542/4543/4544

Worldwide Confirmed Malfunctions Worldwide Distribution	545 180,000		
	With Compromised Therapy	Without Compromised Therapy	Total
Conductor			
Conductor fracture (25) Other	329	147	476
Non-patterned, other	39	30	69
Grand Total	368	177	545

Models: 4510/4511/4512/4513/4535/4536/4537/4538

US Summary				
US Registered Implants:	38,000	US Chronic Complications	1,133	
US Approval Date:	May 2002	US Malfunctions:	94	
US Estimated Active Implants:	5,000	Without Compromised Therapy:	9	
		With Compromised Therapy:	85	

US Survival Probabi	JS Survival Probability										
Year		1	2	3	4	5	6	7	8	9	10
Non-Advisory Population	Complications and Malfunctions	98.7%	98.1%	97.5%	97.1%	96.5%	96.0%	95.7%	95.3%	95.0%	94.8%
Registered Implants: 38000	Effective Sample Size	30335	26090	22394	19259	16445	14067	12067	10499	9265	8229

Models: 4510/4511/4512/4513/4535/4536/4537/4538

Worldwide Confirmed Malfunctions Worldwide Distribution	106 53,000		
	With Compromised Therapy	Without Compromised Therapy	Total
Other			
Non-patterned, other	96	10	106
Grand Total	96	10	106

ENDOTAK RELIANCE 4-FRONT Dual Coil Active Fixation

Models: 0653/0658/0675/0676/0695/0696

US Summary				
US Registered Implants:	6,000	US Chronic Complications	11	
US Approval Date:	May 2018	US Malfunctions:	-	
US Estimated Active Implants:	5,000	Without Compromised Therapy:	-	
		With Compromised Therapy:	-	

Complications and Malfunctions

100%											
95%											
90%											
85%											
80%											
75%											
	1	2	3	4	5	6	7	8	9	10	

US Survival Probabi	ility											
Year		1	2	3	4	5	6	7	8	9	10	
Non-Advisory Population	Complications and Malfunctions	99.8%	99.8%	99.8%	99.8%	99.5%	99.2%					
Registered Implants: 6000	Effective Sample Siz	e 2915	752	436	391	350	207					@ 70 n

ENDOTAK RELIANCE 4-FRONT Dual Coil Active Fixation

Models: 0653/0658/0675/0676/0695/0696

Worldwide Confirmed Malfunctions Worldwide Distribution	2 22,000	‡)	
	With Compromised Therapy	Without Compromised Therapy	Total
Other			
Non-patterned, other	4	0	4
Grand Total	4	0	4

ENDOTAK RELIANCE 4-FRONT Single Coil Active Fixation

Models: 0657/0672/0673/0692/0693

US Summary				
US Registered Implants:	36,000	US Chronic Complications	72	
US Approval Date:	May 2018	US Malfunctions:	4	
US Estimated Active Implants:	34,000	Without Compromised Therapy:	-	
		With Compromised Therapy:	4	

Complications and Malfunctions

100% 95% 90% 85% 80% 75%									
95%									
90%									
85%									
80%									
75%									
	-	2 3	4	۶ ۱	6	7	, 8	3 9	10

US Survival Probabi	lity										
Year	1	2	3	4	5	6	7	8	9	10	
Non-Advisory Population	Complications and 99.8% Malfunctions	99.7%	99.6%	99.5%	99.3%	99.3%	99.3%				
Registered Implants: 36000	Effective Sample Size 17371	3390	1017	916	821	380	209				@ 76 mo

ENDOTAK RELIANCE 4-FRONT Single Coil Active Fixation

Models: 0652/ 0657/0672/0673/0692/0693

Worldwide Confirmed Malfunctions Worldwide Distribution	54 138,000		
	With Compromised Therapy	Without Compromised Therapy	Total
Conductor			
Conductor cable fracture (38) Other	21	0	21
Non-patterned, other	30	3	33
Grand Total	51	3	54

ENDOTAK RELIANCE 4-FRONT Dual Coil Passive Fixation

Models: 0636/0651/0655/0665/0685/0686

Worldwide Confirmed Malfunctions Worldwide Distribution	(1,000)	
	With Compromised Therapy	Without Compromised Therapy	Total
Other			
Non-patterned, other	0	0	0
Grand Total	0	0	0

ENDOTAK RELIANCE 4-FRONT Single Coil Passive Fixation

Models: 0650/0654/0662/0663/0682/0683

Worldwide Confirmed Malfunctions Worldwide Distribution	1 6,000	L D	
	With Compromised Therapy	Without Compromised Therapy	Total
Conductor			
Conductor cable fracture (38)	1	0	1
Grand Total	1	0	1

EMBLEM S-ICD Electrode

Models: 3501

US Registered Implants:	19,000	US Chronic Com	nplications		52	
US Approval Date:	September 2017	US Malfunctions:			25	
US Estimated Active Implants:	18,000	Without Compr	omised Thera	ару:	-	
		With Compromi	ised Therapy:		25	
100%						
Complications and Malfunctions						
95%						
90%						
85%						
80%						

US Survival Probabi	lity									
Year	1	2	3	4	5	6	7	8	9	10
Model 3501 Electrode Fracture 2020	Complications and 99.7% Malfunctions	99.5%	99.1%	99.1%						
Registered Implants: 19000	Effective Sample Size 12091	5913	1066	292						

*Devices subject to an advisory. Refer to the Advisories for more details. Devices may be part of more than one advisory.

EMBLEM S-ICD Electrode

Models: 3501

Worldwide Confirmed Malfunctions Worldwide Distribution	61 46,000		
	With Compromised Therapy	Without Compromised Therapy	Total
Conductor			
Model 3501 electrode fracture 2020 (42)	31	0	31
Electrode conductor fracture in or near the pocket	27	0	27
Other			
Non-patterned, other	3	0	3
Grand Total	61	0	61

EMBLEM/Q-TRAK S-ICD Electrode

Models: 3010/3401

US Summary				
US Registered Implants:	24,000	US Chronic Complications	161	
US Approval Date:	September 2012	US Malfunctions:	11	
US Estimated Active Implants:	19,000	Without Compromised Therapy:	-	
		With Compromised Therapy:	11	

Complications and Malfunctions 100% 95% 90% 85% 80% 75% 2 3 6 8 9 1 4 5 7

Year		1	2	3	4	5	6	7	8	9	10
Ion-Advisory Population	Complications and Malfunctions	99.7%	99.5%	99.4%	99.3%	99.1%	98.8%	98.5%	98.2%	98.2%	
egistered Implants: 24000	Effective Sample Size	21039	18683	16323	11267	6483	2840	820	370	266	

10

EMBLEM/Q-TRAK S-ICD Electrode

Models: 3010/3401

Worldwide Confirmed Malfunctions Worldwide Distribution	29 43,000		
	With Compromised Therapy	Without Compromised Therapy	Total
Conductor			
Electrode conductor fracture in or near the pocket (44) Crimp/Weld/Bond	9	0	9
Weld fracture (37) Other	3	0	3
Non-patterned, other	16	1	17
Grand Total	28	1	29

ENDOTAK RELIANCE 4-Site Dual Coil, Active Fixation

Models: 0275/0276/0295/0296

US Summary				
US Registered Implants:	76,000	US Chronic Complications	358	
US Approval Date:	November 2010	US Malfunctions:	26	
US Estimated Active Implants:	59,000	Without Compromised Therapy:	4	
		With Compromised Therapy:	22	

Year	1		2	3	4	5	6	7	8	9	10
Non-Advisory Population	Complications and 99 Malfunctions	9.7%	99.6%	99.6%	99.5%	99.5%	99.4%	99.3%	99.2%	98.8%	0.987923
Registered Implants: 76000	Effective Sample Size 66	5665	57720	47432	38267	29803	21935	14262	7027	897	247.602

ENDOTAK RELIANCE 4-Site Dual Coil, Active Fixation

Models: 0275/0276/0295/0296

Worldwide Confirmed Malfunctions Worldwide Distribution	61 123,000		
	With Compromised Therapy	Without Compromised Therapy	Total
Conductor			
Conductor fracture (24) Other	2	0	2
Non-patterned, other	48	11	59
Grand Total	50	11	61

ENDOTAK RELIANCE 4-Site Dual Coil, Passive Fixation

Models: 0265/0266/0285/0286

US Summary				
US Registered Implants:	3,000	US Chronic Complications	32	
US Approval Date:	Novemeber 2010	US Malfunctions:	-	
US Estimated Active Implants:	3,000	Without Compromised Therapy:	-	
		With Compromised Therapy:	-	

Complications and Malfunctions

100%											
100% 95%											
90%											
85%											
80%											
75%											
	1	L 2	2 3	3 4	1 5	6	5 7	7 8	9	10	

US Survival Probabil	US Survival Probability												
Year		1	2	3	4	5	6	7	8	9	10		
Non-Advisory Population	Complications and Malfunctions	99.7%	99.6%	99.4%	99.3%	98.9%	98.6%	98.1%	97.9%	97.9%			
Registered Implants: 3000	Effective Sample Size	e 2876	2462	2038	1631	1255	901	520	233	214			

ENDOTAK RELIANCE 4-Site Dual Coil, Passive Fixation

Models: 0265/0266/0285/0286

Worldwide Confirmed Malfunctions Worldwide Distribution	: 10,000	1 10,000					
	With Compromised Therapy	Without Compromised Therapy	Total				
Other							
Non-patterned, other	0	1	1				
Grand Total	0	1	1				

ENDOTAK RELIANCE 4-Site Single Coil, Active Fixation

Models: 0272/0273/0292/0293

US Summary				
US Registered Implants:	119,000	US Chronic Complications	543	
US Approval Date:	November 2010	US Malfunctions:	39	
US Estimated Active Implants:	100,000	Without Compromised Therapy:	8	
		With Compromised Therapy:	31	

US Survival Probabil	lity									
Year	1	2	3	4	5	6	7	8	9	10
Non-Advisory Population	Complications and 99.7% Malfunctions	99.6%	99.6%	99.5%	99.4%	99.3%	99.2%	99.1%	99.0%	99.0%
Registered Implants: 119000	Effective Sample Size 104448	90790	66203	45498	30075	18091	9232	3601	631	397

ENDOTAK RELIANCE 4-Site Single Coil, Active Fixation

Models: 0272/0273/0292/0293

Worldwide Confirmed Malfunctions Worldwide Distribution		81 199,000				
	With Compromised Therapy	Without Compromised Therapy	Total			
Conductor						
Conductor fracture (24) Other	8	0	8			
Non-patterned, other	59	14	73			
Grand Total	67	14	81			

ENDOTAK RELIANCE 4-Site Single Coil, Passive Fixation

Models: 0262/0263/0282/0283

US Summary				
US Registered Implants:	12,000	US Chronic Complications	14	
US Approval Date:	November 2010	US Malfunctions:	2	
US Estimated Active Implants:	12,000	Without Compromised Therapy:	-	
		With Compromised Therapy:	2	

US Survival Probabi	lity											
Year	1		2	3	4	5	6	7	8	9	10	
Non-Advisory Population	Complications and 99 Malfunctions	9.8%	99.7%	99.5%	99.5%	99.5%	99.0%	99.0%				
Registered Implants: 12000	Effective Sample Size 69	942	2290	1268	839	521	269	203				@ 76 mc

ENDOTAK RELIANCE 4-Site Single Coil, Passive Fixation

Models: 0262/0263/0282/0283

Worldwide Confirmed Malfunctions Worldwide Distribution	6,000	1)	
	With Compromised Therapy	Without Compromised Therapy	Total
Other			
Non-patterned, other	3	1	4
Grand Total	3	1	4

ENDOTAK RELIANCE Dual Coil, Active Fixation

Models: 0157/0158/0159/0164/0165/0166/0167/0184/0185/0186/0187

US Summary				
US Registered Implants:	287,000	US Chronic Complications	3,478	
US Approval Date:	July 2002	US Malfunctions:	378	
US Estimated Active Implants:	111,000	Without Compromised Therapy:	122	
		With Compromised Therapy:	256	

US Survival Probabil	ity										
Year		1	2	3	4	5	6	7	8	9	10
Non-Advisory Population	Complications and Malfunctions	99.7%	99.6%	99.4%	99.3%	99.1%	98.9%	98.6%	98.5%	98.2%	98.0%
Registered Implants: 287000	Effective Sample Size	^e 252074	226205	203075	182209	163277	145798	129822	114962	100786	81375

ENDOTAK RELIANCE Dual Coil, Active Fixation

Models: 0157/0158/0159/0164/0165/0166/0167/0184/0185/0186/0187

Worldwide Confirmed Malfunctions Worldwide Distribution	577 381,000		
	With Compromised Therapy	Without Compromised Therapy	Total
Conductor			
Conductor fracture (24) Crimp/Weld/Bond	104	0	104
Seal rings (5) Other	2	2	4
Non-patterned, other	267	202	469
Grand Total	373	204	577

ENDOTAK RELIANCE Dual Coil, Passive Fixation

Models: 0147/0148/0149/0174/0175/0176/0177

US Summary				
US Registered Implants:	47,000	US Chronic Complications	884	
US Approval Date:	October 2000	US Malfunctions:	60	
US Estimated Active Implants:	14,000	Without Compromised Therapy:	14	
		With Compromised Therapy:	46	

