

# Rhythm Management Product Performance Report

Q3 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 Q3 2021 report includes data through July 7th, 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 the 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 both the U.S. Registered Implant population and for leads enrolled in the Longitude Surveillance Registry, 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. Performance data for Intermedics products may also be found on www.bostonscientific.com/ppr. Specific inclusion criteria for pulse generator and lead survival probability datasets are described here. 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 (CPA) 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, manufacturing and supplier process modifications, software updates, educational communications, or labeling changes to preceding, existing, or subsequent generations. 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. Intermedics co-branded product data are included in corresponding pacemaker and pacing lead malfunction counts and details. 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, manufacturing process modifications, software updates, educational communications, or labeling changes to preceding, existing, or subsequent generations. 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.<sup>1</sup> 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.

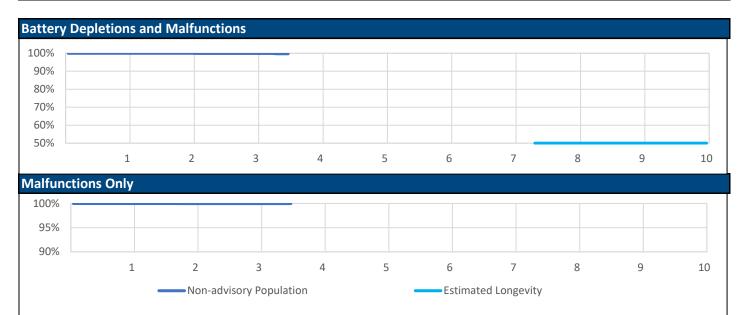
<sup>1</sup>Carlson et al. Recommendations from the Heart Rhythm Society Task Force. Heart Rhythm. October 2006; 3(special issue):1251 — 1252.



## **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:	41,000	US Normal Battery Depletions:	10	
US Approval Date:	September 2017	US Malfunctions:	6	
US Estimated Active Implants:	38,000	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%	99.7%							
Registered Implants:	Malfunctions Only	100.0%	100.0%	100.0%	100.0%							
41,000	Effective Sample Size	24096	11293	2644	275							

## **RESONATE/MOMENTUM/CHARISMA/VIGILANT CRT-D**

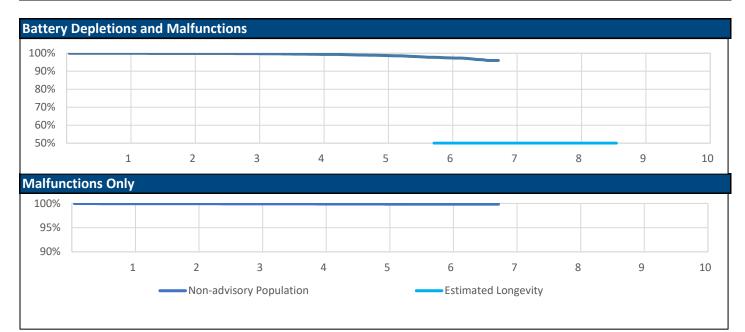
Models: G124/G125/G126/G128/G138/G224/G225/G228/G237/G247/G248/G324/G325/G347/G348/G424/G425/G426/G428/G437/G447/G448/G524/G525/G526/G528/G537/G547/G548

Worldwide Confirmed Malfunctions Worldwide Distribution	12 78,000		
	With Compromised Therapy	Without Compromised Therapy	Total
Electrical			
Integrated circuit (63)	0	3	3
Low-voltage capacitor (69)	0	1	1
Battery (53)	0	2	2
High voltage capacitor (75)	1	0	1
Software			
Memory errors (51)	0	3	3
Other			
Non-patterned, other	1	1	2
Grand Total	2	10	12

## **DYNAGEN/INOGEN/ORIGEN CRT-D**

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

US Summary				
US Registered Implants:	71,000	US Normal Battery Depletions:	368	
US Approval Date:	April 2014	US Malfunctions:	52	
US Estimated Active Implants:	58,000	Without Compromised Therapy:	43	
		With Compromised Therapy:	9	



US Survival	JS Survival Probability											
١	Year	1	2	3	4	5	6	7	8	9	10	
	Depletions and Malfunctions	100.0%	99.9%	99.8%	99.4%	98.8%	97.5%	96.0%				
0	Malfunctions Dnly	100.0%	99.9%	99.9%	99.9%	99.9%	99.9%	99.9%				
	Effective Sample Size	59331	48781	36960	24058	12073	3699	256				

## DYNAGEN/INOGEN/ORIGEN CRT-D

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

Worldwide Confirmed Malfunctions Worldwide Distribution	77 113,000		
	With Compromised Therapy	Without Compromised Therapy	Total
Electrical			
High voltage circuit component (62) Integrated circuit (63) Low-voltage capacitor (69) High voltage capacitor (75)	0 3 0 1	17 11 7 1	17 14 7 2
Battery (53) <b>Software</b>	0	4	4
Memory errors (51) Safety Core-unintended biventricular pacing (64) <b>Other</b>	2 0	20 2	22 2
Non-patterned, other	7	2	9
Grand Total	13	64	77

## AUTOGEN CRT-D

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

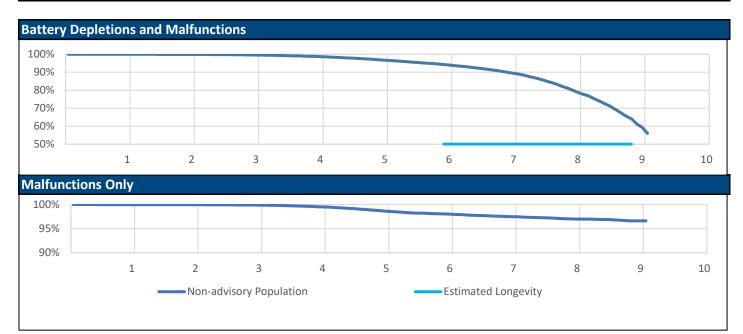
Worldwide Confirmed Malfunctions Worldwide Distribution	19 24,000		
Electrical	With Compromised Therapy	Without Compromised Therapy	Total
High voltage circuit component (62) Integrated circuit (63)	0 2	7 4	7 6
Low-voltage capacitor (69) Battery (53) <b>Software</b>	1	0	1 1
Safety Core-unintended biventricular pacing (64) <b>Other</b>	0	1	1
Non-patterned, other Grand Total	1 <b>4</b>	2 15	3 <b>19</b>

## **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:	3,785	
US Approval Date:	November 2011	US Malfunctions:	777	
US Estimated Active Implants:	28,000	Without Compromised Therapy:	758	
		With Compromised Therapy:	19	



US Survival Probability											
	Year	1	2	3	4	5	6	7	8	9	10
Non-Advisory Population	Depletions and Malfunctions	100.0%	99.9%	99.6%	98.8%	96.9%	94.3%	90.0%	80.0%	61.2%	56.0%
Registered Implants:	Malfunctions Only	100.0%	100.0%	99.9%	99.5%	98.7%	98.0%	97.5%	97.0%	96.6%	96.6%
53,000	Effective Sample Size	46311	41466	37009	32854	28660	23861	15954	6605	914	383

## **INCEPTA/ENERGEN/PUNCTUA CRT-D**

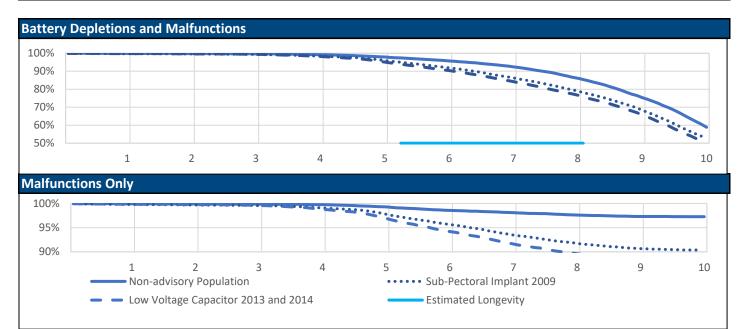
#### Models: N050/N051/N052/N053/N140/N141/N142/N143/N160/N161/N162/N163/N164/N165/ P052/P053/P142/P143/P162/P163/P165

Worldwide Confirmed Malfunctions Worldwide Distribution	1,252 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	1178	1183
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	1222	1252

## **COGNIS CRT-D**

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

US Summary				
US Registered Implants:	75,000	US Normal Battery Depletions:	13,057	
US Approval Date:	March 2008	US Malfunctions:	2,079	
US Estimated Active Implants:	18,000	Without Compromised Therapy:	1,886	
		With Compromised Therapy:	193	



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%	60.6%	
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	31278	28051	25119	22402	19852	17367	14988	12453	9561	3957	

## **COGNIS CRT-D**

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

	al Probability Year	1	2	3	4	5	6	7	8	9	10
		-	2	5	-	5	0	/	0	5	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%	53.9%
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	27329	24220	21622	19195	16766	14290	11971	9746	7553	5161
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	22468	19946	17834	15786	13736	11600	9624	7784	5982	4036

\*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	2,933 109,000		
	With Compromised	Without Compromised	
	Therapy	Therapy	Total
Electrical			
Low Voltage Capacitor 2014 - August 29, 2013 and	82	1616	1698
September 17, 2014 Voluntary Physician Advisory (3)			
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)	10	50	60
Low-voltage capacitor (54)	12	829	841
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 Voluntary	48	19	67
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	268	2665	2933

## VISIONIST/VALITUDE

Models: U125/U128/U225/U226/U228

US Summary			
US Registered Implants:	38,000	US Normal Battery Depletions:	120
US Approval Date:	October 2014	US Malfunctions:	37
US Estimated Active Implants:	32,000	Without Compromised Therapy:	36
		With Compromised Therapy:	1



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%	99.6%	98.6%	97.7%					
Registered Implants:	Malfunctions Only	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%					
32,000	Effective Sample Size	21466	14219	8176	3769	727	217					

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

## VISIONIST/VALITUDE

Models: U125/U128/U225/U226/U228

US Survival Probability (cont.)												
	Year	1	2	3	4	5	6	7	8	9	10	
Low Voltage Capacitor 2021	Depletions and Malfunctions	100.0%	99.9%	99.7%	99.4%	98.6%	96.3%					
Registered Implants:	Malfunctions Only	100.0%	99.9%	99.9%	99.9%	99.7%	99.5%					
6,000	Effective Sample Size	5918	5263	4617	3721	1975	232					

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

## VISIONIST/VALITUDE

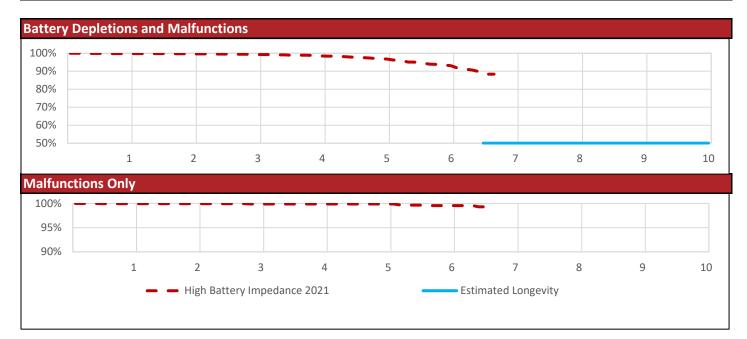
Models: U125/U128/U225/U226/U228

Worldwide Confirmed Malfunctions Worldwide Distribution	51 76,000		
	With Compromised Therapy	Without Compromised Therapy	Total
Electrical			
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	15	15
Hydrogen induced premature depletion - June 2021 (83) <b>Software</b>	0	12	12
Memory errors (51)	0	6	6
Other			
Non-patterned, other	0	8	8
Grand Total	1	50	51

## INTUA

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

US Summary				
US Registered Implants:	3,000	US Normal Battery Depletions:	112	
US Approval Date:	May 2013	US Malfunctions:	7	
US Estimated Active Implants:	2,000	Without Compromised Therapy:	6	
		With Compromised Therapy:	1	



	Year	1	2	3	4	5	6	7	8	9	10
High Battery Impedance 2021	Depletions and Malfunctions	99.8%	99.6%	99.4%	98.6%	97.0%	93.4%	88.4%			
Registered Implants:	Malfunctions Only	100.0%	100.0%	99.9%	99.9%	99.9%	99.6%	99.3%			
3,000	Effective Sample Size	2267	2013	1783	1567	1307	784	213			

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

## INTUA

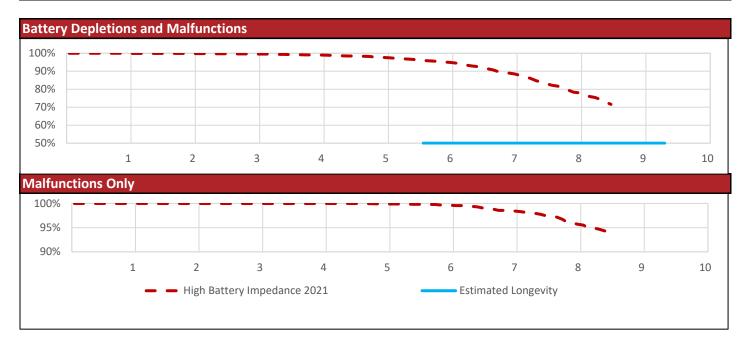
#### Models: V272/V273/V282/V283/W272/W273

Worldwide Confirmed Malfunctions Worldwide Distribution	7 3,000		
	With Compromised Therapy	Without Compromised Therapy	Total
Electrical			
High battery impedance initiating safety mode 2021 (82) <b>Other</b>	0	3	3
		2	
Non-patterned, other	1	3	4
Grand Total	1	6	7

## INVIVE

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

US Summary				
US Registered Implants:	8,000	US Normal Battery Depletions:	520	
US Approval Date:	May 2012	US Malfunctions:	85	
US Estimated Active Implants:	4,000	Without Compromised Therapy:	83	
		With Compromised Therapy:	2	



US Survival	US Survival Probability												
	Year	1	2	3	4	5	6	7	8	9	10		
High Battery Impedance 2021	Depletions and Malfunctions	100.0%	99.9%	99.6%	99.1%	97.7%	95.1%	89.0%	78.4%	71.6%			
0	Malfunctions Only	100.0%	100.0%	100.0%	100.0%	99.9%	99.6%	98.6%	96.0%	93.9%			
	Effective Sample Size	6705	5983	5323	4727	4160	3375	2221	767	227			

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

## INVIVE

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

Worldwide Confirmed Malfunctions Worldwide Distribution	123 18,000		
	With Compromised Therapy	Without Compromised Therapy	Total
Electrical			
Low-voltage capacitors (47)	1	0	1
High battery impedance initiating	0	89	89
safety mode 2021 (82)			
Software			
Memory errors (51)	0	3	3
Other			
Non-patterned, other	3	27	30
Grand Total	4	119	123

### INLIVEN

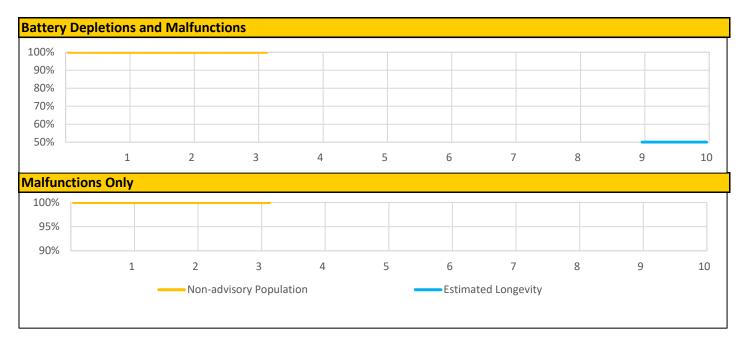
Models: V274/V275/V284/V285/W275

Worldwide Confirmed Malfunctions Worldwide Distribution	5 4,000		
	With Compromised Therapy	Without Compromised Therapy	Total
Other			
Non-patterned, other Electrical	0	3	3
High battery impedance initiating safety mode 2021 (82)	0	2	2
Grand Total	0	5	5

## **RESONATE/MOMENTUM/CHARISMA/VIGILANT ICD DR**

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

US Summary				
US Registered Implants:	22,000	US Normal Battery Depletions:	4	
US Approval Date:	July 2017	US Malfunctions:	3	
US Estimated Active Implants:	21,000	Without Compromised Therapy:	2	
		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%	100.0%	100.0%	100.0%							
Registered Implants:	Malfunctions Only	100.0%	100.0%	100.0%	100.0%							
22,000	Effective Sample Size	11530	4644	838	333							@ 39 m

## **RESONATE/MOMENTUM/CHARISMA/VIGILANT ICD DR**

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

Worldwide Confirmed Malfunctions Worldwide Distribution	3 40,000		
	With Compromised Therapy	Without Compromised Therapy	Total
Electrical			
High voltage capacitor (75) <b>Other</b>	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:	13,000	US Normal Battery Depletions:	5	
US Approval Date:	July 2017	US Malfunctions:	1	
US Estimated Active Implants:	13,000	Without Compromised Therapy:	1	
		With Compromised Therapy:	-	



<mark>US Surviva</mark>	I Probability	/										
	Year	1	2	3	4	5	6	7	8	9	10	
Non-Advisory Population	Depletions and Malfunctions	100.0%	99.9%	99.9%	99.9%							
Registered Implants:	Malfunctions Only	100.0%	100.0%	100.0%	100.0%							
13,000	Effective Sample Size	7514	3312	599	244							@ 39 mo

## **RESONATE/MOMENTUM/CHARISMA/VIGILANT ICD VR**

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

Worldwide Confirmed Malfunctions Worldwide Distribution	5 31,000		
	With Compromised Therapy	Without Compromised Therapy	Total
Electrical			
High voltage capacitor (75) <b>Software</b>	1	0	1
Memory errors (51)	0	1	1
Other			
Non-patterned, other	0	3	3
Grand Total	1	4	5

## **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	/									
,	Year	1	2	3	4	5	6	7	8	9	10
	Depletions and Malfunctions	99.9%	99.9%	99.9%							
•	Malfunctions Only	100.0%	100.0%	100.0%							
	Effective Sample Size	1232	491	203							

## **PERCIVA DR**

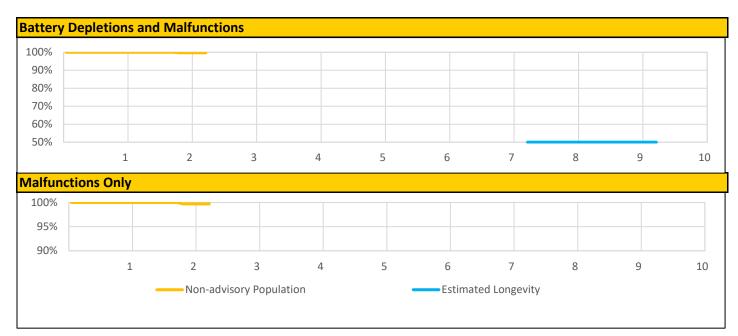
Models: D401/D413/D501/D513

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



US Surviva	l Probability	/									
	Year	1	2	3	4	5	6	7	8	9	10
	Depletions and Malfunctions	100.0%	99.7%	99.7%							
•	Malfunctions Only	100.0%	99.7%	99.7%							
2,000	Effective Sample Size	851	308	205							

## **PERCIVA VR**

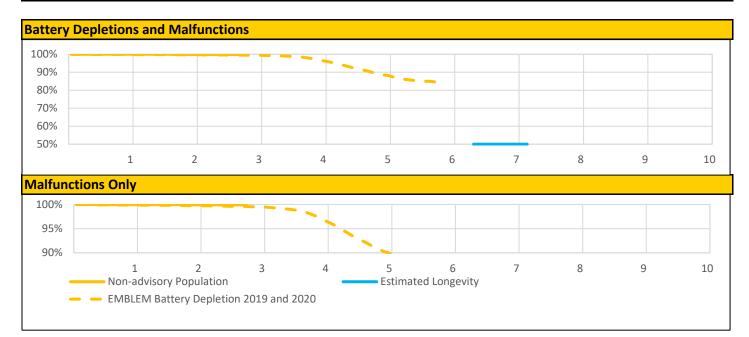
Models: D400/D412/D500/D512

Worldwide Confirmed Malfunctions Worldwide Distribution	1 3,000		
	With Compromised Therapy	Without Compromised Therapy	Total
Software			
Memory errors (51)	0	1	1
Grand Total	0	1	1

### **EMBLEM S-ICD**

Models: A209/A219

US Summary				
US Registered Implants:	40,000	US Normal Battery Depletions:	130	
US Approval Date:	March 2015	US Malfunctions:	721	
US Estimated Active Implants:	34,000	Without Compromised Therapy:	696	
		With Compromised Therapy:	25	



US Survival Probability											
	Year	1	2	3	4	5	6	7	8	9	10
	Depletions and Malfunctions	100.0%	99.9%	99.9%							
0	Malfunctions Only	100.0%	99.9%	99.9%							
14,000	Effective Sample Size	9982	3991	273							

### **EMBLEM S-ICD**

Models: A209/A219

<b>US Surviva</b>	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%	97.0%	88.6%	84.5%					
Registered Implants:	Malfunctions Only	99.9%	99.8%	99.5%	97.2%	90.3%	88.0%					
22,000	Effective Sample Size	18608	16404	13212	7509	3134	234					

#### **EMBLEM S-ICD**

Models: A209/A219

Worldwide Confirmed Malfunctions Worldwide Distribution	1,715 88,000		
Electrical High-voltage capacitor (43) S-ICD battery depletion 2019 and 2020 (77) Battery depletion (84) Software	With Compromised Therapy 1 9 1	Without Compromised Therapy 0 1589 1	<b>Total</b> 1 1598 2
Memory corruption (65) Misaligned markers (73) <b>Mechanical</b>	1 1	0 2	1 3
Solder joint (78) EMBLEM S-ICD electrical overstress 2020 (80) RF antenna (81) <b>Other</b>	6 7 1	0 0 0	6 7 1
Non-patterned, other Telemetry (56) Grand Total	28 14 <b>69</b>	34 20 <b>1646</b>	62 34 <b>1715</b>

### AUTOGEN ICD EL DR

Models: D162/D163/D176/D177

Worldwide Confirmed Malfunctions Worldwide Distribution	20 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	4	4
High voltage capacitor (75)	1	0	1
Low-voltage capacitor (54) <b>Software</b>	0	1	1
Memory errors (51)	0	1	1
Other			
Non-patterned, other	1	3	4
Grand Total	4	16	20

### AUTOGEN ICD EL VR

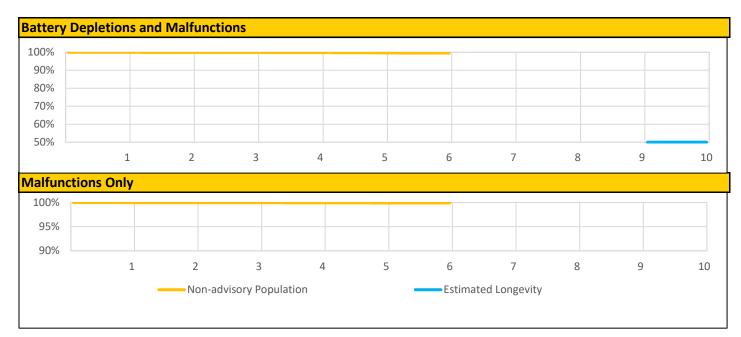
Models: D160/D161/D174/D175

Worldwide Confirmed Malfunctions Worldwide Distribution	10 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)	2	2	4
Other			
Non-patterned, other <b>Software</b>	0	1	1
Memory errors (51)	2	1	3
Grand Total	5	5	10

# DYNAGEN/INOGEN/ORIGEN ICD EL DR

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

US Summary				
US Registered Implants:	45,000	US Normal Battery Depletions:	42	
US Approval Date:	April 2014	US Malfunctions:	21	
US Estimated Active Implants:	38,000	Without Compromised Therapy:	14	
		With Compromised Therapy:	7	



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%	99.8%	99.7%	99.6%	99.6%				
Registered Implants:	Malfunctions Only	100.0%	100.0%	100.0%	99.9%	99.9%	99.9%	99.9%				
45,000	Effective Sample Size	35943	28427	20140	11609	4939	678	387				@ 73 mo

# DYNAGEN/INOGEN/ORIGEN ICD EL DR

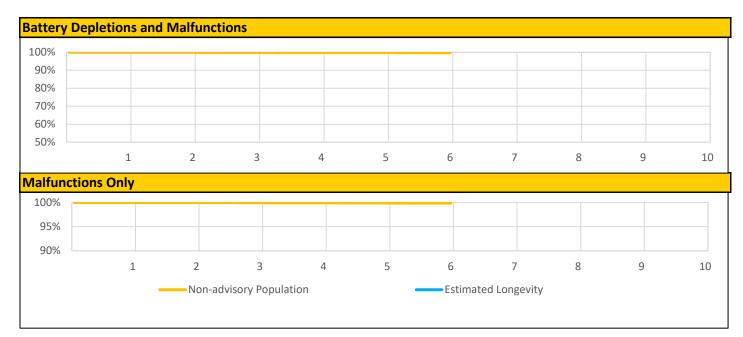
Models: D052/D053/D142/D143/D152/D153

Worldwide Confirmed Malfunctions Worldwide Distribution	26 66,000		
	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)	2	1	3
Low-voltage capacitor (69)	0	3	3
High voltage capacitor (75)	5	0	5
Battery (53) <b>Software</b>	0	3	3
Memory errors (51)	0	1	1
Other			
Non-patterned, other	2	4	6
Grand Total	9	17	26

# 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:	18	
US Estimated Active Implants:	31,000	Without Compromised Therapy:	17	
		With Compromised Therapy:	1	



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%	99.8%	99.8%	99.7%	99.7%				
Registered Implants:	Malfunctions Only	100.0%	100.0%	100.0%	99.9%	99.9%	99.9%	99.9%				
36,000	Effective Sample Size	30005	24119	17551	10602	4893	637	360				@ 73 mor

# DYNAGEN/INOGEN/ORIGEN ICD EL VR

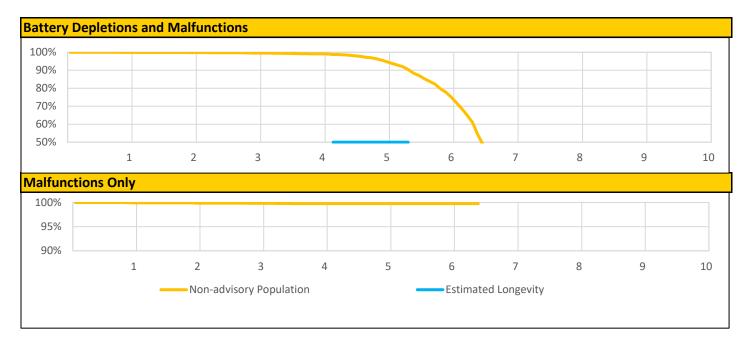
Models: D050/D051/D140/D141/D150/D151

Worldwide Confirmed Malfunctions Worldwide Distribution	32 61,000		
Electrical	With Compromised Therapy	Without Compromised Therapy	Total
Low-voltage capacitors (47)	0	1	1
High voltage circuit component (62)	0	2	1
Integrated circuit (63)	0	1	1
Low-voltage capacitor (69)	1	12	13
Battery (53)	0	1	1
Software			
Memory errors (51)	0	4	4
Other			
Non-patterned, other	4	6	10
Grand Total	5	27	32

# DYNAGEN/INOGEN/ORIGEN ICD MINI DR

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

US Summary				
US Registered Implants:	10,000	US Normal Battery Depletions:	626	
US Approval Date:	April 2014	US Malfunctions:	15	
US Estimated Active Implants:	7,000	Without Compromised Therapy:	12	
		With Compromised Therapy:	3	



US Survival Probability												
	Year	1	2	3	4	5	6	7	8	9	10	
Non-Advisory Population	Depletions and Malfunctions	99.9%	99.9%	99.6%	99.1%	95.6%	77.8%	48.4%				
Registered Implants:	Malfunctions Only	100.0%	99.9%	99.8%	99.8%	99.8%	99.8%	99.8%				
10,000	Effective Sample Size	8222	6611	5023	3510	2279	871	269				@ 79 mo

### DYNAGEN/INOGEN/ORIGEN ICD MINI DR

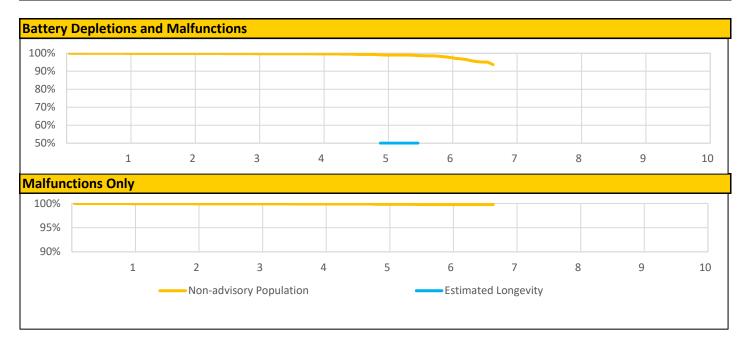
Models: D002/D003/D012/D013/D022/D023

Worldwide Confirmed Malfunctions Worldwide Distribution	22 28,000		
	With Compromised Therapy	Without Compromised Therapy	Total
Electrical			
High voltage circuit component (62)	0	11	11
High voltage capacitor (75)	3	0	3
Other			
Non-patterned, other	3	5	8
Grand Total	6	16	22

### DYNAGEN/INOGEN/ORIGEN ICD MINI VR

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

US Summary				
US Registered Implants:	9,000	US Normal Battery Depletions:	66	
US Approval Date:	April 2014	US Malfunctions:	9	
US Estimated Active Implants:	7,000	Without Compromised Therapy:	8	
		With Compromised Therapy:	1	



US Survival Probability											
Y	⁄ear	1	2	3	4	5	6	7	8	9	10
	Depletions and Aalfunctions	100.0%	99.9%	99.8%	99.6%	99.1%	98.1%	93.7%			
0	Aalfunctions Only	100.0%	99.9%	99.9%	99.9%	99.8%	99.8%	99.8%			
	ffective Sample ize	7595	6242	4827	3488	2319	1012	201			