US Survival Probabi	,					_		_			10
Year		1	2	3	4	5	6	7	8	9	10
Non-Advisory Population	Complications and Malfunctions	99.7%	99.5%	99.2%	98.9%	98.5%	98.2%	97.9%	97.6%	97.4%	97.2%
Registered Implants: 47000	Effective Sample Size	40567	36404	32662	29248	26155	23361	20835	18503	16281	14021

ENDOTAK RELIANCE Dual Coil, Passive Fixation

Models: 0147/0148/0149/0174/0175/0176/0177

Worldwide Confirmed Malfunctions Worldwide Distribution	164 109,000		
	With Compromised Therapy	Without Compromised Therapy	Total
Conductor			
Conductor fracture (24) Crimp/Weld/Bond	19	0	19
Conductor connection (36) Other	3	0	3
Non-patterned, other	87	54	141
Manufacturing material (6)	1	0	1
Grand Total	110	54	164

ENDOTAK RELIANCE Single Coil, Active Fixation

Models: 0137/0138/0160/0161/0162/0180/0181/0182

US Summary				
US Registered Implants:	33,000	US Chronic Complications	434	
US Approval Date:	October 2000	US Malfunctions:	84	
US Estimated Active Implants:	21,000	Without Compromised Therapy:	23	
		With Compromised Therapy:	61	

Complications and Malfunctions 100% 95% 90% 85% 80% 75% 2 3 6 8 1 4 5 7 9 10

Year		1	2	3	4	5	6	7	8	9	10
Non-Advisory Population	Complications and Malfunctions	99.6%	99.4%	99.2%	99.0%	98.8%	98.5%	98.2%	98.0%	97.6%	97.1%
Registered Implants: 33000	Effective Sample Size	29109	25756	22776	20045	17494	14820	12193	9738	7623	4610

ENDOTAK RELIANCE Single Coil, Active Fixation

Models: 0137/0138/0160/0161/0162/0180/0181/0182

Worldwide Confirmed Malfunctions Worldwide Distribution	204 76,000		
	With Compromised Therapy	Without Compromised Therapy	Total
Conductor			
Conductor fracture (24) Other	62	0	62
Non-patterned, other	85	57	142
Grand Total	147	57	204

ENDOTAK RELIANCE Single Coil, Passive Fixation

Models: 0127/0128/0170/0171/0172/0173

US Summary				
US Registered Implants:	2,000	US Chronic Complications	34	
US Approval Date:	October 2000	US Malfunctions:	4	
US Estimated Active Implants:	1,000	Without Compromised Therapy:	1	
		With Compromised Therapy:	3	

Complications and Malfunctions 100% 95% 90% 85% 80% 75% 2 6 1 3 4 5 7 8 9

US Survival Probability											
Year	1	1	2	3	4	5	6	7	8	9	10
Non-Advisory Population	Complications and Complications	99.7%	99.3%	99.1%	98.6%	98.5%	97.9%	97.7%	97.4%	96.8%	0.967667
Registered Implants: 2000	Effective Sample Size 1	1551	1377	1215	1063	901	705	529	360	223	202.3596 @

10

ENDOTAK RELIANCE Single Coil, Passive Fixation

Models: 0127/0128/0170/0171/0172/0173

Worldwide Confirmed Malfunctions Worldwide Distribution	20 8,000		
	With Compromised Therapy	Without Compromised Therapy	Total
Conductor			
Conductor fracture (24) Other	3	0	3
Non-patterned, other	9	8	17
Grand Total	12	8	20

INGEVITY+ Positive Fixation

Models: 7840/7841/7842

US Summary				
US Registered Implants:	77,000	US Chronic Complications	89	
US Approval Date:	December 2019	US Malfunctions:	4	
US Estimated Active Implants:	75,000	Without Compromised Therapy:	2	
		With Compromised Therapy:	2	

1	2	2	1	5	6	7	Q	Q	10
1	2	5	4	5	0	/	0	9	10

US Survival Probabi	lity										
Year	1	2	3	4	5	6	7	8	9	10	
Non-Advisory Population	Complications and 99.8% Malfunctions	99.8%									
Registered Implants: 77000	Effective Sample Size 1695	593									@

INGEVITY+ Positive Fixation

Models: 7840/7841/7842

Worldwide Confirmed Malfunctions Worldwide Distribution	90,000	4 D	
	With Compromised Therapy	Without Compromised Therapy	Total
Conductor			
Extracardiac fracture (41) Other	1	1	2
Non-patterned, other	1	1	2
Grand Total	2	2	4

INGEVITY Positive Fixation

Models: 7640/7641/7642/7740/7741/7742

US Summary				
US Registered Implants:	365,000	US Chronic Complications	1,498	
US Approval Date:	April 2016	US Malfunctions:	207	
US Estimated Active Implants:	324,000	Without Compromised Therapy:	109	
		With Compromised Therapy:	98	

100%				_						
100% 95% 90% 85% 80% 75%										
90%										
85%										
80%										
75%										
	1	2	3 4	4 5	6	5 7	8	3 9	1	10

US Survival Probability										
Year	1	2	3	4	5	6	7	8	9	10
Non-Advisory Population	Complications and 99.7% Malfunctions	99.6%	99.5%	99.3%	99.3%	99.2%	99.2%	99.2%	99.2%	
Registered Implants: 365000	Effective Sample Size 313977	211563	123123	50643	1889	1764	1525	1292	1315	

INGEVITY Positive Fixation

Models: 7640/7641/7642/7740/7741/7742

Worldwide Confirmed Malfunctions Worldwide Distribution	319 947,000		
	With Compromised Therapy	Without Compromised Therapy	Total
Conductor			
Inner conductor break (39)	9	7	16
Extracardiac fracture (41)	79	94	173
Other			
Insulation (43)	2	12	14
Non-patterned, other	58	58	116
Grand Total	148	171	319

INGEVITY Passive Fixation

Models: 7631/7632/7731/7732

US Summary			
US Registered Implants:	21,000	US Chronic Complications	52
US Approval Date:	April 2016	US Malfunctions:	10
US Estimated Active Implants:	19,000	Without Compromised Therapy:	-
		With Compromised Therapy:	10

100%										
100% 95%	 									
90%	 									
85%	 									
80% 75%										
75%										
	1	2	3	4	5	6	7	8	9	10

US Survival Probability										
Year	1	2	3	4	5	6	7	8	9	10
Non-Advisory Population	Complications and 99.8% Malfunctions	99.8%	99.6%	99.4%	99.4%					
Registered Implants: 21000	Effective Sample Size 15704	10665	6300	2668	350					

INGEVITY Passive Fixation

Models: 7631/7632/7731/7732

Worldwide Confirmed Malfunctions Worldwide Distribution	1! 101,000		
	With Compromised Therapy	Without Compromised Therapy	Total
Conductor			
Extracardiac fracture (41) Other	6	0	6
Non-patterned, other	9	0	9
Grand Total	15	0	15

INGEVITY Atrial J Passive Fixation

Models: 7635/7636/7735/7736

US Summary			
US Registered Implants:	12,000	US Chronic Complications	53
US Approval Date:	April 2016	US Malfunctions:	4
US Estimated Active Implants:	11,000	Without Compromised Therapy:	4
		With Compromised Therapy:	-

100%										
95%										
90%										
90% 85%										
85%										
80% 75%										
75%										
	1	2	3	4	5	6	7	8	9	10

US Survival Probability												
Year		1	2	3	4	5	6	7	8	9	10	
Non-Advisory Population	Complications and Malfunctions	99.7%	99.5%	99.4%	99.1%	99.1%						
Registered Implants: 12000	Effective Sample Size	e 8974	6098	3502	1399	317						(

INGEVITY Atrial J Passive Fixation

Models: 7635/7636/7735/7736

Worldwide Confirmed Malfunctions Worldwide Distribution	ء 87,000	3	
	With Compromised Therapy	Without Compromised Therapy	Total
Conductor			
Extracardiac fracture (41) Crimp/Weld/Bond	0	4	4
Weld (40)	0	1	1
Other			
Non-patterned, other	0	3	3
Grand Total	0	8	8

FLEXTEND 2 Positive Fixation

Models: 4095/4096/4097

Worldwide Confirmed Malfunctions Worldwide Distribution	127 185,000		
	With Compromised Therapy	Without Compromised Therapy	Total
Conductor			
Lead conductor (7) Electrical	17	6	23
Inner insulation abrasion (2) Other	2	5	7
Non-patterned, other	2	9	11
Conductor damage (32)	23	63	86
Grand Total	44	83	127

FLEXTEND Positive Fixation

Models: 4086/4087/4088

US Summary			
US Registered Implants:	235,000	US Chronic Complications	4,726
US Approval Date:	February 2002	US Malfunctions:	371
US Estimated Active Implants:	77,000	Without Compromised Therapy:	149
		With Compromised Therapy:	222

100%											7
100% 95%	 										
90%	 										-
90% 85% 80% 75%											-
80%											-
75%											
	1	2	3	4	5	6	7	8	9	1	0

US Survival Probability											
Year		1	2	3	4	5	6	7	8	9	10
Non-Advisory Population	Complications and Malfunctions	99.5%	99.3%	99.0%	98.7%	98.3%	98.0%	97.6%	97.3%	96.9%	96.7%
Registered Implants: 235000	Effective Sample Size	200533	179562	160875	143847	127980	111537	96576	82963	70709	59753

FLEXTEND Positive Fixation

Models: 4086/4087/4088

Worldwide Confirmed Malfunctions Worldwide Distribution	401 290,000		
	With Compromised Therapy	Without Compromised Therapy	Total
Conductor			
Lead conductor (7) Electrical	88	18	106
Inner insulation abrasion (2) Other	18	22	40
Non-patterned, other	11	17	28
Conductor damage (32)	123	104	227
Grand Total	240	161	401

FINELINE II EZ/FINELINE II Sterox EZ Positive Fixation (Polyurethane)

Models: 4463/4464/4465/4469/4470/4471

US Summary				
US Registered Implants:	499,000	US Chronic Complications	3,654	
US Approval Date:	January 2000	US Malfunctions:	163	
US Estimated Active Implants:	253,000	Without Compromised Therapy:	46	
		With Compromised Therapy:	117	

100%										
95%										
90%										
100% 95% 90% 85% 80% 75%										
80%										
75%										
	1	2	3	4	5	6	7	8	9	10

US Survival Probability											
Year		1	2	3	4	5	6	7	8	9	10
Non-Advisory Population	Complications and Malfunctions	99.8%	99.7%	99.6%	99.5%	99.4%	99.2%	99.1%	99.0%	98.8%	98.7%
Registered Implants: 499000	Effective Sample Size	° 433118	379471	331583	289255	251535	211659	175669	143693	115955	91628

FINELINE II EZ/FINELINE II Sterox EZ Positive Fixation (Polyurethane)

Models: 4463/4464/4465/4469/4470/4471

Worldwide Confirmed Malfunctions Worldwide Distribution	195 783,000		
	With Compromised Therapy	Without Compromised Therapy	Total
Conductor			
Lead conductor (7) Crimp/Weld/Bond	65	17	82
Terminal weld (23) Other	1	0	1
Lead body (4)	70	27	97
Non-patterned, other	8	7	15
Grand Total	144	51	195

FINELINE II EZ/FINELINE II Sterox EZ Positive Fixation (Silicone)

Models: 4466/4467/4468/4472/4473/4474

US Summary				
US Registered Implants:	53,000	US Chronic Complications	900	
US Approval Date:	January 2000	US Malfunctions:	151	
US Estimated Active Implants:	21,000	Without Compromised Therapy:	37	
		With Compromised Therapy:	114	

Complications and Malfunctions 100% 95% 90% 85% 80% 75% 6 1 2 3 4 5 7 8 9 10

US Survival Probability											
Year		1	2	3	4	5	6	7	8	9	10
Non-Advisory Population	Complications and Malfunctions	99.7%	99.5%	99.3%	99.0%	98.6%	98.2%	97.8%	97.4%	97.1%	96.8%
Registered Implants: 53000	Effective Sample Size	^e 46214	41262	36817	32775	28995	24983	21304	17987	15019	12407

FINELINE II EZ/FINELINE II Sterox EZ Positive Fixation (Silicone)

Models: 4466/4467/4468/4472/4473/4474

Worldwide Confirmed Malfunctions Worldwide Distribution	191 144,000		
	With Compromised Therapy	Without Compromised Therapy	Total
Conductor			
Lead conductor (7) Other	89	14	103
Conductor damage (32)	55	22	77
Lead body (4)	0	1	1
Non-patterned, other	3	7	10
Grand Total	147	44	191

FINELINE II/FINELINE II Sterox Passive Fixation (Polyurethane)

Models: 4452/4453/4456/4457

US Summary				
US Registered Implants:	195,000	US Chronic Complications	1,609	
US Approval Date:	January 2000	US Malfunctions:	45	
US Estimated Active Implants:	77,000	Without Compromised Therapy:	3	
		With Compromised Therapy:	42	

100%										
100% 95%	 									
90%										
85%	 									
80%										
75%										
. 370	1	2	3	4	5	6	7	8	9	10
	-	-	-		0	-	-	2	-	

US Survival Probability											
Year		1	2	3	4	5	6	7	8	9	10
Non-Advisory Population	Complications and Malfunctions	99.7%	99.6%	99.5%	99.4%	99.3%	99.2%	99.1%	98.9%	98.7%	98.6%
Registered Implants: 195000	Effective Sample Size	² 168335	149848	133106	117982	103925	88623	74447	61868	50860	41317

FINELINE II/FINELINE II Sterox Passive Fixation (Polyurethane)