### DYNAGEN/INOGEN/ORIGEN ICD MINI VR

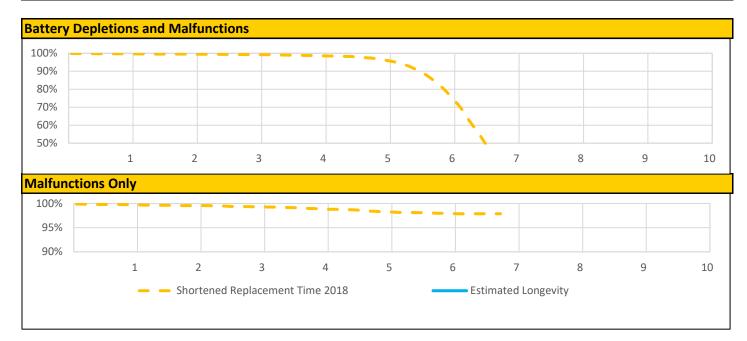
Models: D000/D001/D010/D011/D020/D021

Worldwide Confirmed Malfunctions Worldwide Distribution	21 29,000		
	With Compromised Therapy	Without Compromised Therapy	Total
Electrical			
Low-voltage capacitors (47)	0	2	2
High voltage circuit component (62)	0	7	7
High voltage capacitor (75)	5	0	5
Low-voltage capacitor (69)	0	1	1
Battery (53)	0	1	1
Software			
Memory errors (51)	1	2	3
Other			
Non-patterned, other	0	2	2
Grand Total	6	15	21

### **SQ-RX S-ICD**

#### Models: 1010

US Summary				
US Registered Implants:	8,000	US Normal Battery Depletions:	1,580	
US Approval Date:	September 2012	US Malfunctions:	99	
US Estimated Active Implants:	4,000	Without Compromised Therapy:	42	
		With Compromised Therapy:	57	



00 501 111	<mark>al Probabilit</mark> y Year	1	2	3	4	5	6	7	8	9	10	
	icui	Ŧ	2	5	7	5	0	1	0	5	10	
Shortened Replacement Time 2018	Depletions and Malfunctions	99.7%	99.5%	99.2%	98.6%	96.5%	78.5%	26.9%				
Registered Implants:	Malfunctions Only	99.7%	99.5%	99.3%	98.8%	98.3%	98.0%	97.9%				
8,000	Effective Sample Size	6405	5643	4986	4376	3688	2546	321				@ 83 n

### SQ-RX S-ICD

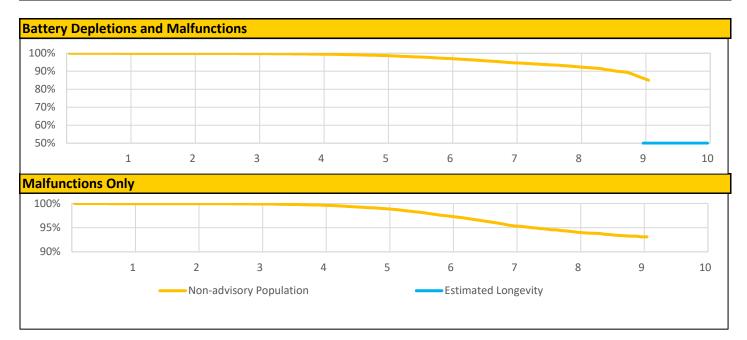
Models: 1010

Worldwide Confirmed Malfunctions Worldwide Distribution	208 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)	60	41	101
Software			
Unintended Battery Depletion Alert (57)	0	10	10
Other			
Telemetry (56)	10	4	14
Non-patterned, other	38	28	66
Grand Total	113	95	208

# **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:	337	
US Approval Date:	November 2011	US Malfunctions:	1,121	
US Estimated Active Implants:	30,000	Without Compromised Therapy:	1,098	
		With Compromised Therapy:	23	



US Survival Probability												
,	Year	1	2	3	4	5	6	7	8	9	10	7
,	Depletions and Malfunctions	99.9%	99.9%	99.8%	99.6%	98.8%	97.2%	94.9%	92.7%	87.2%	85.0%	7
0	Malfunctions Only	100.0%	100.0%	99.9%	99.7%	99.0%	97.5%	95.5%	94.2%	93.2%	93.1%	
	Effective Sample Size	41226	36538	32290	28416	24713	20553	12935	5726	866	383	@ 110 n

# **INCEPTA/ENERGEN/PUNCTUA ICD DR**

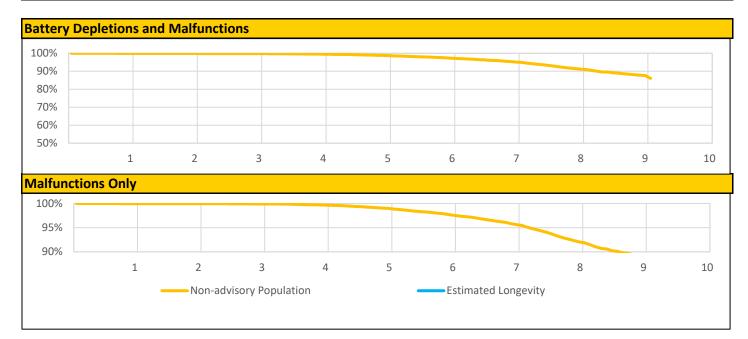
Models: E052/E053/E142/E143/E162/E163/F052/F053/F142/F143/F162/F163

Worldwide Confirmed Malfunctions Worldwide Distribution	1,769 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)	10	78	88
Low-voltage capacitor (54)	8	1609	1617
High voltage circuit (58)	0	1	1
Low-voltage capacitor (69) <b>Software</b>	0	8	8
Memory errors (51)	0	7	7
Other			
Non-patterned, other	8	17	25
Grand Total	37	1732	1769

# **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:	154	
US Approval Date:	November 2011	US Malfunctions:	1,093	
US Estimated Active Implants:	26,000	Without Compromised Therapy:	1,061	
		With Compromised Therapy:	32	



US Survival Probability												
Y	/ear	1	2	3	4	5	6	7	8	9	10	1
,	epletions and Aalfunctions	99.9%	99.9%	99.8%	99.5%	98.8%	97.4%	95.3%	91.5%	87.8%	86.1%	
0	1alfunctions Only	100.0%	100.0%	99.9%	99.7%	99.0%	97.7%	95.8%	92.3%	89.3%	88.3%	
	ffective Sample ize	34700	30726	27149	23904	20820	17305	10752	4512	678	284	@ 110 m

# **INCEPTA/ENERGEN/PUNCTUA ICD VR**

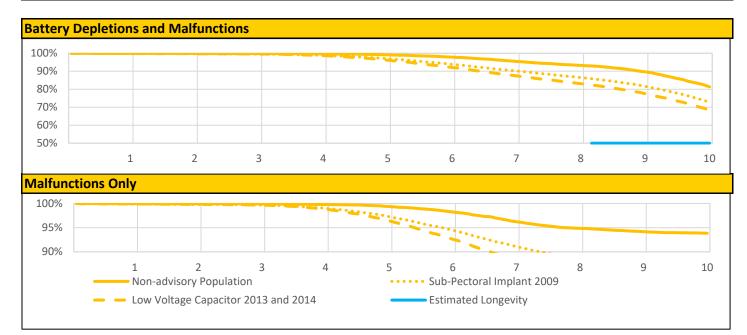
Models: E050/E051/E140/E141/E160/E161/F050/F051/F140/F141/F160/F161

Worldwide Confirmed Malfunctions Worldwide Distribution	1,849 68,000		
	With Compromised	Without Compromised	<b>T</b> I
Electrical	Therapy	Therapy	Total
High-voltage capacitor (43)	4	1	5
Integrated circuit (50)	5	4	9
Battery (53)	14	112	126
Low-voltage capacitor (54)	11	1658	1669
High voltage circuit (58)	1	0	1
Low-voltage capacitor (69) <b>Mechanical</b>	0	3	3
Transformer (38) <b>Software</b>	6	0	6
Memory errors (51) <b>Other</b>	1	7	8
Non-patterned, other	10	12	22
Grand Total	52	1797	1849

# **TELIGEN DR**

#### Models: E110/E111/F110/F111

US Summary				
US Registered Implants:	66,000	US Normal Battery Depletions:	6,057	
US Approval Date:	March 2008	US Malfunctions:	2,972	
US Estimated Active Implants:	23,000	Without Compromised Therapy:	2,816	
		With Compromised Therapy:	156	



US Surviv	al Probability	y									
	Year	1	2	3	4	5	6	7	8	9	10
Non-Advisory Population	Depletions and Malfunctions	99.9%	99.9%	99.8%	99.6%	99.2%	98.0%	95.7%	93.4%	90.0%	82.4%
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	26328	23353	20707	18286	16082	13985	11979	10221	8546	4381

# **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%	91.3%	88.6%	86.6%	85.3%
30000	Effective Sample Size	26628	23510	20785	18250	15857	13509	11365	9506	7810	6055
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	20614	18221	16098	14123	12169	10248	8517	7040	5714	4371

### **TELIGEN DR**

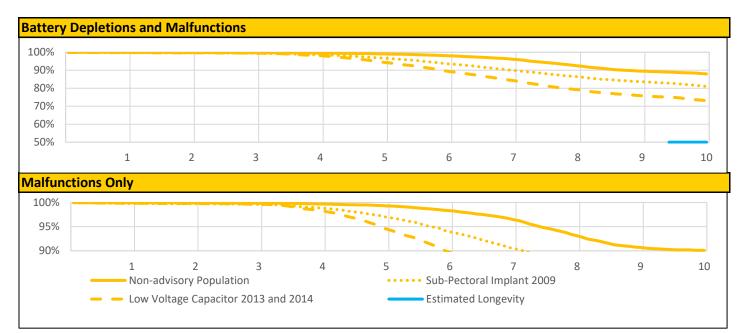
Models: E110/E111/F110/F111

Worldwide Confirmed Malfunctions Worldwide Distribution	4,075 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	2291	2342
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	256	296
Low-voltage capacitor (54)	8	1221	1229
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)	7	7	14
Header contacts (45)	13	3	16
Subpectoral implant 2009 - December 01, 2009 Voluntary Physician Advisory (6)	9	7	16
Header (74) <b>Software</b>	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	3877	4075

# **TELIGEN VR**

#### Models: E102/E103/F102/F103

US Summary				
US Registered Implants:	38,000	US Normal Battery Depletions:	629	
US Approval Date:	March 2008	US Malfunctions:	2,301	
US Estimated Active Implants:	16,000	Without Compromised Therapy:	2,173	
		With Compromised Therapy:	128	



<b>US Surviv</b>	al Probability	/									
	Year	1	2	3	4	5	6	7	8	9	10
Non-Advisory Population	Depletions and Malfunctions	99.9%	99.8%	99.7%	99.6%	99.1%	98.1%	96.3%	92.8%	89.6%	88.2%
Registered Implants:	Malfunctions Only	99.9%	99.9%	99.9%	99.7%	99.3%	98.4%	96.7%	93.4%	90.8%	90.1%
18000	Effective Sample Size	16199	14330	12650	11154	9789	8516	7304	6106	5080	2339

### **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	3992	3356
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%	90.0%	85.1%	80.2%	77.1%	75.5%
12000	Effective Sample Size	10849	9579	8445	7363	6261	5193	4245	3442	2854	2383

### **TELIGEN VR**

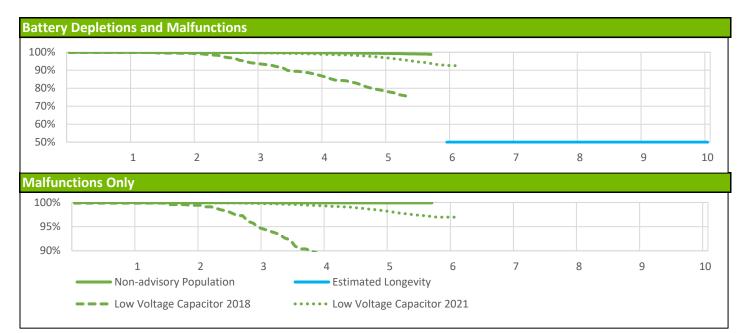
Models: E102/E103/F102/F103

Worldwide Confirmed Malfunctions Worldwide Distribution	3,913 66,000		
	With Compromised Therapy	Without Compromised Therapy	Total
Electrical			
Low Voltage Capacitor 2014 - August 29, 2013 and September 17, 2014 Voluntary	46	1901	1947
Physician Advisory (3)			
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)	52	414	466
Low-voltage capacitor (54)	6	1309	1315
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	11	11
Respiratory Sensor Oversensing - March 23, 2009 Voluntary Physician Advisory (7)	0	2	2
Other			
Non-patterned, other	12	11	23
Grand Total	212	3701	3913

# ACCOLADE/PROPONENT/ESSENTIO DR

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

US Summary				
US Registered Implants:	209,000	US Normal Battery Depletions:	677	
US Approval Date:	October 2014	US Malfunctions:	662	
US Estimated Active Implants:	179,000	Without Compromised Therapy:	647	
		With Compromised Therapy:	15	



US Surviv	al 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%	98.8%					
Registered Implants:	Malfunctions Only	100.0%	100.0%	99.9%	99.9%	99.9%	99.9%					
166000	Effective Sample Size	121426	84817	51658	24427	6101	559					@ 69 mon

# ACCOLADE/PROPONENT/ESSENTIO DR

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

JS Surviva	al Probability	y (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%	79.2%	75.1%					
Registered mplants:	Malfunctions Only	99.9%	99.4%	94.8%	89.0%	83.9%	82.2%					
800	Effective Sample Size	712	639	543	447	347	215					@ 66 mc
Low Voltage Capacitor 2021	Depletions and Malfunctions	100.0%	99.9%	99.7%	99.0%	97.1%	92.7%	92.6%				
Registered mplants:	Malfunctions Only	100.0%	99.9%	99.8%	99.3%	98.3%	97.0%	97.0%				
12000	Effective Sample Size	37243	33176	29322	23877	13362	1724	269				@ 74 mc

# ACCOLADE/PROPONENT/ESSENTIO DR

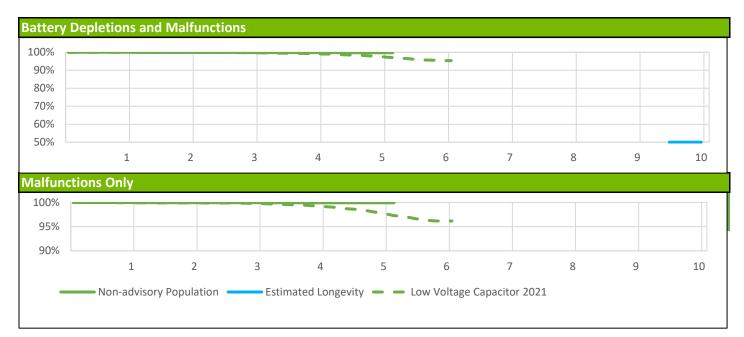
Models: L101/L111/L201/L211/L301/L311

Worldwide Confirmed Malfunctions Worldwide Distribution	1,162 435,000		
	With Compromised Therapy	Without Compromised Therapy	Total
Electrical			
Low-voltage capacitors (47)	0	4	4
Integrated circuit (63)	10	22	32
Telemetry (68)	2	11	13
Hydrogen induced premature	1	168	169
depletion - September 2018 (70)			
Hydrogen induced premature	5	841	846
depletion - June 2021 (83)			
Software			
Memory errors (51)	0	32	32
Mechanical			
Battery cathode (79)	1	0	1
Other			
Non-patterned, other	16	49	65
Grand Total	35	1127	1162

# ACCOLADE/PROPONENT/ESSENTIO EL DR

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

US Summary				
US Registered Implants:	108,000	US Normal Battery Depletions:	86	
US Approval Date:	October 2014	US Malfunctions:	305	
US Estimated Active Implants:	98,000	Without Compromised Therapy:	299	
		With Compromised Therapy:	6	



JS 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%	99.7%					
0	Malfunctions Only	100.0%	100.0%	99.9%	99.9%	99.9%	99.9%					
	Effective Sample Size	61455	39170	21558	8331	1102	307					@ 63 mo

# ACCOLADE/PROPONENT/ESSENTIO EL DR

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

<b>US Surviva</b>	US Survival Probability											
	Year	1	2	3	4	5	6	7	8	9	10	
Low Voltage Capacitor 2021	Depletions and Malfunctions	100.0%	99.9%	99.8%	99.1%	97.5%	95.3%	95.3%				
Registered Implants:	Malfunctions Only	100.0%	99.9%	99.8%	99.2%	97.7%	96.2%	96.2%				
17,000	Effective Sample Size	14978	13302	11735	9368	4922	532	284				

# ACCOLADE/PROPONENT/ESSENTIO EL DR

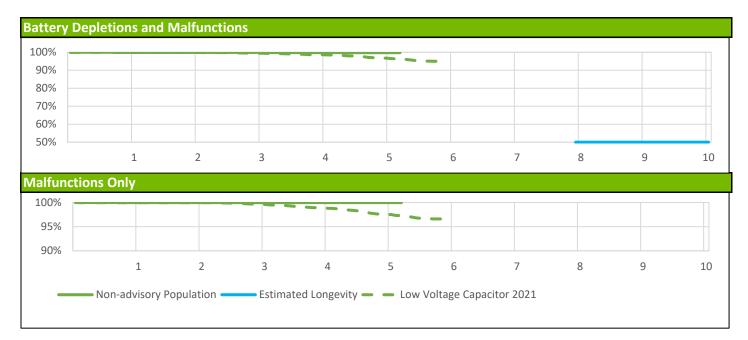
Models: L121/L131/L221/L231/L321/L331

Worldwide Confirmed Malfunctions Worldwide Distribution	685 259,000		
	With Compromised Therapy	Without Compromised Therapy	Total
Electrical			
Low-voltage capacitors (47)	0	9	9
Integrated circuit (63)	1	12	13
Telemetry (68)	1	12	13
Hydrogen induced premature	2	74	76
depletion - September 2018 (70)			
Hydrogen induced premature	2	519	521
depletion - June 2021 (83)			
Software			
Memory errors (51)	0	27	27
Mechanical			
Battery cathode (79)	1	0	1
Other			
Non-patterned, other	3	22	25
Grand Total	10	675	685

# ACCOLADE/PROPONENT/ESSENTIO SR

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

US Summary				
US Registered Implants:	40,000	US Normal Battery Depletions:	82	
US Approval Date:	October 2014	US Malfunctions:	198	
US Estimated Active Implants:	31,000	Without Compromised Therapy:	195	
		With Compromised Therapy:	3	



US Survival Probability											
Y	/ear	1	2	3	4	5	6	7	8	9	10
	epletions and Aalfunctions	99.9%	99.9%	99.9%	99.8%	99.8%	99.8%				
-	Aalfunctions Only	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%				
	ffective Sample ize	19828	13504	7622	2980	563	225				

# ACCOLADE/PROPONENT/ESSENTIO SR

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

<b>US Surviva</b>	JS Survival Probability											
	Year	1	2	3	4	5	6	7	8	9	10	
Low Voltage Capacitor 2021	Depletions and Malfunctions	99.9%	99.9%	99.5%	98.6%	96.8%	95.0%					
Registered Implants:	Malfunctions Only	100.0%	99.9%	99.6%	98.9%	97.5%	96.6%					
12,000	Effective Sample Size	10323	9139	8017	6344	3040	315					

# ACCOLADE/PROPONENT/ESSENTIO SR

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

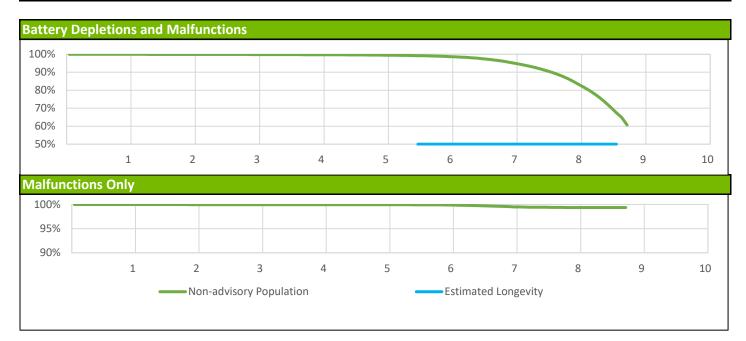
Worldwide Confirmed Malfunctions Worldwide Distribution	515 159,000		
Electrical	With Compromised Therapy	Without Compromised Therapy	Total
	-	-	
Low-voltage capacitors (47)	0	2	2
Integrated circuit (63)	5	4	9
Telemetry (68)	0	4	4
Hydrogen induced premature depletion - September 2018 (70)	2	51	53
Hydrogen induced premature depletion - June 2021 (83)	7	419	426
Software			
Memory errors (51)	0	9	9
Other			
Non-patterned, other	1	11	12
Grand Total	15	500	515

# 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:	5,624	
US Approval Date:	May 2012	US Malfunctions:	278	
US Estimated Active Implants:	77,000	Without Compromised Therapy:	266	
		With Compromised Therapy:	12	



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%	99.9%	99.7%	99.5%	98.9%	95.6%	84.9%	60.7%			
Registered Implants:	Malfunctions Only	100.0%	100.0%	100.0%	100.0%	99.9%	99.9%	99.5%	99.4%	99.4%			
121,000	Effective Sample Size	107332	95752	85388	76111	67667	58871	34189	11896	773			

# ADVANTIO/INGENIO/VITALIO/FORMIO DR

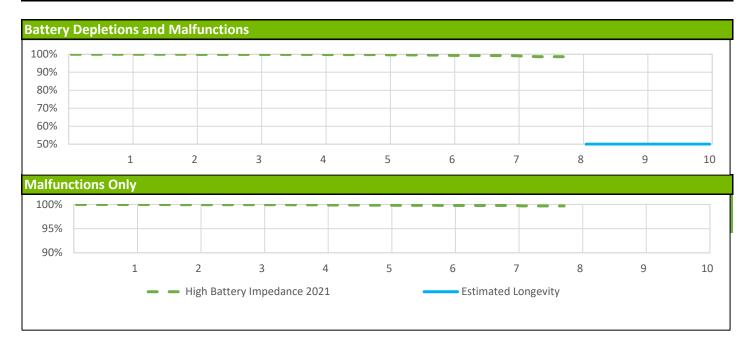
Models: J063/J066/J173/J176/J273/J276/J278/J279/K063/K066/K083/K086/K173/K176/K183/K186/K273/K276/ K278/K279/K283/K286/K288/K289

Worldwide Confirmed Malfunctions Worldwide Distribution	319 218,000		
	With Compromised Therapy	Without Compromised Therapy	Total
Electrical			
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	260	270
Grand Total	21	298	319

# 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:	34	
US Approval Date:	May 2012	US Malfunctions:	16	
US Estimated Active Implants:	8,000	Without Compromised Therapy:	14	
		With Compromised Therapy:	2	



US SUIVIVA	ll Probability Year	<u>7</u> 1	2	3	4	5	6	7	8	9	10	
High Battery mpedance 2021	Depletions and Malfunctions	100.0%	99.9%	99.9%	99.9%	99.8%	99.4%	99.2%	98.7%			
Registered mplants:	Malfunctions Only	100.0%	100.0%	99.9%	99.9%	99.9%	99.8%	99.8%	99.7%			
11,000	Effective Sample Size	9676	8589	7640	6793	6004	4948	1815	253			@ 94 mor

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

## ADVANTIO/INGENIO/VITALIO/FORMIO EL DR

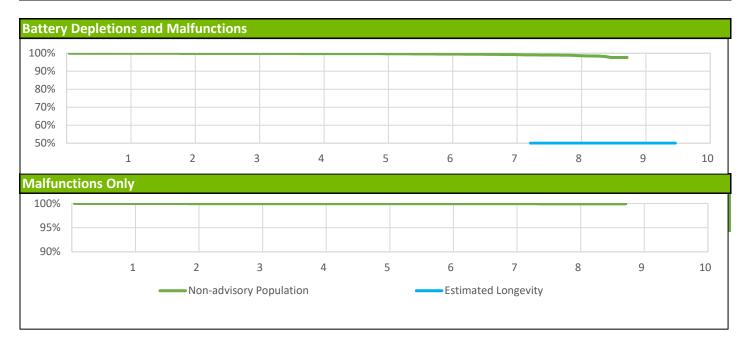
Models: J064/J067/J174/J177/J274/J277/K064/K067/K084/K087/K174/K177/K184/K187/K274/K277/K284/K287

Worldwide Confirmed Malfunctions Worldwide Distribution	128 76,000		
	With Compromised Therapy	Without Compromised Therapy	Total
Electrical			
Low-voltage capacitors (47)	1	5	6
Integrated circuit (50)	2	0	2
Titanium case material (60)	2	0	2
Capacitor (67)	0	1	1
High battery impedance initiating	0	4	4
safety mode 2021 (82)			
Software			
Memory errors (51)	1	5	6
Respiratory sensor (59)	0	1	1
Other			
Non-patterned, other	4	102	106
Grand Total	10	118	128

# 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:	119	
US Approval Date:	May 2012	US Malfunctions:	12	
US Estimated Active Implants:	15,000	Without Compromised Therapy:	11	
		With Compromised Therapy:	1	



US Survival	S Survival Probability											
Y	⁄ear	1	2	3	4	5	6	7	8	9	10	
	Depletions and Aalfunctions	100.0%	99.9%	99.9%	99.8%	99.8%	99.6%	99.3%	98.8%	97.6%		
0	Aalfunctions Only	100.0%	100.0%	100.0%	100.0%	99.9%	99.9%	99.9%	99.9%	99.9%		
	ffective Sample ize	22835	20307	18113	16171	14331	11948	6971	2633	231		

# **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	6 10,000		
	With Compromised Therapy	Without Compromised Therapy	Total
Software			
Memory errors (51) Electrical	0	1	1
Hydrogen induced premature depletion - June 2021 (83)	0	5	5
Grand Total	0	6	6

## ALTRUA 2 EL DR

Models: S722

Worldwide Confirmed Malfunctions Worldwide Distribution	0 6,000		
	With Compromised Therapy	Without Compromised Therapy	Total
Other			
Non-patterned, other	0	0	0
Grand Total	0	0	0

# ALTRUA 2 SR

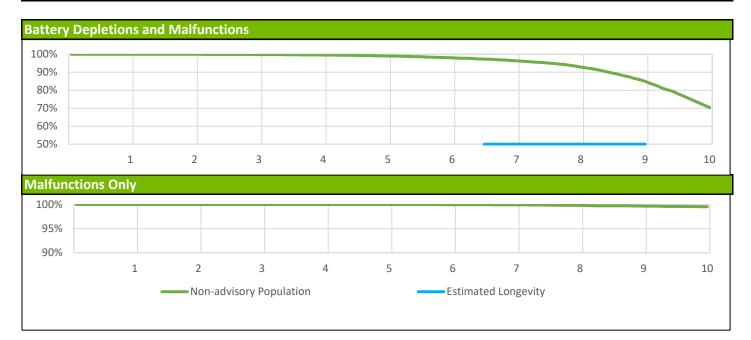
Models: S701

Worldwide Confirmed Malfunctions Worldwide Distribution	8 8,000		
	With Compromised	Without Compromised	
	Therapy	Therapy	Total
Electrical			
Hydrogen induced premature	0	7	7
depletion - June 2021 (83)			
Other			
Non-patterned, other	0	1	1
Grand Total	0	8	8

### ALTRUA 60 DR

Model: S602

US Summary				
US Registered Implants:	22,000	US Normal Battery Depletions:	3,678	
US Approval Date:	April 2008	US Malfunctions:	40	
US Estimated Active Implants:	8,000	Without Compromised Therapy:	37	
		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%	100.0%	99.9%	99.6%	99.1%	98.1%	96.6%	93.4%	85.8%	71.7%
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	19252	17213	15354	13627	12031	10563	9217	7792	6161	4029

## ALTRUA 60 DR

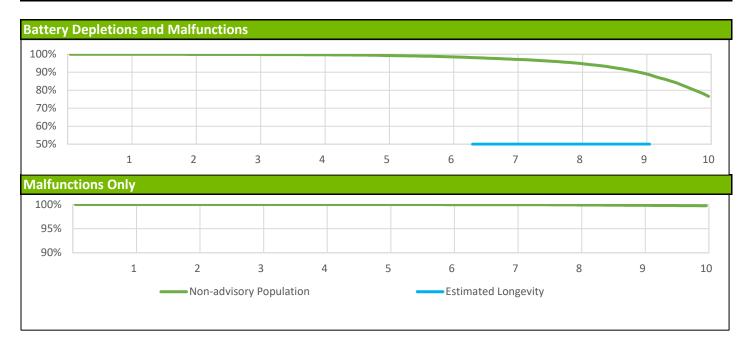
Models: S602

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

Model: S606

US Summary			
US Registered Implants:	59,000	US Normal Battery Depletions:	5,677
US Approval Date:	April 2008	US Malfunctions:	58
US Estimated Active Implants:	28,000	Without Compromised Therapy:	52
		With Compromised Therapy:	6



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%	99.9%	99.7%	99.4%	98.6%	97.3%	95.2%	90.0%	78.1%
Registered Implants:	Malfunctions Only	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	99.9%	99.8%	99.7%
59,000	Effective Sample Size	52507	46926	41882	37336	33245	29400	25837	22320	17469	8051

## ALTRUA 60 EL DR

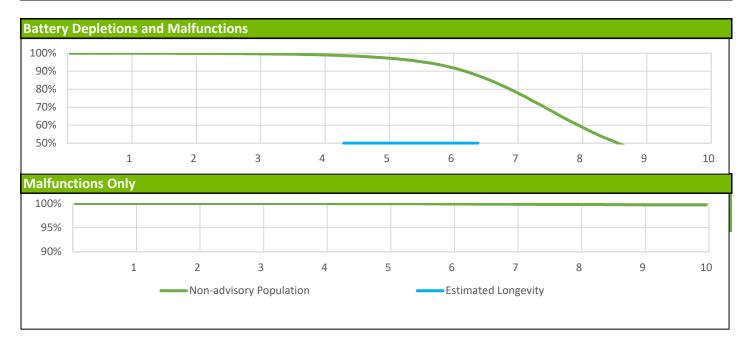
Models: S606

Worldwide Confirmed Malfunctions Worldwide Distribution	81 90,000		
	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)	2	66	68
Magnet rate (44)	0	1	1
Non-patterned, other	2	3	5
Grand Total	7	74	81

# ALTRUA 60 DR (Downsize)

Model: S603

US Summary			
US Registered Implants:	90,000	US Normal Battery Depletions:	24,494
US Approval Date:	April 2008	US Malfunctions:	99
US Estimated Active Implants:	23,000	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%	45.4%	31.6%
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	78620	70320	62801	55882	49189	41809	32077	21188	12533	4730