Models: 4452/4453/4456/4457

Worldwide Confirmed Malfunctions Worldwide Distribution	68 548,000		
	With Compromised Therapy	Without Compromised Therapy	Total
Conductor			
Lead conductor (7) Other	18	0	18
Lead body (4)	41	3	44
Non-patterned, other	5	1	6
Grand Total	64	4	68

FINELINE II EZ/FINELINE II Sterox Passive Fixation (Silicone)

Models: 4454/4455/4458/4459

US Summary				
US Registered Implants:	14,000	US Chronic Complications	311	
US Approval Date:	January 2000	US Malfunctions:	23	
US Estimated Active Implants:	4,000	Without Compromised Therapy:	-	
		With Compromised Therapy:	23	

100%										
100% 95%	 									
90%										
85%	 									
80% 75%	 									
75%										
	1	2	3	4	5	6	7	8	9	10

US Survival Probability											
Year		1	2	3	4	5	6	7	8	9	10
Non-Advisory Population	Complications and Malfunctions	99.6%	99.3%	98.8%	98.5%	98.2%	97.8%	97.4%	97.1%	96.8%	96.6%
Registered Implants: 14000	Effective Sample Size	12303	11004	9797	8683	7707	6708	5799	4998	4277	3595

FINELINE II/FINELINE II Sterox Passive Fixation (Silicone)

Models: 4454/4455/4458/4459

Worldwide Confirmed Malfunctions Worldwide Distribution	6(105,00(
	With Compromised Therapy	Without Compromised Therapy	Total
Conductor			
Lead conductor (7) Other	20	0	20
Conductor damage (32)	35	3	38
Non-patterned, other	2	0	2
Grand Total	57	3	60

FINELINE II/FINELINE II Sterox Atrial J (Polyurethane)

Models: 4477/4478/4479/4480

US Summary				
US Registered Implants:	63,000	US Chronic Complications	831	
US Approval Date:	January 2000	US Malfunctions:	39	
US Estimated Active Implants:	27,000	Without Compromised Therapy:	20	
		With Compromised Therapy:	19	

100%					1	1			
100% 95%									
90%									
85%									
80% 75%									
75% 🗆	1	2	2 3	3 4		6	 . 8	9	10

US Survival Probability											
Year		1	2	3	4	5	6	7	8	9	10
Non-Advisory Population	Complications and Malfunctions	99.3%	99.2%	99.0%	98.8%	98.7%	98.6%	98.5%	98.3%	98.1%	98.0%
Registered Implants: 63000	Effective Sample Size	² 54688	48928	43715	38862	34299	29167	24437	20190	16462	13266

FINELINE II/FINELINE II Sterox Atrial J (Polyurethane)

Models: 4477/4478/4479/4480

Worldwide Confirmed Malfunctions Worldwide Distribution	79 318,000		
	With Compromised Therapy	Without Compromised Therapy	Total
Conductor			
Lead conductor (7) Other	5	2	7
J-shape (22)	26	30	56
Lead body (4)	8	3	11
Non-patterned, other	3	2	5
Grand Total	42	37	79

Confirmed Malfunction Details: Leads References

Descriptions listed below provide an overview of the clinical observations and/or analysis findings associated with each confirmed lead malfunction pattern listed in this report. All of the patterns listed are thoroughly investigated and analyzed. As part of Boston Scientific's process of continuous improvement, when possible, changes have been or will be implemented in response to identified malfunction patterns. "Improvements implemented" may include product design changes in existing or subsequent generations, manufacturing process modifications, educational communications, labeling changes, etc. Improvement implementation may vary by geography due to various factors, including regulatory review timing, and may not completely mitigate or eliminate the potential for additional malfunctions.

- 1. **IS-1 terminal pin** Compromised insulation and/or conductor integrity if lead is bent sharply away from the header block when placed in implant pocket or if pulse generator migrates from implant site. Improvement implemented.
- 2. Inner insulation abrasion—Loss of capture, decreasing impedance, increased pacing thresholds, noisy signals, oversensing. Abrasion of inner insulation.
- 3. Terminal leg insulation— Loss of sensing, loss of pacing, loss of defibrillation therapy. Abraded insulation on terminal leg portion of lead due to lead-on-lead or lead-on-can contact. Improvement implemented.
- 4. Lead body— Insulation abrasion due to lead-on-lead or lead-on-can contact combined with damage attributed to application of compressive or torsional loads which may be due to clavicle-first rib entrapment. Damage to lead body may expose conductor.
- 5. Seal rings— Insertion difficulty at implant, difficulty removing lead from header post-implant. Proximal silicone seal rings not fully adhered to lead terminal. Improvement implemented.
- 6. Manufacturing material Loss of sensing, loss of pacing, noisy signals. Manufacturing material embedded in lead body.
- 7. Lead conductor—Loss of capture, inability to deliver therapy. Fatigue of lead conductor due to repeated flexing.
- 8. Lead body— Lead fracture, inappropriate shocks, oversensing. Insulation damage resulting from implant stresses or manufacturing variability.
- 9. Lead conductor— Loss of sensing, loss of pacing. Physical damage to lead body due to repeated flexing.
- 10. Lead connector— Insulation damage resulting from bending or tension at the terminal connector. May lead to inappropriate shocks, oversensing.
- 11. Lead conductor— Physical damage to lead conductor, inappropriate shocks, oversensing. Displacement of yoke component may lead to fatigue of high-voltage lead conductor. Improvement implemented.
- 12. Conductor connection—Loss of sensing, loss of pacing, loss of defibrillation output. Improper conductor wire connection. Improvement implemented.
- 13. Serial number label—Loss of sensing, loss of pacing. Sharp edge in serial number label resulting in breach in outer lead insulation. Improvement implemented.
- 14. Terminal component— Loss of sensing, loss of pacing, terminal pin separation from terminal ring during implant or ICD replacement. Improvement implemented.
- 15. Electrode tip— Separation between electrode tip and lead body.
- 16. Lead body— Physical damage to lead body, inappropriate shocks. Abraded insulation due to contact with patient anatomy.
- 17. **DF-1 terminal pin** Loss of sensing, loss of pacing, loss of defibrillation output. Compromised insulation and/or conductor integrity from sharp or excessive bending. Improvement implemented.
- 18. Yoke component— Noise, impedance anomalies, threshold variation. Use of multiple or pre-formed stylets may cause component within lead yoke to dislodge. Improvement implemented.
- 19. Lead conductor— Muscle stimulation, inappropriate shocks, oversensing, high pacing impedance, inability to deliver therapy. Repeated flexing leading to fatigue of lead conductor.
- 20. Serial number label— Loss of sensing, loss of pacing. Broken serial number label due to either sharp bend away from header at implant or repetitive movement during implant.
- 21. **IS-1 terminal pin** Compromised insulation and/or conductor integrity if lead is bent sharply away from the header block when placed in implant pocket or if pulse generator migrates from implant site. Improvement implemented.
- 22. J-shape— Placement difficulty, dislodgement. Elevated temperatures resulting in a relaxation of pre-formed J-shape. Improvement implemented.
- 23. Terminal weld— Impedance rise, loss of pacing. Loss of connection on terminal weld. Improvement implemented.
- 24. Conductor fracture— High impedance, loss of capture, loss of pacing, inappropriate shocks. Flex fatigue leading to discontinuity of pace/sense conductor.
- 25. Conductor fracture— High impedance, loss of LV capture, loss of LV pacing. Flex fatigue leading to discontinuity of conductor.
- 26. Non-patterned, Other— Confirmed malfunction for which the root cause does not fit within other categories and is not associated with other malfunctions, or has not yet been identified.
- 32. Conductor damage Noise, oversensing, inappropriate shocks, possible loss of therapy. Conductor damage attributed to application of compressive or torsional loads which may be due to clavicle-first rib entrapment.
- 33. Insulation damage— Low pacing impedance, noise, possible loss of therapy. Insulation abrasion due to lead-onlead or lead-on-can contact, or due to application of compressive or torsional loads which may be due to clavicle first rib entrapment. Damage to lead body may expose conductor.

- 34. Extracardiac fracture— High impedance, loss of LV capture, loss of LV pacing. Flex fatigue near suture sleeve, not including clavicle-first rib damage, leading to discontinuity of conductor.
- 35. Lead conductor— High impedance, loss of sensing, loss of pacing. Variability in wire conductor material. Improvement implemented.
- 36. Conductor connection—Loss of sensing, loss of pacing, loss of defibrillation output. Improper conductor wire connection. Improvement implemented.
- 37. Weld fracture- Noise, loss of sensing. Fractured weld.
- 38. Conductor cable fracture— High impedance, potential loss of pacing and defibrillation therapy. Fractured high voltage cable. Improvement implemented.
- 39. Inner conductor break— High impedance, loss of capture, loss of sensing. Inner conductor break. Commonly associated with helix extension/retraction difficulties at implant.
- 40. Weld— Out of range impedance measurements, noise, oversensing. Incomplete weld.
- 41. Extracardiac fracture— High impedance, noise, oversensing, loss of capture, loss of pacing. Flex fatigue leading to discontinuity of outer conductor.
- 42. Model 3501 electrode fracture 2020— December 2020 Voluntary Physician Advisory. High shock impedance, loss of tachy therapy. Fractured electrode conductor immediately distal to the proximal sense electrode. Note: per ISO 5841-2:2(E), only returned and confirmed failures are included in this table. All failures associated with this pattern including reports that are not returned are included in rate calculations and projections updated in the advisory section.
- 43. Insulation— High pacing impedance, noise, undersensing. Insulation issue.
- 44. Electrode conductor fracture in or near pocket— High shock impedance, loss of tachy therapy. Fractured electrode conductor proximal to the proximal sense electrode.

U.S. Chronic Lead Complications (Occurring After the First Month of Service)

Boston Scientific strives to provide meaningful detail in describing the performance of our products. U.S. Chronic Lead Complications are reported in compliance with ISO 5841-2: 2014 (E), Reporting of Clinical Performance of Populations of Pulse Generators or Leads. To be included in the Chronic Lead Complications table, a lead must be successfully implanted, with clinical observations (as listed in the table) occurring after the first month of implant, and have been removed from service surgically or electronically. The lead either was not returned for analysis, or was returned but had no confirmation of a malfunction.

While multiple complications are possible for any given lead, only one complication is reported per lead. The complication reported is determined by an observation hierarchy, indicated by the order of the categories from left to right in the table. The number of U.S. Registered Implants is also provided as context for the data. Chronic Lead Complications are included in the calculation of survival probability.

Pacing Leads/Model	U.S. Registered Implants	Cardiac Perforation	Conductor fracture/ helix damage	Lead dislodgement	Failure to capture	Oversensing	Failure to sense	Insulation breach	Abnormal pacing impedance	Abnormal defibrillation impedance	Extracardiac stimulation
INGEVITY+ Positive Fixation	77,000	8	14	51	10	2	2	2	0	0	0
7840/7841/7842						_				-	
INGEVITY Positive Fixation	365,000	101	456	525	181	70	20	40	78	0	27
7640/7641/7642/7740/7741/7742			100	020						Ũ	
INGEVITY Atrial J Passive Fixation	12,000	0	15	25	5	3	1	2	2	0	0
7635/7636/7735/7736		0	15	25	5	5	I	2	Z	0	0
INGEVITY Passive Fixation	21,000	1	14	11	9	3	2	1	11	0	0
7631/7632/7731/7732		I	14	11	9	5	2	I	11	0	0
FLEXTEND Active Fixation	235,000	82	1049	1017	1009	589	137	224	564	0	55
4086/4087/4088		02	1045	1017	1003	505	107	224	504	0	55
FINELINE II ; Passive Fixation (poly)	195,000	5	473	245	293	69	35	212	258	0	19
4452/4453/4456/4457		0	110	240	200	65	00	212	200	8	10
FINELINE II EZ ; Positive Fixation (poly)	499,000	21	786	865	502	184	147	595	524	0	30
4463/4464/4465/4469/4470/4471											
FINELINE II Atrial J (poly)	63,000	1	124	367	138	28	34	79	53	0	7
4477/4478/4479/4480 FINELINE II/THINLINE II ; Passive											
Fixation (silicone)	14,000	2	126	20	68	29	5	24	36	0	1
4454/4455/4458/4459		-	.20	_0			Ū.			ů.	
FINELINE II/THINLINE II EZ ; Positive	53,000										
Fixation (silicone)	55,000	0	302	96	117	107	23	105	148	0	2
4466/4467/4468/4472/5573/4474											
CRT Leads/Model	U.S. Registered Implants	Cardiac Perforation	Conductor fracture/ helix damage	Lead dislodgement	Failure to capture	Oversensing	Failure to sense	Insulation breach	Abnormal pacing impedance	Abnormal defibrillation impedance	Extracardiac stimulation
ACUITY X4 Spiral L 4677/4678	15,000	0	0	17	3	1	0	0	0	0	7
ACUITY X4 Spiral S 4674/4675	42,000	1	0	63	3	1	0	0	0	0	14