# ALTRUA 60 DR (Downsize)

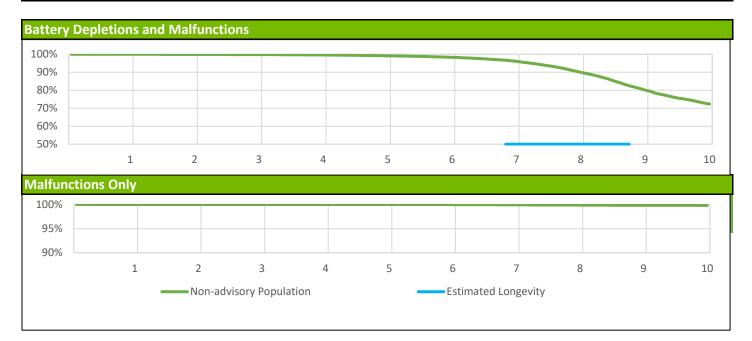
Models: S603

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

Model: S601

US Summary			
US Registered Implants:	32,000	US Normal Battery Depletions:	3,228
US Approval Date:	April 2008	US Malfunctions:	22
US Estimated Active Implants:	10,000	Without Compromised Therapy:	19
		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%	99.9%	99.8%	99.6%	99.2%	98.4%	96.3%	90.6%	80.9%	72.8%
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	Effective Sample Size	26306	23073	20461	18221	16228	14378	12605	10424	7653	4138

## 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			
Battery depletion (26)	3	0	3
Battery status (49)	0	9	9
Non-patterned, other	0	1	1
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)

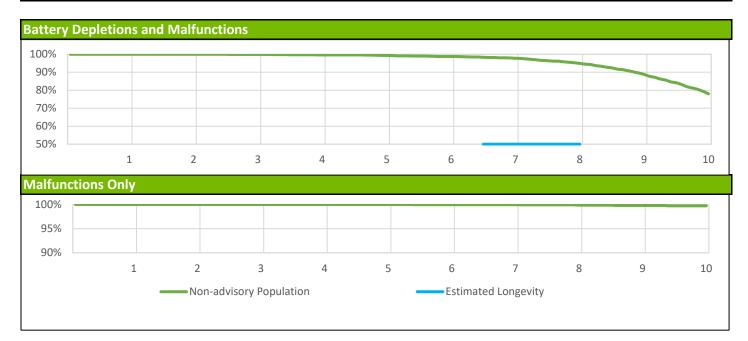
Models: S504

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

Model: S404

US Summary				
US Registered Implants:	5,000	US Normal Battery Depletions:	500	
US Approval Date:	April 2008	US Malfunctions:	5	
US Estimated Active Implants:	2,000	Without Compromised Therapy:	5	
		With Compromised Therapy:	-	



US Surviv	IS 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%	79.3%
Registered mplants:	Malfunctions Only	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	99.9%	99.8%	99.7%
5,00	0 Effective Sample Size	4428	3959	3554	3175	2834	2511	2222	1920	1565	814

#### ALTRUA 40 EL DR

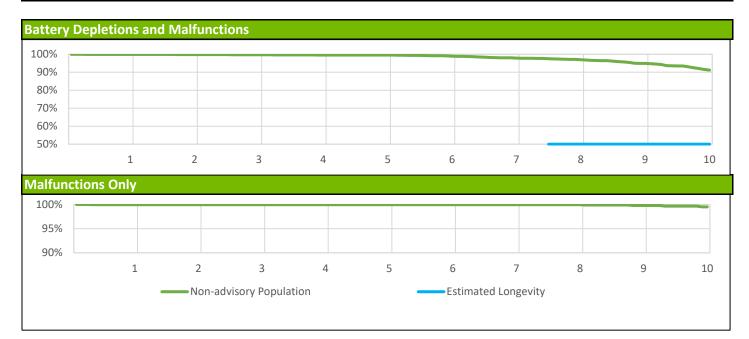
Models: S404

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

### ALTRUA 20 EL DR

Model: S208

US Summary				
US Registered Implants:	3,000	US Normal Battery Depletions:	144	
US Approval Date:	April 2008	US Malfunctions:	5	
US Estimated Active Implants:	1,000	Without Compromised Therapy:	4	
		With Compromised Therapy:	1	



US Surviva	IS 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%	94.9%	91.5%	
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	1209	1008	616	

#### ALTRUA 20 EL DR

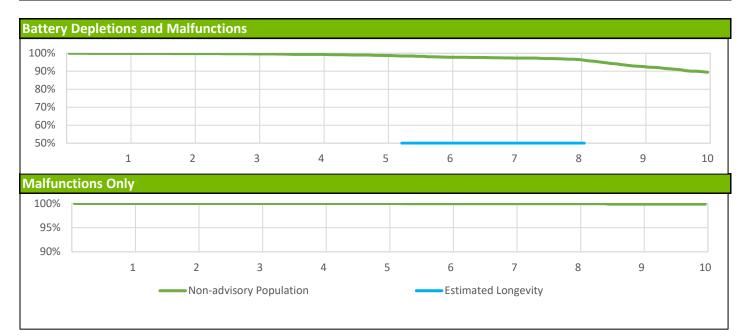
Models: S208

Worldwide Confirmed Malfunctions Worldwide Distribution	8 11,000		
	With Compromised	Without Compromised	
	Therapy	Therapy	Total
Electrical			
Capacitor (15)	2	0	2
Other			
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:	199	
US Approval Date:	April 2008	US Malfunctions:	2	
US Estimated Active Implants:	1,000	Without Compromised Therapy:	2	
		With Compromised Therapy:	-	



	ll 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%	97.4%	96.7%	92.7%	89.7%
Registered mplants:	Malfunctions Only	100.0%	100.0%	100.0%	100.0%	100.0%	99.9%	99.9%	99.9%	99.9%	99.9%
5,000	Effective Sample Size	3566	3034	2605	2278	1995	1731	1520	1329	1070	650

## 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. High battery impedance initiating safety mode 2021— June 2021 Voluntary Physician Advisory. Safety mode operation, system resets. Temporary reduction in battery voltage later in device life.
- 83. Hydrogen induced premature depletion June 2021— June 2021 Voluntary Physician Advisory. Premature battery depletion. Diminished low voltage capacitor performance.
- 84. Battery depletion— Beeping tones, device errors, premature battery depletion.

#### 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	78,000	1	2	2	8	0	0
AUTOGEN CRT-D							
G160/G161/G164/G166/G168/G172/G173/G175/ G177/G179	24,000	3	0	0	4	0	0
DYNAGEN/INOGEN/ORIGEN CRT-D							
G150/G151/G154/G156/G158/G140/G141/ G146/G148/G050/G051/G056/G058	113,000	3	4	5	14	0	0
CRT-P/Model	Worldwide Distribution	Electrical	Mechanical	Software	Other	Labeling	Packaging
VISIONIST/VALITUDE U125/U128//U225/U226/U228	76,000	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

ICD/Model	Worldwide Distribution	Electrical	Mechanical	Software	Other	Labeling	Packaging
RESONATE/MOMENTUM/CHARISMA/VIGILANT ICD DR	40,000	0	1	2	4	0	0
D121/D221/D233/D321/D333/D421/D433/D521/D533	40,000	U	I.	L	-	0	0
RESONATE/MOMENTUM/CHARISMA/VIGILANT ICD VR	31,000	1	3	2	0	0	0
D120/D220/D232/D320/D332/D420/D432/D520/D532	01,000	Ĩ	0	L	0	Ũ	
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	Ĭ	0	I	0	0	0
DYNAGEN/INOGEN/ORIGEN ICD EL VR	61,000	1	0	3	4	0	0
D020/D021/D010/D011/D000/D001	01,000	-	C C	C C		•	<b>.</b>
DYNAGEN/INOGEN/ORIGEN ICD EL DR	66,000	0	3	2	2	0	0
D020/D021/D010/D011/D000/D001	,	-				-	
DYNAGEN/INOGEN/ORIGEN ICD MINI VR	29,000	1	0	3	0	0	0
D020/D021/D010/D011/D000/D001							
DYNAGEN/INOGEN/ORIGEN ICD MINI DR	28,000	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	88,000	1	0	5	60	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	259,000	7	3	4	12	0	0
ACCOLADE/PROPONENT/ESSENTIO DR J064/K064/K067/K084	435,000	6	0	6	21	0	0
ACCOLADE/PROPONENT/ESSENTIO SR L100/L110/L200/L210/L300/L310	159,000	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 <sup>1</sup>	Complication related to another system component or clinical condition <sup>2</sup>	Other <sup>3</sup>
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	41000	10	117	6	431	2398
DYNAGEN/INOGEN/ORIGEN CRT-D G050/G051/G056/G058/G140/G141/G146/G148/G150/G151/G154/ G156/G158	71000	365	334	55	1072	10548
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	3772	403	787	918	18172
COGNIS N118/N119/N120/P106/P107/P108	75000	13040	417	2091	1659	39128

CRT-P/Model	U.S. Registered I Implants	Normal Battery Depletion	Device Upgrade	Device Malfunction <sup>1</sup>	Complication related to another system component or clinical condition <sup>2</sup>	Other <sup>3</sup>
VISIONIST/VALITUDE U125/U128/U225/U226/U228	38000	120	741	37	262	4730
INTUA V272/V273/V282/V283/W272/W273	3000	111	62	7	26	810
INVIVE V172/V173/V182/V183/W172/W173	8000	519	143	85	48	3059
CONTAK RENEWAL TR H120/H125	19000	4265	207	67	208	11963

S-ICD/Model	U.S. Registered Normal Batt Implants Depletior		Device Malfunction <sup>1</sup>	Complication related to another system component or clinical condition <sup>2</sup>	Other <sup>3</sup>
EMBLEM S-ICD A209, A219	40000 128	379	723	829	3770
SQ-RX S-ICD 1010	8000 1575	193	99	248	1840

ICD/Model	U.S. Registered Implants	Normal Battery Depletion	Device Upgrade	Device Malfunction <sup>1</sup>	Complication related to another system component or clinical condition <sup>2</sup>	Other <sup>3</sup>
RESONATE/MOMENTUM/CHARISMA/VIGILANT ICD DR D121/D221/D233/D321/D333/D421/D433/D521/D533	22000	4	317	3	196	847
RESONATE/MOMENTUM/CHARISMA/VIGILANT ICD VR D120/D220/D232/D320/D332/D420/D432/D520/D532	13000	5	217	1	114	470
DYNAGEN/INOGEN/ORIGEN ICD EL DR D052/D053/D142/D143/D152/D153	45000	42	1566	21	543	4451
DYNAGEN/INOGEN/ORIGEN ICD EL VR D050/D051/D140/D141/D150/D151	36000	21	1419	18	432	3316
DYNAGEN/INOGEN/ORIGEN ICD MINI DR D002/D003/D012/D013/D022/D023	10000	623	330	15	120	1613
DYNAGEN/INOGEN/ORIGEN ICD MINI VR D000/D001/D010/D011/D020/D021	9000	65	347	9	120	1299
INCEPTA/ENERGEN/PUNCTUA ICD VR E050/E051/E140/E141/E160/E160/ E050/F051/F140/F141/F160/F161	39000	150	2008	1096	545	9770
INCEPTA/ENERGEN/PUNCTUA ICD DR E052/E053/E142/E143/E162/E163/F052/F053/F142/F143/F162/F163	47000	330	2305	1125	656	12491

ICD/Model, continued			Device Upgrade	Device Malfunction <sup>1</sup>	Complication related to another system component or clinical condition <sup>2</sup>	Other <sup>3</sup>
TELIGEN VR E102/E103/F102/F103	38000	623	1724	2309	657	16290
TELIGEN DR E110/E111/F110/F111	66000	6041	2678	2983	1132	29879
Pacemaker/Model	U.S. Registered Normal Ba Implants Depletion		Device Upgrade	Device Malfunction <sup>1</sup>	Complication related to another system component or clinical condition <sup>2</sup>	Other <sup>3</sup>
ACCOLADE/PROPONENT/ESSENTIO DR EL L121/L131/L221/L231/L321/L331	108000	86	2476	305	505	7237
ACCOLADE/PROPONENT/ESSENTIO DR L101/L111/L201/L211/L301/L311	209000	668	4378	665	1017	23247
ACCOLADE/PROPONENT/ESSENTIO SR L100/L110/L200/L210/L300/L310	40000	79	1107	198	200	7448
ADVANTIO/INGENIO/VITALIO EL DR J064/J067/K064/K067/K084/K087/ J174/J177/K174/K177/K184/K187/ J274/J277/K274/K277/K284/K287	11000	34	392	16	51	2251
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	5601	3373	280	544	34431
ADVANTIO/INGENIO/VITALIO SR J062/J065/K062/K065/K082/K085/ J172/J175/K172/K175/K182/K185/ J272/J275/K272/K275/K282/K285	27000	118	640	13	106	10848

Pacemaker/Model, continued…	U.S. Registered Nor Implants [		Device Upgrade	Device Malfunction <sup>1</sup>	Complication related to another system component or clinical condition <sup>2</sup>	Other <sup>3</sup>
ALTRUA 60 SR S601	32000	3223	473	22	144	18239
ALTRUA 60 DR (Downsize) S603	90000	24479	1243	99	469	40013
ALTRUA 60 DR S602	22000	3675	460	40	158	9965
ALTRUA 60 DR EL S606	59000	5662	1303	58	353	23441
ALTRUA 40 SR S401	5000	462	51	2	17	2974
ALTRUA 40 DR (downsize) s403	14000	3852	162	4	63	6757
ALTRUA 40 DR S402	2000	265	32	1	7	944
ALTRUA 40 DR EL S404	5000	499	84	5	33	2464
ALTRUA 20 SR S201/S204	5000	197	39	2	31	2966
ALTRUA 20 DR EL S208	3000	144	46	5	10	1634

<sup>1</sup> 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.