CRT Leads/Model (cont.)	U.S. Registered Implants	Cardiac Perforation	Conductor fracture/ helix damage	Lead dislodgement	Failure to capture	Oversensing	Failure to sense	Insulation breach	Abnormal pacing impedance	Abnormal defibrillation impedance	Extracardiac stimulation
ACUITY X4 Straight 4671/4672	31,000	1	2	91	13	0	0	1	4	0	40
ACUITY Steerable 4554/4555/4556	29,000	3	40	461	66	6	2	18	39	0	97
ACUITY Spiral 4591/4592/4593	24,000	0	22	337	51	0	1	5	11	0	136
EASYTRAK 3 4522/4524/4525/4527/4548/4549/4550	22,000	2	42	312	61	5	2	16	23	0	95
EASYTRAK 2 4515/4517/4518/4520/4542/4543/4544	97,000	1	414	1366	371	12	8	117	173	0	446
EASYTRAK 4510/4511/4512/4513/4535/4536/ 4537/4538	38,000	2	91	488	149	4	1	77	53	0	268
Defibrillation Leads/Model	U.S. Registered Implants	Cardiac Perforation	Conductor fracture/ helix damage	Lead dislodgement	Failure to capture	Oversensing	Failure to sense	Insulation breach	Abnormal pacing impedance	Abnormal defibrillation impedance	Extracardiac stimulation
ENDOTAK RELIANCE 4-FRONT Single Coil Active Fixation 0652/0657/0672/0673/0692/0693	36,000	12	9	34	4	6	2	0	1	3	1
ENDOTAK RELIANCE 4-FRONT Dual Coil Active Fixation 0653/0658/0675/0676/0695/0696	6,000	0	2	6	1	2	0	0	0	0	0
ENDOTAK RELIANCE 4-Site ; Dual Coil, Active Fixation 0275/0276/0295/0296	76,000	22	52	119	32	56	11	13	22	26	5
ENDOTAK RELIANCE 4-Site ; Dual Coil, Passive Fixation 0285/0286	3,000	0	3	8	1	6	0	0	13	0	1
ENDOTAK RELIANCE 4-Site ; Single Coil, Active Fixation 0292/0293	129,000	31	66	199	56	83	22	10	32	33	11
ENDOTAK RELIANCE 4-Site ; Single Coil, Passive Fixation 0282/0283	3,000	2	3	1	3	1	0	0	3	1	0
ENDOTAK RELIANCE ; Dual Coil, Active Fixation 0157/0158/0159/0164/0165/0167/ 0184/0185/0186/0187	287,000	33	747	428	230	855	102	165	434	454	30
ENDOTAK RELIANCE ; Dual Coil, Passive Fixation 0147/0148/0149/0174/0175/0176/0177	47,000	4	156	75	85	152	13	48	267	77	7
ENDOTAK RELIANCE ; Single Coil, Active Fixation 0137/0138/0160/0161/0162/0180/0181/0182	33,000	13	97	61	35	80	3	8	53	80	4
ENDOTAK RELIANCE ; Single Coil, Passive Fixation 0127/0128/0170/0171/0172/0173	2,000	0	5	5	3	7	0	1	10	3	0

S-ICD Electrodes/Model	U.S. Registered Implants	Perforation	Conductor fracture	Lead dislodgement	Failure to capture	Oversensing	Failure to sense	Insulation breach	Abnormal defibrillation impedance	Extracardiac stimulation	
EMBLEM S-ICD Electrode 3501	19,000	0	3	3	0	42	2	0	0	2	
EMBLEM/Q-TRAK S-ICD Electrode 3010, 3401	24,000	0	2	17	0	119	12	4	0	7	

U.S. Acute Lead Observations

Boston Scientific strives to provide meaningful detail reflective of real-world product experience. In the first weeks following lead implantation, physiologic responses and lead performance can vary until chronic lead stability is attained. Acute lead performance may be subject to a number of factors, including patient-specific anatomy, clinical conditions and/or varying implant conditions/techniques.

Because acute implant time contributes to overall clinical experience. Boston Scientific provides specific information regarding acute lead performance. To be included in the Acute Lead Observations table, a lead must first be successfully implanted, with clinical observations occurring within the first month of implant. These reports may or may not have resulted in clinical action and/or product return to Boston Scientific. The categories are consistent with the AdvaMed guidance for *Uniform Reporting of Clinical Performance of Cardiac Rhythm Management Pulse Generators and Leads*. Although multiple observations are possible for any given lead, only one observation is reported per lead. The observation reported is determined by an observation hierarchy, indicated by the order of the categories from left to right in the table. The number of U.S. Registered Implants is also provided as context for the data. Acute Lead Observations are not included in calculation of lead survival probability.

Pacing Leads/Model	U.S. Registered Implants	Cardiac Perforation	Conductor fracture/ helix damage	Lead dislodgement	Failure to capture	Oversensing	Failure to sense	Insulation breach	Abnormal pacing impedance	Abnormal defibrillation impedance	Extracardiac stimulation
INGEVITY+ Positive Fixation 7840/7841/7842	77,000	60	14	203	59	12	14	0	12	0	0
INGEVITY Positive Fixation 7640/7641/7642/7740/7741/7742	365,000	358	428	946	248	77	51	8	52	0	33
INGEVITY Atrial J Passive Fixation 7635/7636/7735/7736	12,000	0	0	28	5	1	0	0	0	0	0
INGEVITY Passive Fixation 7631/7632/7731/7732	21,000	1	0	32	10	0	2	0	0	0	0
FLEXTEND Active Fixation 4086/4087/4088	235,000	170	265	1011	292	46	55	25	92	0	30
FINELINE II ; Passive Fixation (poly) 4452/4453/4456/4457	195,000	9	10	398	102	7	12	16	15	0	10
FINELINE II Atrial J (poly) 4477/4478/4479/4480	63,000	0	10	396	51	2	16	5	7	0	5
FINELINE II EZ ; Positive Fixation (poly) 4463/4464/4465/4469/4470/4471	499,000	54	49	661	143	85	67	28	79	0	26
FINELINE II/THINLINE II ; Passive Fixation (silicone) 4454/4455/4458/4459	14,000	0	1	28	10	0	0	3	4	0	0
FINELINE II/THINLINE II EZ ; Positive Fixation (silicone) 4466/4467/4468/4472/4473/4474	53,000	2	13	90	13	3	8	6	4	0	3
CRT Leads/Model	U.S. Registered Implants	Cardiac Perforation	Conductor fracture/ helix damage	Lead dislodgement	Failure to capture	Oversensing	Failure to sense	Insulation breach	Abnormal pacing impedance	Abnormal defibrillation impedance	Extracardiac stimulation

CRT Leads/Model	Implants	Perforation	damage	dislodgement	capture	Oversensing	sense	breach	impedance	impedance	stimulation	
ACUITY X4 Spiral L 4677/4678	15,000	0	0	25	30	7	0	0	6	0	20	
ACUITY X4 Spiral S 4674/4675	42,000	0	2	52	32	6	0	0	18	0	48	

CRT Leads/Model (cont.)	U.S. Registered Implants	Cardiac Perforation	Conductor fracture/ helix damage	Lead dislodgement	Failure to capture	Oversensing	Failure to sense	Insulation breach	Abnormal pacing impedance	Abnormal defibrillation impedance	Extracardiac stimulation
ACUITY X4 Straight 4671/4672	31,000	1	0	107	18	4	1	0	9	0	51
ACUITY Steerable 4554/4555/4556	29,000	1	1	291	22	13	1	1	21	0	162
ACUITY Spiral 4591/4592/4593	24,000	1	2	172	28	5	0	3	9	0	168
EASYTRAK 3 4522/4524/4525/4527/4548/4549/4550	22,000	0	1	240	23	8	1	3	17	0	128
EASYTRAK 2 4515/4517/4518/4520/4542/4543/4544	97,000	7	4	806	84	30	4	14	64	0	512
EASYTRAK 4510/4511/4512/4513/4535/4536/ 4537/4538	38,000	4	4	168	23	11	1	10	20	0	141
Defibrillation Leads/Model	U.S. Registered Implants	Cardiac Perforation	Conductor fracture/ helix damage	Lead dislodgement	Failure to capture	Oversensing	Failure to sense	Insulation breach	Abnormal pacing impedance	Abnormal defibrillation impedance	Extracardiac stimulation
ENDOTAK RELIANCE 4-FRONT Single Coil Active Fixation 0652/0657/0672/0673/0692/0693	36,000	31	6	71	14	11	2	1	3	1	1
ENDOTAK RELIANCE 4-FRONT Dual Coil Active Fixation 0653/0658/0675/0676/0695/0696	6,000	2	1	9	5	2	0	0	1	0	0
ENDOTAK RELIANCE 4-Site ; Dual Coil, Active Fixation 0275/0276/0295/0296	76,000	55	18	251	42	29	3	2	27	8	6
ENDOTAK RELIANCE 4-Site ; Dual Coil, Passive Fixation 0285/0286	3,000	2	0	10	1	0	0	0	5	0	0
ENDOTAK RELIANCE 4-Site ; Single Coil, Active Fixation 0292/0293	129,000	92	19	346	67	49	15	6	31	13	20
ENDOTAK RELIANCE 4-Site ; Single Coil, Passive Fixation 0282/0283	3,000	2	1	6	1	1	1	0	7	0	0
ENDOTAK RELIANCE ; Dual Coil, Active Fixation 0157/0158/0159/0164/0165/0167/ 0184/0185/0186/0187	287,000	83	137	510	130	223	12	17	178	108	44
ENDOTAK RELIANCE ; Dual Coil, Passive Fixation 0147/0148/0149/0174/0175/0176/0177	47,000	5	4	92	36	41	4	3	47	5	0
ENDOTAK RELIANCE ; Single Coil, Active Fixation 0137/0138/0160/0161/0162/0180/0181/0182	33,000	30	7	69	14	19	3	2	18	23	9

ENDOTAK RELIANCE ; Single Coil, Passive Fixation 0127/0128/0170/0171/0172/0173	2,000	0	0	3	1	2	0	0	1	0	0
S-ICD Electrodes/Model	U.S. Registered Implants	Perforation	Conductor fracture	Lead dislodgement	Failure to capture	Oversensing	Failure to sense	Insulation breach	Abnormal defibrillation impedance	Extracardiac stimulation	
EMBLEM S-ICD Electrode 3501	19,000	1	0	18	0	160	4	0	0	6	
EMBLEM/Q-TRAK S-ICD Electrode 3010/3401	24,000	1	0	20	0	207	6	1	0	15	

Before/During Implant Procedure - Worldwide Malfunctions: Leads

This section of the report depicts the number of product malfunctions that occurred worldwide either before implant (prior to opening the sterile product packaging) or during implant (once the sterile product packaging has been opened). In all cases, the product in question must be returned to Boston Scientific CRM and confirmed through laboratory analysis to have operated or exhibited a problem outside the specified performance limits established by Boston Scientific. Damage incurred during shipping/transit or due to external factors warned against in labeling is not reported as device malfunction here.

The Conductor category includes any conductor break or damage with complete or intermittent loss of continuity that could interrupt current flow, including clavicle fatigue or crush damage. The Insulation category includes any lead insulation breach, such as damage due to lead-on-lead or lead-on-anatomy contact, or clavicle fatigue or crush. The Crimp/Weld/Bond category includes any interruption in the conductor or lead body associated with a point of connection. The Other category includes malfunctions for which the root cause does not fit within other categories or has not yet been determined. The Labeling and Packaging categories include product identification issues and damage to sterile packaging, respectively. The Implant Accessory category includes lead malfunctions due to catheter, guidewire or sheath issues.

CRT Leads/Model	Worldwide Distribution	Conductor	Insulation	Crimp/Weld/Bond	Other	Labeling	Packaging	Implant Accessory
ACUITY X4 Spiral L 4677/4678	35,000	0	0	0	2	0	0	0
ACUITY X4 Spiral S 4674/4675	87,000	0	0	0	4	0	0	0
ACUITY X4 Straight 4671/4672	70,000	0	0	0	0	0	0	0
ACUITY Steerable 4554/4555/4556	65,000	0	0	0	5	0	2	0
ACUITY Spiral 4591/4592/4593	46,000	0	0	0	2	1	0	0

Defibrillation Leads/Model	Worldwide Distribution	Conductor	Insulation	Crimp/Weld/Bond	Other	Labeling	Packaging	Implant Accessory
ENDOTAK RELIANCE 4-FRONT Dual Coil Active Fixation 0653/0658/0675/0676/0695/0696	22,000	0	0	0	4	0	0	0
ENDOTAK RELIANCE 4-FRONT Single Coll Active Fixation 0652/0657/0672/0673/0692/0693	138,000	3	1	0	26	0	0	0
ENDOTAK RELIANCE 4-FRONT Dual Coil Passive Fixation 0636/0651/0655/0665/0686	1,000	0	0	0	0	0	0	0
ENDOTAK RELIANCE 4-FRONT Single Coil Passive Fixation 0650/0654/0662/0682/0663/0683	6,000	0	1	0	0	0	0	0
ENDOTAK RELIANCE 4-Site ; Dual Coil, Active Fixation 0275/0276/0295/0296	123,000	0	0	0	89	0	1	0
ENDOTAK RELIANCE 4-Site ; Dual Coil, Passive Fixation 0265/0266/0285/0286	10,000	0	0	0	7	15	1	0
ENDOTAK RELIANCE 4-Site ; Single Coil, Active Fixation 0292/0293	199,000	0	0	0	53	0	1	0
ENDOTAK RELIANCE 4-Site ; Single Coil, Passive Fixation 0282/0283	6,000	0	0	0	0	0	0	0
ENDOTAK RELIANCE ; Dual Coil, Active Fixation 0157/0158/0159/0164/0165/0167/ 0184/0185/0186/0187	381,000	0	0	92	571	1	3	10
ENDOTAK RELIANCE ; Dual Coil, Passive Fixation 0147/0148/0149/0174/0175/0176/0177	109,000	1	0	20	108	0	3	0
ENDOTAK RELIANCE ; Single Coil, Active Fixation 0137/0138/0160/0161/0162/0180/0181/0182	76,000	0	0	15	73	0	1	1
ENDOTAK RELIANCE ; Single Coil, Passive Fixation 0127/0128/0170/0171/0172/0173	8,000	0	0	1	6	0	0	0
S-ICD Electrodes/Model	Worldwide Distribution	Conductor	Insulation	Crimp/Weld/Bond	Other	Labeling	Packaging	Implant Accessory
EMBLEM S-ICD Electrode 3501	46,000	0	0	0	1	0	0	0
EMBLEM/Q-TRAK S-ICD Electrode	43,000	0	0	1	0	0	0	0

3010, 3401

Pacing Leads/Model	Worldwide Distribution	Conductor	Insulation	Crimp/Weld/Bond	Other	Labeling	Packaging	Implant Accessory
INGEVITY+ Positive Fixation 7840/7841/7842	90,000	0	0	0	1	0	0	0
INGEVITY Positive Fixation 7640/7641/7642/7740/7741/7742	947,000	2233	0	0	3217	0	0	0
INGEVITY Atrial J Passive Fixation 7635/7636/7735/7736	87,000	0	0	0	0	0	0	0
INGEVITY Passive Fixation 7631/7632/7731/7732	101,000	1	0	1	0	0	0	0
FLEXTEND 2 Active Fixation 4095/4096/4097	185,000	0	0	11	136	1	0	0
FLEXTEND Active Fixation 4086/4087/4088	290,000	0	0	66	636	1	1	4
FINELINE II ; Passive Fixation (poly) 4452/4453/4456/4457*	548,000	1	0	3	8	6	26	0
FINELINE II EZ ; Positive Fixation (poly) 4463/4464/4465/4469/4470/4471*	783,000	0	0	6	727	1	52	3
FINELINE II Atrial J (poly) 4477/4478/4479/4480*	318,000	0	0	1	144	6	18	0
FINELINE II/THINLINE II ; Passive Fixation (silicone) 4454/4455/4458/4459*	105,000	0	0	2	2	1	1	0
FINELINE II/THINLINE II EZ ; Positive Fixation (silicone) 4466/4467/4468/4472/5573/4474*	144,000	0	0	0	233	4	6	0

*Counts consist of Boston Scientific and Intermedics co-branded pacing leads data.

Product Advisories

A Product Advisory is a voluntary letter issued to inform physicians of an anomalous device behavior identified by Boston Scientific's Quality System. A Product Advisory is issued when there is a material elevation in risk to patient safety with potential for compromised iffesaving therapy, or when Boston Scientific can provide meaningful quidance to improve patient outcomes or device performance. Deston Scientific considers many perspectives in the decision to issue a Product Advisory, including internal expertise and guidance from an independent Patient Safety Advisory Board (PSAB).

This report section includes summaries of Product Advisories for which significant, active U.S. device populations exist. In general, this includes advisories for which the estimated active U.S. advisory population is at least 200. Physician and patient letters, as well as Advisory Updates, are available at www.bootnoscientific.com. With respect to the number reported event islation the summaries below. Bootno Scientific recorplicates that the actual number of clinical malfunctions may be greater than the number reported. Information reported in the Current Status section of each summary represents Boston Scientific sond current understanding of the data presently, but in an excessive proof. Additionally, rate projections are provided with the acknowledgment that predictive modeling is inherently uncertain due to its dependence on the device age distribution of reported events instructions may avely by greater the events and resultant based in a current understanding for data parsented, but in an encessarily updated in even yreport. Additionally, rate projections are provided with the acknowledgment that predictive modeling is inherently uncertain due to its dependence on the device age distribution of reported events and resultant is altificial approximations. Advisory provided with the acknowledgment that predictive modeling is inherently uncertain due to its dependence on the device age distribution of reported events and resultant local Boston Scientific modeling vary by approved for use in all geographises, as product approval is geographices, as product approval is geographices and account the local Boston Scientific events and account the local Boston Scientific events and scientific and the scientific approval for use in all geographices, as product approval is geographices.

	ORIGINAL COMMUNICATION Jun 2021 – High Battery Impedance Initiating Safety Mode in
PRODUCT	INGENIO EL Pacemakers and CRT-Ps
Identifiable by serial number. Not all	Voluntary Physician Advisory
serial numbers are affected.	FDA Classification: Unclassified
A serialized search tool to determine if a specific device is affected by this product advisory is available here:	Affected devices built with the EL battery have the potential to transition to Safety Mode during interrogation attempts by either a programmer or a LATITUDE ^{TW} communicator. The EL battery impedance of affected devices may increase over time causing a device to exhibit transient voltage decreases during the high-power consumption associated with eithernety communication via programmer or LATITUDE communicator. If the battery voltage drops below a minimum
Device Lookup Tool	threshold during communication attempts, the device will temporarily halt telemetry, and a system reset will be performed. Subsequent telemetry attempts may result in additional system resets due to the high battery impedance. If
INLIVEN CRT-P Models: V284, V285, W274, W275	three (3) system resets occur within a 48-hour period, the device is designed to immediately enter Safety Mode to maintain back-up pacing with pre-defined non-programmable settings.
INTUA CRT-P Models: V272, V273, W273 INVIVE CRT-P	Once a device is in Safety Mode, it cannot be reprogrammed and must be replaced. There is a high degree of detectability when a device is operating in Safety Mode based on displayed programmer warming screen and/or LATTUDE alert condition. Although the most common clinical outcome has been early device replacement. Safety Mode parameters may result in uninhended clinical impact for certain patients. Prior to device replacement, seme
Models: V172, V173, V182, V183, W172, W173	patients may experience the following due to non-programmable Safety Mode pacing parameters: myopotential oversensing resulting in pacing inhibition, phrenic never simulation; and/or loss of AVVV synchrow; The most common clinical impact has been early device replacement. No patient deaths have been reported. No affected devices remain available for implant.
VITALIO DR EL Pacemaker Models: J274, J277, K274, K277, K284	Estimated Rate It is estimated that one third or more of affected devices will experience Safety Mode prior to reaching Explant battery
INGENIO DR EL Pacemaker Models: J174, J177, K174, K184,	indicator. The potential for life-threatening harm due to loss of pacing (occurring because of prolonged inhibition) over a device's lifetime is estimated to be less than 1 in 15,000.
K187	Standard Warranty program available, please contact your local representative for terms and conditions.
ADVANTIO DR EL Pacemaker	CURRENT STATUS 03-Jun-21
Models: J064, J067, K064, K084,	Estimated Rate of Occurrence
K087	It is estimated that one third or more of affected devices will experience Safety Mode prior to reaching Explant battery indicator. The potential for life-threatening harm due to loss of pacing (occurring because of prolonged inhibition) over a device's lifetime is estimated to be less than 1 in 15.000.
Safety Mode, Physician Letter, June 2021 Safety Mode, Patient Letter, June 2021	a denote similarities instantiated to be reas that in 11,5000 The NOENIO denotes built with the actuaded life (SL) battery, as well as all contemporary Boston Scientific pacemakers and CRT-Ps, have different batteries and have not exhibited this latent battery condition.
	CURRENT RECOMMENDATION 03-Jun-21
	 As noted above. Safety Mode provides back-up pacing under critical circumstances, it is not intended to be a substitute for chronic pacing therapy. When assessing potential risk for a abeint fi their device initiales. Safety Mode prior to the Explant indicator, consider patient-specific physiological factors (which may vary over time), including: adequayor of underlying escape thytim markor the need for AVWV pacing for cardias synchrony.
	 If a device enters Safety Mode, schedule replacement. Boston Scientific does not recommend general prophysicito replacement for affected devices. However, for individual patients, factors actua sta base listed advova and shared decision-making may support consideration of device replacement to mitigate unihended clinical impact(s) due to patential entry into Safety Mode prior to the Explaint factors. In these cases, the following guidance should be
	considered: - For EL pacemakers, replace with a longevity remaining of 4 years (or less, if the device currently indicates fewer the device currently indicates fewer
	than 4 years longevity remaining). - For CRT-Ps, replace with a longevity remaining of 3 years (or less, if the device currently indicates fewer than 3 years longevity remaining).

For CRT-Ps, replace with a longevity remaining or 3 years (uses, in the centre united, instance), years longevity remaining).
 Follow-up interval. Perform a system follow-up via remote or in-fifte interrogation at least every 12 months. For patients who may not require any foreir replacement, continue with adding follow-up rotocols will be longevity reaches 0 no-Yas-Remaining and then follow-up every three (3) months thereafter until replacement is indicated (in accordance with the device, instructions for use).
 For each patient with an affected evolve, append their medical record with this letter to maintain awareness of this topic for the remaining service life of the device.

PRODUCT	ORIGINAL COMMUNICATION Sep 2018 and Jun 2021 – Hydrogen-Induced Premature Depletion
Identifiable by serial number. Not all serial numbers are affected.	Voluntary Physician Advisory FDA Classification: Sep 2018 – Class II; Jun 2021 - Unclassified
A serialized search tool to determine if a specific device is affected by this product advisory is available here: <u>Device Lookup Tool</u>	This advisory discusses two separate, distinct subsets of pacemakers and cardiac resynchronization therapy pacemakers (CRT-Ps) with a potential for early pacemaker replacement due to hydrogen-induced accelerated battery depletion. The 2018 advisory opoulation included approximately 2,900 active pacemakers, and the 2021 advisory population included approximately 1,2500 advise pacemakers.
VALITUDE CRT-P Models U125, U128	Latent release of small amounts of hydrogen within the pacemaker may compromise electrical function of a low vollage capacitor over time, resulting in accelerated depletion of the battery. The susceptibility of a pacemaker to this hydrogen-
VISIONIST CRT-P Models U225, U226, U228	induced accelerated battery depletion mechanism is dependent upon the amount of hydrogen accumulation within the device and the susceptibility of the low voltage capacitors to hydrogen. The 2018 population is composed of pacemakers built with specific batches/lost of a liner component exhibiting a higher likelihood for this behavior. The
ACCOLADE Pacemaker Models L300, L301, L310, L311, L321, L331	2021 population is composed of pacemakers built with a discontinued/original low voltage capacitor that is susceptible to compromised electrical performance in the presence of hydrogen. The use of the original low voltage capacitor in pacemaker and production of pacemakers from these advisory populations ceased in Nov 2017, and therefore they are no longer available for implantation. The most common clinical outcome has been device replacement. There have been no reported eaths associated with this behavior.
PROPONENT Pacemaker Models L200, L201, L209, L210, L211, L221, L231	Estimated Rate of Occurrence
ESSENTIO Pacemaker Models L100, L101, L110, L111,	In June 2021 Boston Scientific identified an additional population of devices and the rate of occurrence at that time is described for each population below. The population pole of a population of the pole and the provided of the provide
ALTRUA 2 Pacemaker Models S701, S702, S722	years. • The 2021 advisory subset was composed of approximately 125,000 active pacemakers. The observed malfunction rate for this behavior was 1.3% at 5 years with a potential for life-threatening harm of 1 in 5,000,000 (0.00002%) at 5 vears.
Hydrogen Induced Premature Depletion, Physician Letter, September 2018	years. Standard Warranty program available, please contact your local representative for terms and conditions.
Hydrogen Induced Premature Depletion, Patient Letter, September	CURRENT STATUS 03-Jun-21 Estimated Rate of Occurrence
2018 Hydrogen Induced Premature. Depletion, Physician Letter, June 2021	Latinities in rear of Occurring and the set of the set
Hydrogen Induced Premature Depletion, Patient Letter, June 2021	99.5% of all hydrogen-induced confirmed events have been replaced before the battery reached a depleted state; therefore, normal battery assessment during labeled 12-month follow-ups is effective and recommended for both the 2018 and 2021 advisory populations.
	A polymer material, designed to remove access hydrogen within the pulse generator, was added to this device family in March 2018 and is instended to mitigate hydrogen-nuclear descelerated battery depletion due the low voltage capacitors. Additionally, improvements were implemented in the liner component starting in May 2021 intended to further enduce the device's overall capacity to generate hydrogen. Over 800,000 pacemakers built with contemporary low voltage capacitors have zero hydrogen-induced malfunctions with up to 74 implant months.
	CURRENT RECOMMENDATION 03-Jun-21
	 Per labeling, perform a system follow-up via remote or in-office intercogation every 12 months until One-Yeaa- Remaining and then every three (3) months thereafter until replacement is indicated. Promytly investigate any suspected indication of accelerated battery depletion, and contact Boston Scientific Technical Services for assistance as needed.
	Fedination devices for assistance as restown. • Replace any affected pacemarkers suspected of exhibiting accelerated battery depletion within 90 days of the Explant battery status indicator. Alternatively, Boston Scientific Technical Services can provide a recommended projacement interval specific to an individual device by using data from the programmer or LATTUDEP. Prophylactic
	replacement is not recommended for pacemakers with normal battery consumption as the risk of surgical replacement outweighs the risk of accelerated battery depletion. • Ere pach notificant with an affected device annext their medical record with this letter to maintain awareness of this

Outweights the risk of accelerated battery depletion. • For each patient with an affected device, append their medical record with this letter to maintain awareness of this topic for the remaining service life of the device.