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

<sup>3</sup> 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	31
US Approval Date:	February 2016	US Malfunctions:	-
US Estimated Active Implants:	14,000	Without Compromised Therapy:	-
		With Compromised Therapy:	-

### **Complications and Malfunctions**

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

US Survival Probab	oility											
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	<sup>e</sup> 11553	8462	5381	2851	942	267	217				@ 7

# **ACUITY X4 Spiral L**

Models: 4677/4678

Worldwide Confirmed Malfunctions Worldwide Distribution	1 36,000		
	With Compromised Therapy	Without Compromised Therapy	Total
Other			
Non-patterned, other	0	1	1
Grand Total	0	1	1

# **ACUITY X4 Spiral S**

Models: 4674/4675

US Summary			
US Registered Implants:	44,000	US Chronic Complications	87
US Approval Date:	February 2016	US Malfunctions:	1
US Estimated Active Implants:	39,000	Without Compromised Therapy:	1
		With Compromised Therapy:	-

### **Complications and Malfunctions**

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

US Survival Probabi	lity											
Year	1	L	2	3	4	5	6	7	8	9	10	
Non-Advisory Population	Complications and Complications Addition Complexity Com	99.8%	99.8%	99.8%	99.7%	99.7%	99.7%	99.7%				
Registered Implants: 44000	Effective Sample Size	31970	22223	13763	7096	1908	363	208				@ 78 mon

# **ACUITY X4 Spiral S**

Models: 4674/4675

Worldwide Confirmed Malfunctions Worldwide Distribution	1 9 <b>1,00</b> 0		
	Without Compromised Therapy	With 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:	33,000	US Chronic Complications	162
US Approval Date:	February 2016	US Malfunctions:	1
US Estimated Active Implants:	29,000	Without Compromised Therapy:	1
		With Compromised Therapy:	-

### **Complications and Malfunctions**

_										<u> </u>
100%										
95%										
90%										
85%										
85% 80%										
75%										
1370	1 .	2 3	2	1 5	5 6	5 7	, 8	9	10	,
	1 1	2	, -	+ _		, ,	0	5	10	

US 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: 33000	Effective Sample Size	23748	16291	9747	4965	1220	359	209				@ 80 mon

# **ACUITY X4 Straight**

Models: 4671/4672

Worldwide Confirmed Malfunctions Worldwide Distribution	1 73,000		
	With Compromised Therapy	Without 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	565	
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%			1		1	1	I		
95%									
90%									
85%									
80%									
75%									
	1	2 3	3 4	4 5	5 6	5 7	8	9	10

US Survival Probabi	lity										
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	19895	17624	15597	13791	12135	10330	8324	6237	4438	2976

# **ACUITY Spiral**

Models: 4591/4592/4593

Worldwide Confirmed Malfunctions Worldwide Distribution	9 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	733
US Approval Date:	May 2008	US Malfunctions:	33
US Estimated Active Implants:	13,000	Without Compromised Therapy:	12
		With Compromised Therapy:	21

<b>US Survival Probabi</b>	lity										
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	<sup>2</sup> 24538	21935	19644	17623	15765	13809	11577	9133	7100	5322

# **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	563	
US Approval Date:	August 2004	US Malfunctions:	32	
US Estimated Active Implants:	8,000	Without Compromised Therapy:	9	
		With Compromised Therapy:	23	

					•	_		_			10
Year		1	2	3	4	5	6	/	8	9	10
Ion-Advisory Population	Complications and Malfunctions	98.5%	98.2%	97.9%	97.6%	97.3%	97.0%	96.7%	96.5%	96.4%	96.2%
Registered Implants: 22000	Effective Sample Size	18420	16449	14727	13166	11728	10293	8776	7182	5759	4628

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) <b>Other</b>	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	2,918	
US Approval Date:	August 2004	US Malfunctions:	404	
US Estimated Active Implants:	33,000	Without Compromised Therapy:	145	
		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	82269	73318	65444	58439	51942	45271	38470	31733	25893	20817

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

Worldwide Confirmed Malfunctions Worldwide Distribution	547 180,000		
	With Compromised Therapy	Without Compromised Therapy	Total
Conductor			
Conductor fracture (25) <b>Other</b>	329	148	477
Non-patterned, other	39	31	70
Grand Total	368	179	547

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

US Summary				
US Registered Implants:	38,000	US Chronic Complications	1,134	
US Approval Date:	May 2002	US Malfunctions:	94	
US Estimated Active Implants:	5,000	Without Compromised Therapy:	9	
		With Compromised Therapy:	85	

US 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	30329	26082	22386	19251	16437	14059	12059	10491	9258	8219

### 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:	6,000	Without Compromised Therapy:	-	
		With Compromised Therapy:	-	

#### **Complications and Malfunctions**

100%											
10070											
95%											
90%											
90%											
85%											
80%											
80%											
75%											
1370			-		_	-	_				
	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%	99.8%	99.8%	99.8%	99.5%	99.2%	99.2%			
Registered Implants: 6000	Effective Sample Size	<sup>e</sup> 3423	1127	436	391	350	225	202			

# **ENDOTAK RELIANCE 4-FRONT Dual Coil Active Fixation**

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

Worldwide Confirmed Malfunctions Worldwide Distribution	2 23,000	1 )	
	With Compromised Therapy	Without Compromised Therapy	Total
Other			
Non-patterned, other	4	0	4
Grand Total	4	0	4

## **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 Active Fixation**

Models: 0657/0672/0673/0692/0693

US Summary			
US Registered Implants:	41,000	US Chronic Complications	83
US Approval Date:	May 2018	US Malfunctions:	7
US Estimated Active Implants:	38,000	Without Compromised Therapy:	-
		With Compromised Therapy:	7

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%	99.3%	99.3%	99.3%				
Registered Implants: 41000	Effective Sample Siz	<sup>e</sup> 20756	6195	1019	918	823	490	201				@ 79 mon

# **ENDOTAK RELIANCE 4-FRONT Single Coil Active Fixation**

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

Worldwide Confirmed Malfunctions Worldwide Distribution	60 148,000		
	With Compromised Therapy	Without Compromised Therapy	Total
Conductor			
Conductor cable fracture (38) <b>Other</b>	23	0	23
Non-patterned, other	34	3	37
Grand Total	57	3	60

# **ENDOTAK RELIANCE 4-FRONT Single Coil Passive Fixation**

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

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

## **EMBLEM S-ICD Electrode**

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Model 3501 Electrode Fracture 2020

3

4

Models: 3501

80% 75%

US Registered Implants:	20,000	US Chronic Complications	59
US Approval Date:	September 2017	US Malfunctions:	31
US Estimated Active Implants:	18,000	Without Compromised Therapy:	-
		With Compromised Therapy:	31
Complications and Malfunctions			
Complications and Malfunctions		·····	
Complications and Malfunctions			
-			
100%			

<b>US Survival Probabi</b>	lity										
Year	1	2	3	4	5	6	7	8	9	10	
Model 3501 Electrode Fracture 2020	Complications and 99.7% Malfunctions	99.4%	99.1%	98.8%							
Registered Implants: 20000	Effective Sample Size 13166	7189	2031	282							@ 42 months

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

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### **EMBLEM S-ICD Electrode**

Models: 3501

Worldwide Confirmed Malfunctions Worldwide Distribution	7€ 50,000		
	With Compromised Therapy	Without Compromised Therapy	Total
Conductor			
Model 3501 electrode fracture 2020 (42)	39	0	39
Electrode conductor fracture in or near the pocket (44)	33	1	34
Other			
Non-patterned, other	3	0	3
Grand Total	75	1	76

# EMBLEM/Q-TRAK S-ICD Electrode

Models: 3010/3401

US Summary				
US Registered Implants:	24,000	US Chronic Complications	167	
US Approval Date:	September 2012	US Malfunctions:	12	
US Estimated Active Implants:	19,000	Without Compromised Therapy:	-	
		With Compromised Therapy:	12	

Year	1	2	3	4	5	6	7	8	9	10
Non-Advisory Population	Complications and 99.7% Malfunctions	99.5%	99.4%	99.3%	99.2%	98.8%	98.4%	97.8%	97.8%	
Registered Implants: 24000	Effective Sample Size 21039	18701	16478	12263	7348	3442	1194	371	259	

## **EMBLEM/Q-TRAK S-ICD Electrode**

Models: 3010/3401

Worldwide Confirmed Malfunctions Worldwide Distribution	35 43,000		
	With Compromised Therapy	Without Compromised Therapy	Total
Conductor			
Electrode conductor fracture in or near the pocket (44) <b>Crimp/Weld/Bond</b>	11	1	12
Weld fracture (37)	3	0	3
Other			
Non-patterned, other	18	2	20
Grand Total	32	3	35

### **ENDOTAK RELIANCE 4-Site Dual Coil, Active Fixation**

Models: 0275/0276/0295/0296

US Summary				
US Registered Implants:	77,000	US Chronic Complications	369	
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 99.7% Malfunctions	99.6%	99.6%	99.5%	99.5%	99.4%	99.3%	99.2%	98.9%	98.8%
Registered Implants: 77000	Effective Sample Size 66985	58456	48670	39344	30967	23335	15649	8514	2103	229

# ENDOTAK RELIANCE 4-Site Dual Coil, Active Fixation

Models: 0275/0276/0295/0296

Worldwide Confirmed Malfunctions Worldwide Distribution	61 124,000		
	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:	1	
US Estimated Active Implants:	3,000	Without Compromised Therapy:	1	
		With Compromised Therapy:	-	

#### **Complications and Malfunctions**

										_
100% 95% 90% 85% 80% 75%										
95%										
90%										
5070										
85%										
000/										
80%										
75%										
, 370				_		_			4.0	
	1 4	2 3	3 4	i 5	6	) /	8	9	10	1

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%	99.2%	98.9%	98.6%	98.1%	97.9%	97.9%	
Registered Implants: 3000	Effective Sample Size	° 2901	2503	2084	1681	1306	973	591	282	206	

# **ENDOTAK RELIANCE 4-Site Dual Coil, Passive Fixation**

Models: 0265/0266/0285/0286

Worldwide Confirmed Malfunctions Worldwide Distribution	: 11,000	2 )	
	With Compromised Therapy	Without Compromised Therapy	Total
Other			
Non-patterned, other	0	2	2
Grand Total	0	2	2

## **ENDOTAK RELIANCE 4-Site Single Coil, Active Fixation**

Models: 0272/0273/0292/0293

US Summary				
US Registered Implants:	119,000	US Chronic Complications	560	
US Approval Date:	November 2010	US Malfunctions:	41	
US Estimated Active Implants:	99,000	Without Compromised Therapy:	8	
		With Compromised Therapy:	33	

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%	98.9%	98.9%
Registered Implants: 119000	Effective Sample Size 104742	91878	70627	48695	32719	20275	10837	4698	1138	393

# **ENDOTAK RELIANCE 4-Site Single Coil, Active Fixation**

Models: 0272/0273/0292/0293

Worldwide Confirmed Malfunctions Worldwide Distribution	83 202,000		
	With Compromised Therapy	Without Compromised Therapy	Total
Conductor			
Conductor fracture (24) <b>Other</b>	9	0	9
Non-patterned, other	60	14	74
Grand Total	69	14	83

### **ENDOTAK RELIANCE 4-Site Single Coil, Passive Fixation**

Models: 0262/0263/0282/0283

US Summary			
US Registered Implants:	14,000	US Chronic Complications	15
US Approval Date:	November 2010	US Malfunctions:	3
US Estimated Active Implants:	13,000	Without Compromised Therapy:	-
		With Compromised Therapy:	3

US Survival Probability											
Year	1	2	3	4	5	6	7	8	9	10	
Non-Advisory Population	Complications and 99.8% Malfunctions	99.7%	99.5%	99.5%	99.5%	99.0%	98.6%				
Registered Implants: 14000	Effective Sample Size 7953	3332	1353	915	581	323	216				@ 78 r

# **ENDOTAK RELIANCE 4-Site Single Coil, Passive Fixation**

Models: 0262/0263/0282/0283

Worldwide Confirmed Malfunctions Worldwide Distribution	6,000	5	
	With Compromised Therapy	Without Compromised Therapy	Total
Other			
Non-patterned, other	4	1	5
Grand Total	4	1	5

#### **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	3,518	
US Approval Date:	July 2002	US Malfunctions:	382	
US Estimated Active Implants:	110,000	Without Compromised Therapy:	122	
		With Compromised Therapy:	260	

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

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	252039	226185	203068	182200	163315	145933	130017	115365	101405	83705

## **ENDOTAK RELIANCE Dual Coil, Active Fixation**

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

Worldwide Confirmed Malfunctions Worldwide Distribution	581 381,000		
	With Compromised Therapy	Without Compromised Therapy	Total
Conductor			
Conductor fracture (24) Crimp/Weld/Bond	106	0	106
Seal rings (5) <b>Other</b>	2	2	4
Non-patterned, other	269	202	471
Grand Total	377	204	581

#### **ENDOTAK RELIANCE Dual Coil, Passive Fixation**

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

US Summary				
US Registered Implants:	47,000	US Chronic Complications	888	
US Approval Date:	October 2000	US Malfunctions:	60	
US Estimated Active Implants:	14,000	Without Compromised Therapy:	14	
		With Compromised Therapy:	46	

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

	lity										
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	40554	36392	32651	29240	26152	23374	20848	18557	16353	14160

### **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	20	0	20
Conductor connection (36) <b>Other</b>	3	0	3
Non-patterned, other	86	54	140
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	448	
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 9 1 4 5 7 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%	97.2%
Registered Implants: 33000	Effective Sample Size	29182	25847	22851	20128	17630	15066	12427	10025	7890	5116

## **ENDOTAK RELIANCE Single Coil, Active Fixation**

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

Worldwide Confirmed Malfunctions Worldwide Distribution	205 76,000		
	With Compromised Therapy	Without Compromised Therapy	Total
Conductor			
Conductor fracture (24) <b>Other</b>	62	1	63
Non-patterned, other	86	56	142
Grand Total	148	57	205

# **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	

75%	1 7	) 3	 5	6	7	 0	10
80%							
90% 85%							

US Survival Probabi	ility										
Year		1	2	3	4	5	6	7	8	9	10
Non-Advisory Population	Complications and Malfunctions	99.7%	99.3%	99.1%	98.6%	98.5%	97.9%	97.7%	97.5%	96.8%	96.8%
Registered Implants: 2000	Effective Sample Size	e 1547	1371	1212	1062	914	718	542	390	228	200

## **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) <b>Other</b>	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:	103,000	US Chronic Complications	127
US Approval Date:	December 2019	US Malfunctions:	6
US Estimated Active Implants:	99,000	Without Compromised Therapy:	2
		With Compromised Therapy:	4

100%	_										
95%											
90%											
85%											
0070											
80% 75%											
75%											
		1	2	3	4	5	6	7	8	9	10

US Survival Probabil	IS Survival Probability											
Year	1	2	3	4	5	6	7	8	9	10		
Non-Advisory Population	Complications and 99.8% Malfunctions	99.8%										
Registered Implants: 103000	Effective Sample Size 14025	259									@	

#### **INGEVITY+** Positive Fixation

Models: 7840/7841/7842

Worldwide Confirmed Malfunctions Worldwide Distribution	118,000	<b>4</b> D	
	With Compromised Therapy	Without Compromised Therapy	Total
Conductor			
Extracardiac fracture (41) <b>Other</b>	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	1,566
US Approval Date:	April 2016	US Malfunctions:	218
US Estimated Active Implants:	321,000	Without Compromised Therapy:	116
		With Compromised Therapy:	102

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

US Survival Probabi	lity									
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 319639	230221	140506	65984	7096	1849	1651	1357	1361	

#### **INGEVITY Positive Fixation**

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

Worldwide Confirmed Malfunctions Worldwide Distribution	340 974,000		
	With Compromised Therapy	Without Compromised Therapy	Total
Conductor			
Inner conductor break (39)	9	7	16
Extracardiac fracture (41)	83	102	185
Other			
Insulation (43)	2	14	16
Non-patterned, other	62	61	123
Grand Total	156	184	340

#### **INGEVITY Passive Fixation**

Models: 7631/7632/7731/7732

US Summary			
US Registered Implants:	22,000	US Chronic Complications	59
US Approval Date:	April 2016	US Malfunctions:	10
US Estimated Active Implants:	19,000	Without Compromised Therapy:	-
		With Compromised Therapy:	10

										_
100%						1		1		
100% 95%										
90%										
85%										
80% 75%										
75%										
	1 2	2 3	3 4	1 5	5 6	5 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	99.8%	99.6%	99.3%	99.3%					
Registered Implants: 22000	Effective Sample Size 16410	11512	7164	3400	335					

#### **INGEVITY Passive Fixation**

Models: 7631/7632/7731/7732

Worldwide Confirmed Malfunctions Worldwide Distribution	1! 104,000		
	With Compromised Therapy	Without Compromised Therapy	Total
Conductor			
Extracardiac fracture (41) <b>Other</b>	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:	13,000	US Chronic Complications	52
US Approval Date:	April 2016	US Malfunctions:	7
US Estimated Active Implants:	12,000	Without Compromised Therapy:	7
		With Compromised Therapy:	-