A serialized search tool to determin a specific device is affected by this product advisory is available here:

ORIGINAL COMMUNICATION Dec 2020 — Model 3501 Electrode Fracture Voluntary Physician Advisory FDA Classification: Class I

This advisory discusses the performance of approximately 47,000 EMBLEM S-ICD Subcutaneous Electrodes (Model 3001). During assembly of the EMBLEM S-ICD Subcutaneous Electrode, a small amount of adhesive is applied to a location just disals to the proximal sense ring. Over time, mechanical alteress on the electrode boy at this location may create the potential for a falgue crack to initiate from the outler timem. This crack then propagates inward lowed the content-created falla sense conducts, eventually resulting in a fracture of the the high voltage conductors.

The cumulative occurrence rate for this specific electrode body fracture location is 0.2% at 41 months with a potential for life-threatening harm of 1 in 25,000 (0.004%) at 10 years.

Model 3501 Electrode Fracture, Physician Letter, December 2020 Model 3501 Electrode Fracture,

EMBLEM Subcutaneous Electrode Model 3501

The physician letter (link provided) details device programming considerations and troubleshooting and detection

Standard Warranty program available, please contact your local representative for terms and conditions

CURRENT STATUS 15-Jun-21 Estimated Rate of Occurrence The occurrence ratio for EMBLE BN-SLOD Subcutaneous Electrode (Model 3501) body fractures at a location just distal to the proximal sense ring is 0.2% at 48 months and the potential for file-threatening marm is 1 in 25.000 (LOOM%) at (Dysars. This rate was derived by including all exports of this failure mode, whether or not the product was returned.

CURRENT RECOMMENDATION 05-Apr-21
I. Remote monitoring Exroll and monitor patients through LATITUDE remote monitoring to facilitate detection of high dectrode impedance alert or non-physiologic, mechanical attributs to native SEGG during the interval between in-dified edvice docks. Instruct patients to comply with weekly remote interrogations.
2. Follow-up interval. Perform a system follow-up every three months via remote or in-office interrogation.
3. During Indow-up. For every remote or in-office follow-up:
3. Thromptly investigate any high impedance alerts in-clinic, as this may indicate an electrode body fracture and an inability of the system to provide therapy.
3. Review stored episode SECGs for non-physiologic, mechanical attracts, as this may indicate onset of electrode body fracture and an inability of the system to provide therapy.
3. Juring Indown, capture all sensing vectors, and review for the following conditions, any of which may indicate onset of electrode body fracture.
3. Juring Indown the SECGs for non-physiologic, mechanical attracts, as this may indicate onset of electrode body fracture.
3. Juring Indown the SECGs for non-physiologic, mechanical attracts, and the indown of the following is observed, non-physiologic, mechanical attracts and/or bysine endance alters. If isometrics and/or posture changes if any of the following is observed, non-physiologic, mechanical attracts, and the systematic provide insufficient claim of the discretion in the discretion of an electrode body fracture.
4. Inaging. If an electrode body fracture is superleted, perform chase ratio/graphy in PA and left lateral weighting to the alterode integration of any indicated and electrode integrits.
5. Shocks and beging tomes. During the not in-office follow-up, weighting moder alterode integrits.
6. Shocks and beging tomes. During the not in-office follow-up, weighting to near of the discretion of alterode tool scene within the builties mervice.
7. For patients for thomes. During the near indicate on the theore code is

sepropriate shock for VT/NF: - patients who are unable to be reliably followed remotely or in person every three months; or - patients who are not monitored via LATITUDE and are unable to hear beeping tones 7. Replacement - Foldowing consultation with Bottin Scientific Technical Services, promptly replace any electrode that is indicated to have comportinged integrity as evidenced by non-physicipic, mechanical attracts, high impedance alert, and/or X-avy. Routine prophysicic replacement of an electrode whold evidence of facture as not recommended. 8. De novo and replacement SACD candidates. Consider overall S-RCD performance with respect to the competing risks for transvenous IOS. The Produce Performance Report includes up-to-date performance date on Botton Scientific transvenous leads and subcutaneous electordes.

PRODUCT Identifiable by serial number. Not all	ORIGINAL COMMUNICATION Dec 2020 - EMBLEM S-ICD Electrical Overstress
serial numbers are affected.	Voluntary Physician Advisory FDA Classification: Class I
A serialized search tool to determine if a specific device is affected by this product advisory is available here: <u>Device Lookup Tool</u>	This advisory discusses the potential for a specific subset of approximately 3.350 EMBLEM [™] Subcutaneous Implantable Cardioverter Definitiators (S-ICDs) (Model A209 and A219) to experience a malfunction during high voltage therapy delivery, necessitating device replacement due to electrical overstress (i.e., damage to the device caused by electrical shorting).
EMBLEM S-ICD	Laboratory analysis of the returned devices confirmed evidence of electrical overstress damage in the device
Models A209, A219 EMBLEM Electrical Overstress, Physician Letter, December 2020	Laboratory analysis or the returned advoces commend evidence or electrical oversress stamage in the device deadtrough area, threestigation has shown that, over time, viriations in header assembly allowed a very small pathway for mositure ingress enabling a shorting condition to occur during delivery of high voltage therapy. Each of the devices exhibiting electrical oversites were built within a specific interfarence (between May 2015 through December 2017); a header assembly subprocess was found to be subject to process variations directly contributing to this behavior. There is no available method to dedet whether an individual device is vulnerable but is condition prior to tos courteron. It is
EMBLEM Electrical Overstress, Patient Letter, December 2020	important to note that not all S-ICDs built during this timeframe were exposed to these process variations.
	Estimated Rate of Occurrence
	 Boaton Scientific has confirmed six (6) events of EMBLEM S-CD electrical overstress malfunctions that have coursed in association with delivery of high voltage therapy. These events manifested clinically by the subsequent inability to interrogate the device or by display of device-based errorshifets. Boaton Scientific Technical Services recommended device replacement in each instance, and no serious patient impury or desh has been reported.
	• The projected occurrence rate for this electrical overstress behavior is 0.3% at 5 years, and the most common clinical culcome is early device replacement. Although there have been no serious injuries reported to date, the potential exists for filt-hreatening harm due to an inability to provide needed definitiation theremy, as it is possible that either all or a portion of programmed definitiation theready may not actually be delivered in the event of an electrical overstress maintaincito. We estimate that the probability of the hydroenedical workscase harm associated with loss of ambulatory ventricular tachycardia/ventricular fibriliation therapy resulting in death is 0.09% at 5 years
	Standard Warranty program available, please contact your local representative for terms and conditions.
	CURRENT STATUS 05-Apr-21 Estimated Rate of Occurrence
	Note: There has been no change in event count, so rates have not been updated since the December 2020 original communication.
	 The projected occurrence rate for this electrical overstress behavior is 0.3% at 5 years, and the most common clinical outcome is early device replacement.
	We estimate that the probability of the hypothetical worst-case harm associated with loss of ambulatory ventricular tachycardia/ventricular fibrillation therapy resulting in death is 0.09% at 5 years
	CURRENT RECOMMENDATION 05-Apr-21
	 Remote monitoring. Enroll and monitor patients through the LATITUDE NXT Patient Management System to facilitate prompt detection of accelerated depletion or alert conditions such as ERI or EOL during the interval between in-office device checks. Instruct patients to compty with remote checks and interrogations.
	 Follow-up interval. Perform a system follow-up every 3 months per labeling via remote or in-office interrogation. During follow-ups. Promptly investigate any suspected indication of accelerated battery depletion, and contact Boston Scientific Technical Services for assistance as needed.
	4. Demonstrate beeping tones. During the next in-office follow-up visit, demonstrate the device beeper to the patient using the programmer's Test Beeper function available from the Beeper Control screen within the Utilities menu. - For patients not monitored by LATITUDE, repeat the beeper demonstration following any MRI scan as strong
	magnetic fields may cause permanent loss of beeper volume; and - Remind patients to promptly contact their physician if beeping tones are heard from their device as this may be an indication of ERI.
	5. Evaluate risk. The potential for life-threatening harm due to accelerated depletion is greatest for: - Patients with a history of life-threatening ventricular arrhythmias such as secondary prevention indication or previous appropriate shock for ventricular arrhythmias;
	 Patients who are unable to be reliably followed remotely or in person every 3 months; or -Patients who are not monitored via LATITUDE and are unable to hear beeping tones. Replacement. Replace any affected EMBLEM S-ICD suspected of exhibiting accelerated battery depletion within 21
	days of ERI. Alternatively, Boston Scientific Technical Services can provide a recommended replacement interval specific to an individual device by using data from the programmer or LATITUDE In other cases of high risk, as indicated by the factors listed above, consider prophylactic device replacement after
	 I cumic states to right task, as inducated by the teaching stated above, consider propriorate device replacement attes taking individual patient preferences and circumstances into account through a process of shared decision-making. Return explanted devices to Boston Scientific. A no cost Return Product kit is available from your local Boston Scientific representative.

RODUCT	ORIGINAL COMMUNICATION Aug 2019 and Dec 2020 — EMBLEM S-ICD Premature Depletion
Identifiable by serial number. Not all	Voluntary Physician Advisory
serial numbers are affected.	FDA Classification August 2019: Class II FDA Classification December 2020: Class II
A serialized search tool to determine if	FDA Glassification December 2020. Glass II
a specific device is affected by this product advisory is available here:	In August 2019, a physician communication discussed a subset of EMBLEM™ Subcutaneous Implantable
Device Lookup Tool	Cardioverter Defibrillators (S-ICDs) that may result in a need for device replacement (ERI/EOL) earlier than expected
	due to compromised performance of an electrical component causing accelerated battery depletion.
EMBLEM S-ICD	
Models A209, A219	In December 2020, the advisory population was expanded to a total of approximately 42,000 distributed EMBLEM S- ICDs with an elevated likelihood of a low voltage capacitor causing accelerated battery depletion. This behavior can be
	detected if an unexpected decrease in remaining battery capacity is observed between remote/in-clinic follow-ups.
EMBLEM Premature Depletion,	Progression of accelerated depletion eventually produces a battery status replacement indicator (ERI) which is
Physician Letter, August 2019	detectable through ambulatory beeping tones, remote monitoring, or in-clinic follow-up. Devices exhibiting this
	accelerated depletion behavior are capable of providing therapy for a minimum of 21 days after ERI independent of
EMBLEM Premature Depletion,	when EOL is initiated.
Patient Letter, August 2019	The most common clinical outcome associated with this device behavior is early replacement. In August 2018, Boston
	Scientific transitioned S-ICDs to an alternative low voltage capacitor. All EMBLEM S-ICDs with the original low voltage
EMBLEM Premature Battery Depletion Physician Letter Update. December	capacitor are included in either the original or the expanded advisory population and none are available for
Physician Letter Update, December. 2020	implantation.
	Estimated Rate of Occurrence
EMBLEM Premature Depletion,	The August 2019 advisory subset is comprised of approximately 400 distributed worldwide devices manufactured in
Patient Letter Update. December 2020	
raten cetter opune, occember 1020	projected potential for life-threatening harm in this subset of approximately 1 in 50,000 at 5 years.
	 The December 2020 advisory subset is comprised of approximately 42,000 distributed worldwide devices
	manufactured before August 2018. The December 2020 advisory subset has a projected rate of accelerated depletion
	of 3.7% at 5 years with a projected potential for life-threatening harm in this subset of approximately 1 in 250,000 at 5
	years.
	Standard Warranty program available, please contact your local representative for terms and conditions.
	Standard warranty program available, please contact your local representative for terms and conditions.
	CURRENT STATUS 05-Apr-21
	Estimated Rate of Occurrence
	The August 2019 advisory subset is comprised of approximately 350 active worldwide devices manufactured in July
	2017. The August 2019 advisory subset has a projected rate of accelerated depletion of 13.2% at 5 years with a
	projected potential for life-threatening harm in this subset of approximately 1 in 200,000 at 5 years.
	······································
	The December 2020 advisory subset is comprised of approximately 38,000 active worldwide devices manufactured
	before August 2018. The December 2020 advisory subset has an observed rate of accelerated depletion of 8.4% at 5
	years with a projected potential for life-threatening harm in this subset of approximately 1 in 330,000 at 5 years.
	CURRENT RECOMMENDATION 05-Apr-21
	 Remote monitoring. Enroll and monitor patients through the LATITUDE NXT Patient Management System to facilitate prompt detection of accelerated depletion or alert conditions such as ERI or EOL during the interval between
	in-office device checks. Instruct patients to comply with remote checks and interrogations.
	 Follow-up interval. Perform a system follow-up every 3 months per labeling via remote or in-office interrogation.
	3. During follow-ups. Promptly investigate any suspected indication of accelerated battery depletion, and contact
	Boston Scientific Technical Services for assistance as needed.
	4. Demonstrate beeping tones. During the next in-office follow-up visit, demonstrate the device beeper to the patient
	using the programmer's Test Beeper function available from the Beeper Control screen within the Utilities menu.
	 For patients not monitored by LATITUDE, repeat the beeper demonstration following any MRI scan as strong magnetic fields may cause permanent loss of beeper volume; and
	- Remind patients to promptly contact their physician if beeping tones are heard from their device as this may be an
	indication of ERI.
	5. Evaluate risk. The potential for life-threatening harm due to accelerated depletion is greatest for:
	- Patients with a history of life-threatening ventricular arrhythmias such as secondary prevention indication or previous
	appropriate shock for ventricular arrhythmias;
	appropriate shock for ventricular arrhythmias; - Patients who are unable to be reliably followed remotely or in person every 3 months; or
	appropriate shock for ventricular arrhythmias; - Patients who are unable to be reliably followed remotely or in person every 3 months; or - Patients who are not monitored via LATITUDE and are unable to hear beeping tones.
	appropriate shock for ventricular arrhythmias; - Patients who are unable to be reliably followed remotely or in person every 3 months; or

days of ERI. Alternatively, Boston Scientific Technical Services can provide a recommended replacement interval specific to an individual device by using data from the programmer of LATITUDE. I-in other cases of high risk, as indicated by the factors listed above, consider prophylactic device replacement after taking individual patient preferences and incrumstances into account through a process of shared decision-making. - Return explanited devices to Boston Scientific. A no cost Return Product kit is available from your local Boston Scientific representative.

PRODUCT ORIGINAL COMMUNICATION November 2018 — SQ-RX 1010 Shortened Replacement Time Identifiable by serial number. Not all Voluntary Physician AdVisory FDA Classification: Unclassified

A serialized search tool to determin a specific device is affected by this product advisory is available here: <u>Device Lookup Tool</u>

This advisory discusses the potential for a shortened replacement interval after a Charge Time (CT) / Battery Depletion (BD) alert has occurred or after the battery status reaches Elective Replacement Indicator (ERI) in the first-generation Subcubraneous Implantable Cardioverter Definitider (S-CD) system's SO-RX^{PM} Model T10P Dules Generator (PG).

S-ICD
Woode 1010
S-ICD

Time, Phys 2018 SO-RX 1010 Shortened Replacement Time, Patient Letter, November 2018

The SQ-RX order 1010 PGs include separate monitors for charging anatotis performance. The Charge Time (CT) alert is designed to detect unsuccessful charging of the high voltage capacitors within 44 seconds. The Battery Deptiencin (RD) are its designed to detech higher rates of accelerated battery deptientor. When an alert condition occurs, the patient is notified through beeping tones and the clinician user is notified through programmer messages. Not battery malfunctions exhibit a sufficient rate of accelerated deptient to be detected by one of these alerts. Some battery malfunctions exhibit a sufficient rate of accelerated deptients, which is not detected as an alert condition. Based on an analysis of accelerated battery deptience who may CE RIP presented for oalert condition. Based one manarysis for accelerated battery deptience who may CE RIP presented for oaler to condition, al least one maximum energy shock has been determined to be available for at least 20 days after ERI.

Estimated Rate of Occurrence

Estimated Rate of Occurrence The projected occurrence rate for latent battery maifunctions for SQ-RX Model 1010 PGs is up to 2% at 5 years. There have been no reports of injuries or deaths associated with this behavior. Laboratory analysis of returned PGs with latent battery maifunctions has shown some depletions to a level at which therapy would not have been available if not repleced in accordance with the recommendations above. Based on a 3-month follow-up interval, the potential for life threatening harm for his behavior is 0.005% (in 16.667) at 5 years. However, the potential for life-threatening harm greater for secondary prevention patients or those who have received appropriate herapy previously, patients with longer follow-up intervals, and/or patients who are unable to har beeping tones. For these patients, the benefit associated with prolyhucically replacing the PG may outweigh the risks associated with a shortened replacement interval due to latent battery mafunction.

Standard Warranty program available, please contact your local representative for terms and conditions.

CURRENT STATUS 05-Apr-21

Edimeter Area Cocurrence Estimated Rate Occurrence The projected occurrence rate for latent battery mailunctions for SQ-RX Model 1010 PGs is up to 2% at 5 years. There have been no reports of injuries or deaths associated with this behavior.

CURRENT RECOMMENDATION 05-Apr-21 * Edited-Lig_ Consistent with the SQ-RX Model (1010 PG User Manual: - Perform in-clinic checks every 3 months as the PG fos not capable of remote patient management; - If this been more han 3 months since a patient's last in-clinic follow-up, schedule a follow-up within the next month and every 3 months thereafter - During the next follow-up visit, demonstrate the beeper by applying a magnet over the PG to elicit beeping lones;

Clining the next follow-up visit, demonstrate the beeper by applying a magnet over the PG to elicit beeping tones; and
 Remind patients to promptly contact their physician if beeping tones are heard from their PG as this may be an indication of a CT 40 patient CFL.
 Append the patient's medical record with this letter to maintain awareness of this topic for the remaining service if of their PG
 Evaluate Tkist. The potential for life-threatening particle that show are vanied to hard beaping tones. For these patients, the benefit associated with prophylacically replacing the PC may outweigh the risks associated with a hortener deplacement interval due to latent totatery maintanching. •<u>CTI BD Atents</u>. Fromptly investigate any beeping tones. CT alerts, or BD atents and report them to Boston Scientific rethrical arstriptic substant and the value to latent totatery maintanching. The America Scientific exists and provide guidances for replacement. Egg. To migate her are potential for undetected accelerated battery depletion, replace SQ-RX Model 1010 PGs within 20 days of ER. If a langer replacement, literval as desired, save PG data and contact Technical Service to determine if an accelerated battery depletion within the value determine if an accelerated battery depletion wither advance for replacement.

PRODUCT	ORIGINAL COMMUNICATION December 2017 — Minute Ventilation Signal Oversensing								
	Voluntary Physician Advisory								
A serialized search tool to determine if a specific device is affected by this product advisory is available here: <u>Device tookup tool</u> VALITUDE CRT-P Models U125. U128	This advisory discusses intermittent oversens with certain Boston Scientific pacemaker and sensor signal oversensing may cause pre-syr may occur with any manufacturer's pacing lea affected Boston Scientific pacemakers using I affected Boston Scientific pacemakers using I atrium (RA) or right ventricle (RV).	cardiac resyncl ncope or syncop ad system, but B	nronization the e due to per Boston Scien	ierapy pacer iods of pacir tific has dete	naker systems (pacem g inhibition. This MV t rmined it to be more li	ehavior kely for			
	The MV sensor in Boston Scientific pacemakers can be used for RightRate™ (rate adaptive pacing). Respiratory Rate								
VISIONIST CRT-P Models U225, U226, U228	Trend, or AP Scan. When the RARV pacing leads and lead terminal connections are operating as intended, the MV sensor signal is appropriately filtered and therefore is not detected by the pacemaker or displayed on electograms (EGMs). However, intermittency related to the lead or pacemaker-ead connection has the potential to create a transient								
Models L300, L301, L310, L311, L321, L331	high impedance condition. A high impedance condition may subsequently alter the MV sensor signal such that it becomes visible on EGMs and potentially subject to oversensing on the RA or RV channels. For a technical description of the Boston Scientific's MV sensor, please refer to Appendix A in the December 2017 physician letter.								
PROPONENT Pacemaker Models 1.200, 1.201, 1.209, 1.210, 1.211, 1.221, 1.231 ESSENTIO Pacemaker 1.121, 1.131	Engineering analysis and testing, as well as e potential for oversensing of the MV sensor sig pacing leads. Although all leads evaluated in standards, we have discovered subtle differer ring and amount of axial and radial terminal in intermittent increases in impedance leading to	nal in certain p simulated testir nces amongst le ng motion withi	acemaker sy g environme ad manufact n the pacema	stems conne nts comply v urers in the aker header.	cted to Medtronic or A with appropriate conne surface finish of the lea These factors may res	bbott ctor ad terminal sult in			
L121, L131	measurements.								
ALTRUA 2 Pacemaker Models S701, S702, S722	Estimated Rate of Occurrence								
	behavior is significantly greater when affected								
	Affected pacemaker systems connected to the following RA/RV pacing leads ⁴ :		lity of Injury 5 years	Probability	of Life Threatening Harn at 5 years	1			
Minute Ventialtion Signal	Medtronic or Abbott pacing le	eads 0.0005	(1 in 2,000)	0.00001	(1 in 100,000)				
Oversensing, Physician Letter,	Boston Scientific pacing leads (including DEXTR		1 in 33,333)		(1 in 1,250,000)				
December 2017	All pacing leads combi	ned ^o 0.00008	1 in 12,500)	0.000002	(1 in 500,000)				
Minute Ventialtion Signal	CURRENT STATUS 05-Apr-21								
Oversensing, Patient Letter, December 2017	Estimated Rate of Occurrence								
2017 Minute Ventialtion Signal Oversensing, Update letter, January	Estimated Rate of Occurrence Boston Scientific investigation has shown tha behavior is significantly greater when affected								
2017 Minute Ventialtion Signal Oversensing, Update letter, January	Boston Scientific investigation has shown that behavior is significantly greater when affected Affected pacemaker systems connected to the	l pacemakers a Probabil	ty of Injury	to Medtroni	or Abbott pacing lead of Life Threatening Harm	ls.			
2017 Minute Ventialtion Signal Oversensing, Update letter, January	Boston Scientific investigation has shown that behavior is significantly greater when affected	Probabil at 5	e connected	to Medtroni	or Abbott pacing lead	ls.			
2017 Minute Ventialtion Signal Oversensing, Update letter, January	Boston Scientific investigation has shown that behavior is significantly greater when affected Affected pacemaker systems connected to the following RARV pacing leads*:	Probabil at 5 ads 0.0005	ty of Injury	to Medtroni Probability 0.00001	or Abbott pacing lead of Life Threatening Harm at 5 years	ls.			
2017 Minute Ventialtion Signal Oversensing, Update letter, January	Boston Scientific investigation has shown that behavior is significantly greater when affected Affected pacemaker systems connected to the following RA/RV pacing leads ⁴ . Nettronic or Abbott pacing le	I pacemakers a Probabil at 5 ads 0.0005 US) 0.00003 (ty of Injury years (1 in 2,000)	to Medtroni Probability 0.00001	or Abbott pacing lead of Life Threatening Harm at 5 years (1 in 100,000)	ls.			
	Boston Scientific investigation has shown the behavior is significantly greater when affects difficult paramyter systems connected to the notward RARY paramy leads. Meditoria or Arbotto paramy leads and the analysis of the analysis of the Boston Scientific paramy leads (including DEXIT) All paramy leads constant CURRENT RECOMMENTATION 50-Age Software is available in most countries to add oversensing in affected parameters. The soft All science signal artifacts and measures MV and impedance is of alley Architecture diagen MV sensor signal artifacts and measures MV.	d pacemakers a Probabil adds 0.0005 US) 0.00003 (bed ² 0.00008 (pr-21 ress the potenti tware adds the solics. When en vector lead imp vector lead imp	re connected ty of Injury years (1 in 2,000) I in 33,333) I in 12,500) al for pacing Signal Artifac abled, the SÅ edance value the right ver	to Medtroni Probability 0.00001 0.000008 0.000002 inhibition du t Monitor (S M continuo s. If artifacts ntricular vec	c or Abbott pacing lead of Life Threatening Harm at 5 years (1 in 100,000) 1 in 1,250,000) (1 in 500,000) e to MV sensor signal AW) to Boston Scientifi Jaly monitors electrogr are detected or the M or or disables the MV	ts.			
2017 Minute Ventialtion Signal Oversensing, Update letter, January	Boston Scientific investigation has shown that behavior is significantly greater when affected factor parameter when scienced to the following RARY parage leads to the science Mittorinic or Abstract parage leads and the science of the science of the science of the science of the science of the science of the Science is available in most countries to add proprietary suite of Safety Architecture diagno W sensor signal atticks and measures WW	d pacemakers a Probabil adds 0.0005 US) 0.00003 (bed ² 0.00008 (pr-21 ress the potenti tware adds the solics. When en vector lead imp vector lead imp	re connected ty of Injury years (1 in 2,000) I in 33,333) I in 12,500) al for pacing Signal Artifac abled, the SÅ edance value the right ver	to Medtroni Probability 0.00001 0.000008 0.000002 inhibition du t Monitor (S M continuo s. If artifacts ntricular vec	c or Abbott pacing lead of Life Threatening Harm at 5 years (1 in 100,000) 1 in 1,250,000) (1 in 500,000) e to MV sensor signal AW) to Boston Scientifi Jaly monitors electrogr are detected or the M or or disables the MV	ts.			
2017 Minute Ventialtion Signal Oversensing, Update letter, January	Boston Scientific investigation has shown the behavior is significantly greater when affected fielded paramitery systems connected to the followny BARY paragives with the system Boston Scientific paragives in the system Boston Scientific paragives in the system Boston Scientific paragives in the system All pacing leads combi- generatives and a system CURRENT RECOMMENDATION 05-AE Software is available in most countries to add oversensing in affected pacemakers. The soft oversensing oversensing.	d pacemakers a Probabil at 5 adds 0.0005 US) 0.00003 (med ² 0.00008 (pr-21 ress the potenti tware adds the 5 stics. When en vector lead imp ither switches the e SAM promptly	re connected ty of Injury years (1 in 2,000) I in 33,333) I in 12,500) al for pacing Signal Artifac abled, the SÅ edance value the right ver	to Medtronii Probability 0.00001 0.000008 0.000002 inhibition du t Monitor (Sa Mi continuo se. If artifacte ne clinical ris	c or Abbott pacing lead of Life Threatening Harm at 5 years (1 in 100,000) 1 in 1,250,000) (1 in 500,000) e to MV sensor signal AW) to Boston Scientifi Jaly monitors electrogr are detected or the M or or disables the MV	ts.			
2017 Minute Ventialtion Signal Oversensing, Update letter, January	Boston Scientific investigation has shown the behavior is significantly greater when effected fielded parameters systems connected to the following RARY paragress systems connected to the following RARY paragress the first systems of Middress of the systems of the system Boston Scientific paragress in the system All paragress in the system CURRENT RECOMMENDATION 05-AE Software is available in most contribute to add oversensing in affected parameters. The soft oversensing in affected and measures MV sensor signal affects and measures MV with MV sensor signal oversensing.	d pacemakers a Probabil at 5 adds 0.0005 US) 0.00003 (med ² 0.00008 (pr-21 ress the potenti tware adds the 5 stics. When en vector lead imp ither switches the e SAM promptly	e connected ty of Injury years (1 in 2,000) 1 in 33,333) 1 in 12,500) all for pacing Signal Artifac abled, the SA edance value to the right vet	to Medtronii Probability 0.00001 0.000008 0.000002 inhibition du t Monitor (Sa Mi continuo se. If artifacte ne clinical ris	c or Abbott pacing lead of Life Threatening Harm at 5 years (1 in 100,000) 1 in 1,250,000) (1 in 500,000) e to MV sensor signal AW) to Boston Scientifi Jaly monitors electrogr are detected or the M or or disables the MV	ts.			