100%										
100% 95%	 									
90%										
85%	 									
80%										
80% 75%										
, 570	1	2	3	4	5	6	7	8	9	10
	-	-	0		5	5	•	0	5	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%	99.2%	99.2%						
Registered Implants: 13000	Effective Sample Size	<sup>e</sup> 9381	6589	4042	1832	306						@

#### **INGEVITY Atrial J Passive Fixation**

Models: 7635/7636/7735/7736

Worldwide Confirmed Malfunctions Worldwide Distribution	13 91,000		
	With Compromised Therapy	Without Compromised Therapy	Total
Conductor			
Extracardiac fracture (41) Crimp/Weld/Bond	0	8	8
Weld (40) Other	0	1	1
Non-patterned, other	0	4	4
Grand Total	0	13	13

#### **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	5	22
Inner insulation abrasion (2) Other	2	5	7
Non-patterned, other	2	9	11
Conductor damage (32)	23	64	87
Grand Total	44	83	127

#### **FLEXTEND** Positive Fixation

Models: 4086/4087/4088

US Summary			
US Registered Implants:	235,000	US Chronic Complications	4,766
US Approval Date:	February 2002	US Malfunctions:	373
US Estimated Active Implants:	76,000	Without Compromised Therapy:	151
		With Compromised Therapy:	222

100%										
100% 95%										
90%	 									
85%										
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	99.5%	99.3%	99.0%	98.7%	98.3%	98.0%	97.6%	97.3%	96.9%	96.7%
Registered Implants: 235000	Effective Sample Size	<sup>2</sup> 200321	179371	160706	143745	128257	112155	97265	83619	71284	60426

#### **FLEXTEND** Positive Fixation

Models: 4086/4087/4088

Worldwide Confirmed Malfunctions Worldwide Distribution	403 290,000		
	With Compromised Therapy	Without Compromised Therapy	Total
Conductor			
Lead conductor (7) Electrical	88	18	106
Inner insulation abrasion (2) Other	18	23	41
Non-patterned, other	11	17	28
Conductor damage (32)	123	105	228
Grand Total	240	163	403

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

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

US Summary				
US Registered Implants:	501,000	US Chronic Complications	3,704	
US Approval Date:	January 2000	US Malfunctions:	165	
US Estimated Active Implants:	253,000	Without Compromised Therapy:	48	
		With Compromised Therapy:	117	

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	99.8%	99.7%	99.6%	99.5%	99.4%	99.2%	99.1%	99.0%	98.8%	98.7%
Registered Implants: 501000	Effective Sample Size	<sup>e</sup> 434991	381936	333818	291174	254158	215055	178819	146601	118494	94108

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

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

Worldwide Confirmed Malfunctions Worldwide Distribution	197 788,000		
	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	29	99
Non-patterned, other	8	7	15
Grand Total	144	53	197

#### 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	908	
US Approval Date:	January 2000	US Malfunctions:	152	
US Estimated Active Implants:	20,000	Without Compromised Therapy:	37	
		With Compromised Therapy:	115	

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

US Survival Probabi	lity										
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%	98.6%	98.2%	97.8%	97.4%	97.1%	96.9%
Registered Implants: 53000	Effective Sample Size	<sup>2</sup> 46272	41343	36889	32870	29218	25254	21606	18284	15300	12681

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

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

Worldwide Confirmed Malfunctions Worldwide Distribution	192 144,000		
	With Compromised Therapy	Without Compromised Therapy	Total
Conductor			
Lead conductor (7) <b>Other</b>	90	14	104
Conductor damage (32)	55	22	77
Lead body (4)	0	1	1
Non-patterned, other	3	7	10
Grand Total	148	44	192

## FINELINE II/FINELINE II Sterox Passive Fixation (Polyurethane)

Models: 4452/4453/4456/4457

US Summary			
US Registered Implants:	195,000	US Chronic Complications	1,620
US Approval Date:	January 2000	US Malfunctions:	45
US Estimated Active Implants:	77,000	Without Compromised Therapy:	3
		With Compromised Therapy:	42

100%										
95%										
90%	 									
85%	 									
85% 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	99.7%	99.6%	99.5%	99.4%	99.3%	99.2%	99.1%	98.9%	98.7%	98.6%
Registered Implants: 195000	Effective Sample Size	<sup>e</sup> 168598	150221	133480	118343	104745	89859	75723	62999	51840	42231

# FINELINE II/FINELINE II Sterox Passive Fixation (Polyurethane)

Models: 4452/4453/4456/4457

Worldwide Confirmed Malfunctions Worldwide Distribution	68 549,000		
	With Compromised Therapy	Without Compromised Therapy	Total
Conductor			
Lead conductor (7) <b>Other</b>	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	313	
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%										
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%	97.5%	97.1%	96.8%	96.6%
Registered Implants: 14000	Effective Sample Size	12298	11005	9800	8681	7721	6736	5856	5046	4336	3646

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

Models: 4454/4455/4458/4459

Worldwide Confirmed Malfunctions Worldwide Distribution	6( 105,000		
	With Compromised Therapy	Without Compromised Therapy	Total
Conductor			
Lead conductor (7) <b>Other</b>	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	836	
US Approval Date:	January 2000	US Malfunctions:	39	
US Estimated Active Implants:	27,000	Without Compromised Therapy:	20	
		With Compromised Therapy:	19	

1	2	3	Δ	. 5	6	7	8	9	10
	1	1 2							

US Survival Probability											
Year		1	2	3	4	5	6	7	8	9	10
Non-Advisory Population	Complications and Malfunctions	99.3%	99.1%	99.0%	98.8%	98.7%	98.6%	98.5%	98.3%	98.1%	98.0%
Registered Implants: 63000	Effective Sample Size	<sup>e</sup> 54741	49000	43811	38978	34619	29587	24880	20633	16868	13591

# FINELINE II/FINELINE II Sterox Atrial J (Polyurethane)

Models: 4477/4478/4479/4480

Worldwide Confirmed Malfunctions Worldwide Distribution	79 319,000		
	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	103,000	13	19	70	16	5	3	1	0	0	0
7840/7841/7842				10		0	0	•	0	Ũ	Ũ
INGEVITY Positive Fixation	365,000	105	478	537	195	76	21	39	88	0	27
7640/7641/7642/7740/7741/7742		100	410	001	100	10	21	00	00	0	21
<b>INGEVITY Atrial J Passive Fixation</b>	13,000	0	14	24	6	3	1	2	2	0	0
7635/7636/7735/7736		0	14	24	0	5	I	2	Z	0	0
INGEVITY Passive Fixation	22,000	1	14	13	11	3	3	1	13	0	0
7631/7632/7731/7732		I	14	15	11	5	5	1	15	0	0
FLEXTEND Active Fixation	235,000	83	1059	1020	1017	597	140	227	568	0	55
4086/4087/4088		00	1059	1020	1017	597	140	221	500	0	55
FINELINE II ; Passive Fixation (poly)	195,000	5	477	246	294	72	35	212	260	0	19
4452/4453/4456/4457		Ū	411	240	204	12	00	212	200	0	10
FINELINE II EZ ; Positive Fixation (poly)	501,000	22	797	877	506	189	149	602	532	0	30
4463/4464/4465/4469/4470/4471											
FINELINE II Atrial J (poly) 4477/4478/4479/4480	63,000	1	124	369	139	28	34	80	54	0	7
FINELINE II/THINLINE II ; Passive											
Fixation (silicone)	14,000	2	126	20	69	29	5	24	37	0	1
4454/4455/4458/4459											
FINELINE II/THINLINE II EZ ; Positive	53,000										
Fixation (silicone)	00,000	0	303	98	119	108	24	106	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	20	3	1	0	0	0	0	7
ACUITY X4 Spiral S 4674/4675	44,000	1	0	67	4	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	33,000	1	1	97	16	0	0	1	4	0	42
ACUITY Steerable 4554/4555/4556	29,000	3	40	461	66	6	2	18	39	0	98
ACUITY Spiral 4591/4592/4593	24,000	0	22	338	52	0	1	5	11	0	136
EASYTRAK 3 4522/4524/4525/4527/4548/4549/4550	22,000	2	43	314	62	5	2	16	24	0	95
EASYTRAK 2 4515/4517/4518/4520/4542/4543/4544	97,000	1	416	1368	375	14	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	269
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	41,000	12	10	37	5	9	3	0	2	4	1
ENDOTAK RELIANCE 4-FRONT Dual Coil Active Fixation 0653/0658/0675/0676/0695/0696	6,000	0	3	7	1	2	0	0	0	0	0
ENDOTAK RELIANCE 4-Site ; Dual Coil, Active Fixation 0275/0276/0295/0296	77,000	22	53	119	34	60	12	13	22	29	5
ENDOTAK RELIANCE 4-Site ; Dual Coil, Passive Fixation 0285/0286	3,000	0	3	8	1	6	0	0	12	1	1
ENDOTAK RELIANCE 4-Site ; Single Coil, Active Fixation 0292/0293	130,000	32	67	199	56	88	23	11	34	39	11
ENDOTAK RELIANCE 4-Site ; Single Coil, Passive Fixation 0282/0283	3,000	2	3	1	4	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	751	433	231	864	102	165	443	466	30
ENDOTAK RELIANCE ; Dual Coil, Passive Fixation 0147/0148/0149/0174/0175/0176/0177	47,000	4	156	75	86	154	13	48	268	77	7
ENDOTAK RELIANCE ; Single Coil, Active Fixation 0137/0138/0160/0161/0162/0180/0181/0182	33,000	13	99	61	38	83	3	8	55	84	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	20,000	0	3	3	0	49	2	0	0	2	
EMBLEM/Q-TRAK S-ICD Electrode 3010, 3401	24,000	0	2	18	0	122	13	4	0	8	

#### **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	103,000	89	20	277	77	14	20	1	15	0	1
INGEVITY Positive Fixation 7640/7641/7642/7740/7741/7742	365,000	358	437	950	249	77	51	8	52	0	33
INGEVITY Atrial J Passive Fixation 7635/7636/7735/7736	13,000	0	0	28	5	1	1	0	1	0	0
INGEVITY Passive Fixation 7631/7632/7731/7732	22,000	1	0	35	10	0	3	0	0	0	0
FLEXTEND Active Fixation 4086/4087/4088	235,000	174	276	1013	296	46	55	25	92	0	30
FINELINE II ; Passive Fixation (poly) 4452/4453/4456/4457	195,000	9	10	401	102	7	12	16	15	0	10
FINELINE II Atrial J (poly) 4477/4478/4479/4480	63,000	0	13	403	52	2	16	5	7	0	5
FINELINE II EZ ; Positive Fixation (poly) 4463/4464/4465/4469/4470/4471	501,000	55	55	673	151	86	69	31	80	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	95	16	3	9	6	4	0	3
CRT Leads/Model	U.S. Registered	Cardiac	Conductor fracture/ helix	Lead	Failure to	Oversensing	Failure to	Insulation	Abnormal pacing	Abnormal defibrillation	Extracardiac

CRT Leads/Model	U.S. Registered Implants	Cardiac Perforation	fracture/ helix damage	Lead dislodgement	Failure to capture	Oversensing	Failure to sense	Insulation breach	pacing impedance	Abnormal defibrillation impedance	Extracardiac stimulation
ACUITY X4 Spiral L 4677/4678	15,000	0	0	27	32	8	0	0	6	0	19
ACUITY X4 Spiral S 4674/4675	44,000	0	2	54	35	6	0	0	19	0	50

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	33,000	1	0	113	20	4	1	0	9	0	57
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	41,000	33	6	80	15	11	2	1	3	1	1
ENDOTAK RELIANCE 4-FRONT Dual Coil Active Fixation 0653/0658/0675/0676/0695/0696	6,000	3	1	10	6	2	0	0	1	0	0
ENDOTAK RELIANCE 4-Site ; Dual Coil, Active Fixation 0275/0276/0295/0296	77,000	55	18	252	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	130,000	93	19	347	67	51	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	84	140	513	131	223	12	18	179	108	44
ENDOTAK RELIANCE ; Dual Coil, Passive Fixation 0147/0148/0149/0174/0175/0176/0177	47,000	5	4	93	36	41	4	3	47	5	0
ENDOTAK RELIANCE ; Single Coil, Active Fixation 0137/0138/0160/0161/0162/0180/0181/0182	33,000	31	7	70	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	20,000	1	0	18	0	165	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	36,000	0	0	0	2	0	0	0
ACUITY X4 Spiral S 4674/4675	91,000	0	0	0	4	0	0	0
ACUITY X4 Straight 4671/4672	73,000	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	23,000	0	0	0	4	0	0	0
0653/0658/0675/0676/0695/0696								
ENDOTAK RELIANCE 4-FRONT Single Coil				•	07	0		<u>,</u>
Active Fixation	148,000	3	1	0	27	0	0	0
0652/0657/0672/0673/0692/0693 ENDOTAK RELIANCE 4-FRONT Dual Coil								
Passive Fixation	1,000	0	0	0	0	0	0	0
0636/0651/0655/0665/0685/0686	1,000	0	0	0	0	0	0	U
ENDOTAK RELIANCE 4-FRONT Single Coil								
Passive Fixation	6,000	0	1	0	0	0	0	0
0650/0654/0662/0682/0663/0683	0,000	0	I	0	0	0	0	0
ENDOTAK RELIANCE 4-Site ; Dual Coil,								
Active Fixation	124,000	0	0	0	89	0	1	0
0275/0276/0295/0296	,		č	č		č		ů.
ENDOTAK RELIANCE 4-Site ; Dual Coil,								
Passive Fixation	11,000	0	0	0	7	15	1	0
0265/0266/0285/0286	,							
ENDOTAK RELIANCE 4-Site ; Single Coil,								
Active Fixation	202,000	0	0	0	54	0	1	0
0292/0293								
ENDOTAK RELIANCE 4-Site ; Single Coil,								
Passive Fixation	6,000	0	0	0	0	0	0	0
0282/0283	-,							
ENDOTAK RELIANCE ; Dual Coil, Active								
Fixation		-			(			
0157/0158/0159/0164/0165/0167/	381,000	0	0	92	571	1	3	10
0184/0185/0186/0187								
ENDOTAK RELIANCE ; Dual Coil, Passive								
Fixation	109,000	1	0	20	108	0	3	0
0147/0148/0149/0174/0175/0176/0177	,							
ENDOTAK RELIANCE ; Single Coil, Active								
Fixation	76,000	0	0	15	73	0	1	1
0137/0138/0160/0161/0162/0180/0181/0182	-,							
ENDOTAK RELIANCE ; Single Coil, Passive								
Fixation	8,000	0	0	1	6	0	0	0
0127/0128/0170/0171/0172/0173								
S-ICD Electrodes/Model	Worldwide Distribution	Conductor	Insulation	Crimp/Weld/Bond	Other	Labeling	Packaging	Implant Accessory
	_ 10 4 10 4 40 11							
EMBLEM S-ICD Electrode 3501	50,000	0	0	0	2	0	0	0
EMBLEM/Q-TRAK S-ICD Electrode 3010, 3401	43,000	0	0	1	0	0	0	0

Pacing Leads/Model	Worldwide Distribution	Conductor	Insulation	Crimp/Weld/Bond	Other	Labeling	Packaging	Implant Accessory
INGEVITY+ Positive Fixation 7840/7841/7842	118,000	0	0	0	1	0	0	0
INGEVITY Positive Fixation 7640/7641/7642/7740/7741/7742	974,000	2233	0	0	3217	0	0	0
INGEVITY Atrial J Passive Fixation 7635/7636/7735/7736	91,000	0	0	0	0	0	0	0
INGEVITY Passive Fixation 7631/7632/7731/7732	104,000	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*	549,000	1	0	3	8	6	26	0
FINELINE II EZ ; Positive Fixation (poly) 4463/4464/4465/4469/4470/4471*	788,000	0	0	6	727	1	52	3
FINELINE II Atrial J (poly) 4477/4478/4479/4480*	319,000	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 lifesaving therapy, or when Boston Scientific can provide meaningful guidance to improve patient outcomes or device performance. Boston 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.bostonscientific.com. With respect to the number of reported events listed in the summaries below, Boston Scientific recognizes 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's most current understanding of the data presented, but is not necessarily updated in every report. 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 statistical approximations and assumptions. Advisory notifications may vary by geography, based upon local regulatory requirements. Please contact the local Boston Scientific office for more information. Not all products may be approved for use in all geographies, as product approval is geography specific.