If software is not available in your country, continue to follow advisory recommendations.

PRODUCT	ORIGINAL COMMUNICATION De	cember 2017 —	CRT Positive LV	Offset and TPP In	teraction
Identifiable by serial number. Not all	Voluntary Physician Advisory				
serial numbers are affected.	FDA Classification: Unclassified				
A serialized search tool to determine i	This advisory discusses unintended as	ynchronous biventri	cular (BiV) pacing b	ehavior when trackin	g elevated atrial
a specific device is affected by this	intrinsic rhythms in certain Boston Scie				
product advisory is available here:	defibrillators (CRT-Ds). Repeated deter	ction of this unintend	ied asynchronous B	iV pacing behavior n	nay result in the
Device Lookup Tool	implanted device reverting to a perman	ent Safety Mode (Sa	afetv Core™) status	thus requiring early	replacement. The
	unintended asynchronous BiV pacing b				
VALITUDE CRT-P	programmed, specifically:				
Models U125, U128					
100000 0120, 0120	 Left Ventricular (LV) Offset programm 		e which exceeds the	Atrial Blank after	
VISIONIST CRT-P	Ventricular Pace (A-Blank after V-Pace)	interval; and			
Models U225, U226, U228	 Tracking Preference = ON (nominal). 				
Models 0223, 0220, 0220					
RESONATE CRT-D					
Models G424, G425, G426,	Observed Rate				
G428, G437, G447, G448, G524,	Of the 60,500 CRT devices distributed				
G525, G526, G528, G537, G547, G548	devices are programmed with the comb				
6346	two confirmed instances of early device				cases, a single
	patient death occurred due to complicat	tions related to the r	eplacement procedu	ire.	
VIGILANT CRT-D					
Models G224, G225, G228.					
G237, G247, G248					
	CURRENT STATUS 05-Apr-21				
MOMENTUM CRT-D	Confirmed Malfunctions (worldwide)				
Models G124, G125, G126,	There have been four confirmed instances of early device replacement due to this device behavior.				
G128, G138	I here have been four confirmed instances of eany device replacement due to this device behavior.				
CHARISMA CRT-D	CURRENT RECOMMENDATION	19-Jan-21			
G337, G347, G348	Software is available in most counties to addresses the rare potential for early replacement due to permanent Safety				
6337, 6347, 6346	Mode status. The software imposes an				
	manner. Affected devices interrogated to				
AUTOGEN CRT-D	manner: / motica actioco manogalea i	y an apaaloa progr	anniner are no longe		
Models G172, G173, G175.					
G177, G179	Programmer	Device Therapy	Software Model	Software Version	
	Model 3120 ZOOM Programmer	CRT-Ps	2869	2.06	
DYNAGEN CRT-D	Model 3300 LATITUDE Programmer	CRT-Ps	3869	1.05	
Models G150, G151, G156,	Model 3120 ZOOM Programmer	CRT-Ds	2868	4.07	
G158	Model 3300 LATITUDE Programmer	CRT-Ds	3868	1.07	
	L			2.07	
INOGEN CRT-D	If software is not available in your count	ry continue to follow	v advisory recomme	ndations	
Models G140, G141, G146, G148	your counter a your count	. ,,			
100000 0140, 0141, 0140, 0140	1				
ORIGEN CRT-D	1				
Models G050, G051, G056, G058	1				
wouldis G030, G051, G050, G056	1				

CRT Positive LV Offset and TPP Interaction, Patient Letter, December 2017

CRT Positive LV Offset and TPP Interaction, Physician Letter, Dec 201

CRT Positive LV Offset and TPP. Interaction, Update Letter, January 2019

PRODUCT A serialized search tool to determine if	ORIGINAL COMMUNICATION Aug 2013 and Sep 2014 — Low Voltage Capacitor
A senalized search tool to determine if a specific device is affected by this product advisory is available here:	Voluntary Physician Advisory FDA Classification August 2013: Class II FDA Classification Soptember 2014: Class II
Device Lookup Tool	In August 2013, a physician communication discussed a subset of COGNIS CRT-Ds and TELIGEN ICDs that had experienced an increased rate of premature battery depletion due to compromised performance of a low voltage (LV)
COGNIS Models N106/N107/N108/N118/	capacitor. It also informed physicians how to identify and respond to a Safety Architecture low voltage alert. In September 2014, a second subset of devices was identified that may exhibit compromised LV capacitor performance at
N119/N120/P106/P107/P108	a rate that is similar to the August 2013 advisory subset. The second communication also discussed improvements to Safety Architecture's low voltage alert, which were released through a programmer software update.
TELIGEN VR Models E102/E103/F102/F103	The performance of an LV capacitor may be compromised in some devices after two or more years of implant time, which will increase battery use and may eventually initiate one or more Safety Architecture alerts and patient-audible
TELIGEN DR Models E110/E111/F110/F111	beeping.
Low Voltage Capacitor 2014 Physician Letter, Sep 17, 2014	The most common alert is a yellow programme screen that lattes, "Voltage is too low for projected remaining capacity, Contact Technical Services with Cost 0.032 LATTUDE lasues as corresponding yellow alert (norminally configured "On"), no her instances, diminished LV capacitor performance can result in an early "Explant" battery status indicator (ER) and a replexament window that may be less than 3 months.
Low Voltage Capacitor 2014 Patient Letter, Sep 17, 2014	the of the experience a low voltage alert require replacement. If not replaced, increased current drain could deplete the battery and impact therapy delivery and telemetry.
Low Voltage Capacitor 2013 Physician Letter, Aug 29, 2013	Advisory population Approximately 22,800 devices identified in the August 2013 communication remain in service. In September 2014, Boston Scientific identified an additional 27,300 active devices that may exhibit diminished LV capacitor performance at a rate that is similar to the August 2013 advisory population. The projected cumulative rate of occurrence for LV capacitor malfunction within the total advisory population is approximately 29% at 60 months. Due to Safety Architecture alerts and timely physician response, the potential for life-threatening harm from loss of therapy is estimated to be less than 1 in 125,000 (0.0008%) at 60 months.
	CURRENT STATUS 05-Apr-21 Advisory devices have not been available for implant for more than seven years.
	Projected Pate of Occurrence • OCONIS CRT-1 and TELIGEN ICD advisory population - The rate of occurrence is 2.9% at 60 months, 6.0% at 72 months, 8.9% at 64 months and 11.2% at 96 months. The potential for life-threatening harm from loss of therapy is approximately 11 mo2000 (00.000%) at 60 months.
	 COONS CRT-D and TEUGEN ICD pepulations (advisory and non-advisory) - The overall rate of occurrence is approximately 1.1% e0 00 months. 25% e1 27 months and 2.7% e1 84 months. The projected rate of occurrence is 50% e166 months. Since endping austances of this behavior in Sequenchez 2014 and improving the Selfery Architecture voltage alert, the portion of malfunctions with compromised the rapy has decreased to approximately 1.8%. The potential for life-treatening hum from loss of therapy is approximately 1 in 500,000 (0002%) at 60 months.
	 NCEPTA, ENERGEN and PUNCTUA CRT-Ds and ICDs - The rate of occurrence is 1% at 60 months. The projected rate of occurrence is 1.8% at 72 months. The portion of malfunctions with compromised therapy is approximately 0.3%. The potential for life-threatening harm from loss of therapy is approximately 1 in 5,000,000 (0.00002%) at 60 months.
	CURRENT RECOMMENDATION 05-Apr-21
	<u>Updated Software</u> In 2014 BSC released software that enhances the effectiveness of the Safety Architecture tools later in device life. When the software was introduced, BSC recommended an in-clinic follow-up with an updated programmer at first opportunity, but within 3 months for patients within the advisory population. In-clinic interrogation with a current programmer automatically downloads Safety Architecture software upgrades from the programmer into individual patient devices, enhancing detection of a compromised LV capacitor before therapy delivery is impacted.
	LATTUDE Failer Management System Boolon Scientific economends that shiroop patients utilize the LATTUDE Patient Management System (remote monitoring), which offers additional/supplemental device checks between office visite. Use of LATTUDE may accelerate defection of Safety Architecture adents, and can notify lifeting accelerate defection of Safety Architecture adents, and can notify lifeting accelerate defection of Safety Architecture adents, and can notify lifeting accelerate defective have not occurred. Verity that the yellow alert "Voltage was too low for projected remaining capacity" is configured "On".
	Additional Recommendations - Afona device has been upgraded with new software, Boston Scientific recommends normal device - Afona device has been upgraded with new software, Boston Scientific recommends normal device - Device registement is not recommended for advisory devices displaying normal behavior. - Prompty investigate alerts, device beeping, and unanticipated replacement indicater messages. - Following a Stefry Architecture alert, coste to Boston Scientific Technical Services as discreted on programme screens. Technical Services can facilitate an evaluation of device information dowinaded from a recont in-clinic or remote LATITUDE interrogation, which may help to clarify available replacement time.

Standard Warranty program available, please contact your local representative for terms and conditions.

PRODUCT ORIGINAL COMMUNICATION 01-Dec-09 — Subpectoral Implant	
A serialized search tool to determine if specific device is affacted by this product advisory is available here:	
Device Lookup Tool This advisory is limited to devices identified in the product model list that were implanted subpectorally. Devices implanted subcutaneously are not included in this advisory.	
This advisory is limited to hose models listed below implanted subpectorally. Boston Scientific has determined that the bond between the header and case could be verketed by significant to associated with a subpectoral implant procedure or when a device in a subpectoral position is pushed against an during contraction of the pectoralis muscle. A verkiened header bond may alter lead impedance and introduce noi that may inhibit pacing therapy or initiate inappropriate tactly therapy. Additional mechanical stress applied to a weakened bond may eventually cause header connection wires to fracture, resulting in loss of therapy.	
COGNIS A weakened header bond can result in one or more of the following device behaviors:	
Models – Significant changes in measured lead impedance	
N106/N107/N108/N118/N119 - Noise on real-time or stored electrograms	
P106/P107/P108 – Intermittent inhibition of pacing happropriate anti-tachy pacing or shock therapy	
TELIGEN VR – Loss of pacing therapy	
Models E102/F102 – Loss of anti-tachy pacing and shock therapy	
TELIGEN DR No patient deaths related to this behavior have been reported. Patients have required early device replacement du nappropriate shocks and/or noise induced by pocket manipulation or arm movement.	e to
Faite of Occurrence. Subsectional landers 2009 The implant orientation of devices is not reported to Boston Scientific, making it difficult to provide rate of occurrence and prediction information. Two (2) reports have been received worldwide of subpectonal implants with weakened beads have been received worldwide of subpectonal implants with weakened implants interference on the subsectoral and prediction information. Two (2) reports have been received worldwide of subpectonal implants with weakened implants with a subpectoral location.	ce
Subpectoral Implant 2009 The following factors may also impact the risk of failure if implanted in a subpectoral location:	
Patient Letter, Dec 01, 2009 – Exact location of the patient's ribs relative to the device	
 Body size and/or muscle mass of the patient (risk may increase for larger/muscular patients) 	
 Activity level and/or occupation of the patient (risk may increase for more active patients) 	
CURRENT STATUS 05-Apr-21	
Reported events (worldwide)	
103 reports have been received worldwide of subpectoral implants with weakened header bonds. An estimated 10 approximately 104,000 COGNIS and TELIGEN devices worldwide have been implanted in a subpectoral location.	
There have been no reported patient deaths associated with this advisory.	
Rate of Occurrence	
An estimated 10% of COGNIS and TELIGEN devices worldwide have been implanted in a subpectoral position. Tr rate of occurrence for subpectoral implants of COGNIS advorg valevisa is 1.5% at 60 months. The rate of occur for subpectoral implants of TELIGEN advisory devices is 0.53% at 60 months.	
CURRENT RECOMMENDATION 05-Apr-21	
If a patient's device was implanted subcutaneously, it is excluded from this advisory and no change to curr	

Por affected devices implanted in a subpectoral location: - Follow patient at least once every three months as recommended in device instructions for use. - Consider advisor patients to contact their physician or clinic if they receive shocks, in order to ensure timely review of associated electrograms and other device data via in-clinic or remote interrogation. - Where available, consider using the LATITUDE® Patient Management System to facilitate remote device checks between in-clinic follow-ups.

Standard Warranty program available, please contact your local representative for terms and conditions.

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ALTITUDE	ENDOTAK RELIANCE	PROPONENT
ALTRUA	ENERGEN	PUNCTUA
AUTOGEN	ESSENTIO	RELIANCE 4-FRONT
AVT	FINELINE	RESONATE
CHARISMA	FLEXTEND	SELUTE
COGNIS	FORMIO	SWEET PICOTIP
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