PRODUCT	ORIGINAL COMMUNICATION Jun 2021 – High Battery Impedance Initiating Safety Mode in
PRODUCT Identifiable by serial number. Not	INGENIO EL Pacemakers and CRT-Ps Voluntary Physician Advisory
all serial numbers are affected.	FDA Classification: Class I
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 <sup>™</sup> 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 telemetry communication via programmer or LATITUDE communicator. If the battery voltage drops below a minimum threshold during communication attempts, the device will temporarily halt telemetry, and a system
Device Lookup Tool INLIVEN CRT-P Models: V284, V285, W274, W275	reset will be performed. Subsequent telemetry attempts may result in additional system resets due to the high battery impedance. If 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.
Wodels. V204, V205, W214, W215	Once a device is in Safety Mode, it cannot be reprogrammed and must be replaced. There is a high degree of
INTUA CRT-P Models: V272, V273, W273	detectability when a device is operating in Safety Mode based on displayed programmer warning screen and/or LATITUDE alert condition. Although the most common clinical outcome has been early device replacement, Safety Mode parameters may result in unintended clinical impact for certain patients. Prior to device replacement, some
INVIVE CRT-P 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 nerve stimulation; and/or loss of AV/VV synchrony. 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 indicator. The potential for life-threatening harm due to loss of pacing (occurring because of prolonged inhibition) over
INGENIO DR EL Pacemaker Models: J174, J177, K174, K184, K187	a device's lifetime is estimated to be less than 1 in 15,000. Standard Warranty program available, please contact your local representative for terms and conditions.
ADVANTIO DR EL Pacemaker	CURRENT STATUS 07-Jul-21
Models: J064, J067, K064, K084,	Estimated Rate of Occurrence
Safety Mode, Physician Letter, June	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.
2021 Safety Mode, Patient Letter, June 2021	The INGENIO devices built with the standard 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 07-Jul-21
	<ul> <li>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 patient if their device initiates Safety Mode prior to the Explant indicator, consider patient-specific physiological factors (which may vary over time), including: adequacy of underlying escape rhythm and/or the need for AV/VV pacing for cardiac synchrony.</li> <li>If a device enters Safety Mode, schedule replacement. Boston Scientific does not recommend general prophylactic replacement for affected devices. However, for individual patients, factors such as those listed above and shared decision-making may support consideration of device replacement to mitigate unintended clinical impact(s) due to potential entry into Safety Mode prior to the Explant indicator. In these cases, the following guidance should be considered:</li> <li>For EL pacemakers, replace with a longevity remaining of 4 years (or less, if the device currently indicates fewer than 4 years longevity remaining).</li> <li>For CRT-Ps, replace with a longevity remaining of 3 years (or less, if the device currently indicates fewer than 3 years longevity remaining).</li> <li>Follow-up interval. Perform a system follow-up via remote or in-office interrogation at least every 12 months. For patients who may not require early device replacement, continue with existing follow-up protocols until the longevity reaches One-Year-Remaining and then follow-up every three (3) months thereafter until replacement is indicated (in accordance with tha affected device, append their medical record with this letter to maintain awareness of this topic for the remaining service life of the device.</li> </ul>

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 - Class II
A serialized search tool to determine if a specific device is affected by this	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
product advisory is available here: <u>Device Lookup Tool</u>	battery depletion. The 2018 advisory population included approximately 2,900 active pacemakers, and the 2021 advisory population included approximately 125,000 active pacemakers.
VALITUDE CRT-P	l stantas la sua stanta di su sua statu da sua sublica da su
Models U125, U128	Latent release of small amounts of hydrogen within the pacemaker may compromise electrical function of a low voltage capacitor over time, resulting in accelerated depletion of the battery. The susceptibility of a pacemaker to this hydrogen-induced accelerated battery depletion mechanism is dependent upon the amount of hydrogen
VISIONIST CRT-P	accumulation within the device and the susceptibility of the low voltage capacitors to hydrogen. The 2018 population
Models U225, U226, U228	is composed of pacemakers built with specific batches/lots of a liner component exhibiting a higher likelihood for this behavior. The 2021 population is composed of pacemakers built with a discontinued/original low voltage capacitor
ACCOLADE Pacemaker	that is susceptible to compromised electrical performance in the presence of hydrogen. The use of the original low
Models L300, L301, L310, L311, L321, L331	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 deaths associated with this behavior.
PROPONENT Pacemaker	
Models L200, L201, L209, L210,	
L211, L221, L231	Estimated Rate of Occurrence
ESSENTIO Pacemaker	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.
ESSENTIO Facemaker Models L100, L101, L110, L111, L121,	<ul> <li>The 2018 advisory subset was composed of approximately 2,100 active pacemakers. The observed malfunction</li> </ul>
,,,,,	rate for this behavior was 11.0% at 5 years with a potential for life-threatening harm of 1 in 500,000 (0.0002%) at 5
ALTRUA 2 Pacemaker	years.
Models S701, S702, S722	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 years.
Hydrogen Induced Premature	
Depletion, Physician Letter, September	
<u>2018</u>	Standard Warranty program available, please contact your local representative for terms and conditions.
Hydrogen Induced Premature Depletion, Patient Letter, September	CURRENT STATUS 07-Jul-21 Estimated Rate of Occurrence
2018	• The 2018 advisory subset is composed of approximately 2,100 active pacemakers. The observed malfunction rate for this behavior is 11.0% at 5 years with a potential for life-threatening harm of 1 in 500,000 (0.0002%) at 5 years.
<u>Hydrogen Induced Premature</u> Depletion, Physician Letter, June 2021	<ul> <li>The 2021 advisory subset is composed of approximately 125,000 active pacemakers. The observed malfunction rate for this behavior is 1.3% at 5 years with a potential for life-threatening harm of 1 in 5,000,000 (0.00002%) at 5 years.</li> </ul>
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 excess hydrogen within the pulse generator, was added to this device family in March 2018 and is intended to mitigate hydrogen-induced accelerated battery depletion due to the low voltage capacitors. Additionally, improvements were implemented in the liner component starting in May 2021 intended to further reduce the device's overall capacity to generate hydrogen. Over 800,000 pacemakers built with contemporar low voltage capacitors have zero hydrogen-induced malfunctions with up to 74 implant months.
	CURRENT RECOMMENDATION 07-Jul-21
	<ul> <li>Per labeling, perform a system follow-up via remote or in-office interrogation every 12 months until One-Year-Remaining and then every three (3) months thereafter until replacement is indicated.</li> <li>Promptly investigate any suspected indication of accelerated battery depletion, and contact Boston Scientific Technical Services for assistance as needed.</li> <li>Replace any affected pacemakers suspected of exhibiting accelerated battery depletion within 90 days of the Explant battery status indicator. Alternatively, Boston Scientific Technical Services can provide a recommended replacement interval specific to an individual device by using data from the programmer or LATITUDE. Prophylactic replacement is not recommended for pacemakers with normal battery consumption as the risk of surgical replacement outweighs the risk of accelerated battery depletion.</li> <li>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.</li> </ul>

PRODUCT	ORIGINAL COMMUNICATION Dec 2020 — Model 3501 Electrode Fracture
	Voluntary Physician Advisory
A serialized search tool to determine if	FDA Classification: Class I
a specific device is affected by this	This advisory discusses the performance of approximately 47,000 EMBLEM S-ICD Subcutaneous Electrodes (Model
product duricory is drailable riore.	3501). During assembly of the EMBLEM S-ICD Subcutaneous Electrode, a small amount of adhesive is applied to a
Device Lookup 1001	location just distal to the proximal sense ring. Over time, mechanical stresses on the electrode body at this location
	may create the potential for a fatigue crack to initiate from the outer lumen. This crack then propagates inward toward the center-oriented distal sense conductor, eventually resulting in a fracture of the two high voltage conductors.
Model 3501	
	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.
	The physician letter (link provided) details device programming considerations and troubleshooting and detection
	techniques.
Model 3501 Electrode Fracture,	
Patient Letter, December 2020	Standard Warranty program available, please contact your local representative for terms and conditions.
	CURRENT STATUS 15-Aug-21
	Estimated Rate of Occurrence
	The occurrence rate for EMBLEM S-ICD Subcutaneous Electrode (Model 3501) body fractures at a location just distal to the proximal sense ring is 0.26% at 50 months and the potential for life-threatening harm is 1 in 25,000 (0.004%) at 10 years. This rate was derived by including all reports of this failure mode, whether or not the product was returned.
	CURRENT RECOMMENDATION 07-Jul-21
	<ol> <li>Remote monitoring. Enroll and monitor patients through LATITUDE remote monitoring to facilitate detection of high electrode impedance alert or non-physiologic, mechanical artifacts on stored S-ECGs during the interval between in- office device checks. Instruct patients to comply with weekly remote interrogations.</li> </ol>
	2. Follow-up interval. Perform a system follow-up every three months via remote or in-office interrogation.
	<ol> <li>During follow-ups. For every remote or in-office follow-up:</li> <li>Dremativiny extigate any high impedance slotte in aliging as this may indicate an electrode body fracture and</li> </ol>
	3.1. Promptly investigate any high impedance alerts in-clinic, as this may indicate an electrode body fracture and an inability of the system to provide therapy.
	3.2. Review stored episode S-ECGs for non-physiologic, mechanical artifacts, as this may indicate onset of
	electrode body fracture.
	3.3. During in-clinic follow-up, capture all sensing vectors, and review for the following conditions, any of which may indicate onset of electrode body fracture:
	<ul> <li>3.3.1. cardiac signals on the S-ECGs of the Primary and Secondary sensing vector look nearly identical; or</li> <li>3.3.2. flatline S-ECGs in the Alternate sensing vector.</li> </ul>
	3.4. Assess sensing performance in-clinic during isometrics and/or posture changes if any of the following is
	observed: non-physiologic, mechanical artifacts and/or high electrode impedance alerts. If isometrics and/or posture
	changes provoke non-physiologic, mechanical artifacts, this may indicate onset of an electrode body fracture. 4. Imaging. If an electrode body fracture is suspected, perform chest radiography in PA and left lateral
	viewprojections, ensuring the entire electrode length can be visualized to enable differential diagnosis of competing causes of high impedance or artifact signals. Portable X-ray images typically provide insufficient clarity to evaluate
	electrode integrity. In the absence of any indications of electrode fracture, surveillance X-rays are not recommended. 5. Shocks and beeping tones. During the next in-office follow-up visit, demonstrate the device beeper tothe patient using the programmer's Test Beeper function available from the Beeper Control screen within the Utilities menu.
	<ul> <li>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</li> </ul>
	- Remind all patients to promptly contact their physician if beeping tones are heard from their device or if a shock is delivered.
	6. Evaluate risk. The potential for life-threatening harm due to an electrode body fracture is greatest for: - patients with a history of life-threatening ventricular arrhythmias such as secondary preventionindication or previous
	appropriate shock for VT/VF;
	<ul> <li>patients who are unable to be reliably followed remotely or in person every three months; or</li> <li>patients who are not monitored via LATITUDE and are unable to hear beeping tones</li> </ul>
	7. Replacement. Following consultation with Boston Scientific Technical Services, promptly replace any electrode
	that is indicated to have compromised integrity as evidenced by non-physiologic, mechanical artifacts, high impedance alert, and/or X-ray. Routine prophylactic replacement of an electrode without evidence of fracture is not
	recommended. Return explanted devices to Boston Scientific.
	8. De novo and replacement S-ICD candidates. Consider overall S-ICD performance with respect to the competing risks for transvenous ICDs. The Product Performance Report includes up-to-date performance data on Boston Scientific transvenous leads and subcutaneous electrodes.

PRODUCT	ORIGINAL COMMUNICATION Dec 2020 — EMBLEM S-ICD Electrical Overstress
Identifiable by serial number. Not all 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 Defibrillators (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 Models A209, A219 EMBLEM Electrical Overstress, Physician Letter, December 2020 EMBLEM Electrical Overstress, Patient Letter, December 2020	Laboratory analysis of the returned devices confirmed evidence of electrical overstress damage in the device feedthrough area. Investigation has shown that, over time, variations in header assembly allowed a very small pathway for moisture ingress enabling a shorting condition to occur during delivery of high voltage therapy. Each of the devices exhibiting electrical overstress were built within a specific timeframe (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 detect whether an individual device is vulnerable to this condition prior to its occurrence. It is important to note that not all S-ICDs built during this timeframe were exposed to these process variations.
	<ul> <li>Estimated Rate of Occurrence</li> <li>Boston Scientific has confirmed six (6) events of EMBLEM S-ICD electrical overstress malfunctions that have occurred 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 errors/alerts. Boston Scientific Technical Services recommended device replacement in each instance, and no serious patient injury or death has been reported.</li> <li>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. Although there have been no serious injuries reported to date, the potential exists for life-threatening harm due to an inability to provide needed defibrillation therapy, as it is possible that either all or a portion of programmed defibrillation shock energy may not actually be delivered in the event of an electrical overstress malfunction. 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</li> </ul>
	Standard Warranty program available, please contact your local representative for terms and conditions. CURRENT STATUS 07-Jul-21 Estimated Rate of Occurrence • 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
	<ul> <li>CURRENT RECOMMENDATION 07-Jul-21</li> <li>1. 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.</li> <li>2. Follow-up interval. Perform a system follow-up every 3 months per labeling via remote or in-office interrogation.</li> <li>3. During follow-ups. Promptly investigate any suspected indication of accelerated battery depletion, and contact Boston Scientific Technical Services for assistance as needed.</li> <li>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.</li> <li>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</li> <li>Remind patients to promptly contact their physician if beeping tones are heard from their device as this may be an indication of ERI.</li> <li>Evaluate risk. The potential for life-threatening harm due to accelerated depletion is greatest for:</li> <li>Patients who are not monitored via LATITUDE and are unable to hear beeping tones.</li> <li>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.</li> <li>In other cases of high risk, as indicated by the factors listed above, consider prophylactic device replacement after taking individual patient preferences and circumstances into account through a process of shared decision-making.</li> <li>Return explanted devices to Boston Scientific</li></ul>

PRODUCT	ORIGINAL COMMUNICATION Aug 2019 and Dec 2020 — EMBLEM S-ICD Premature Depletion
Identifiable by serial number. Not all serial numbers are affected.	Voluntary Physician Advisory FDA Classification August 2019: Class II FDA Classification December 2020: Class II
A serialized search tool to determine if a specific device is affected by this	In August 2019, a physician communication discussed a subset of EMBLEM™ Subcutaneous Implantable
product advisory is available here: 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
EMBLEM Premature Depletion, Physician Letter, August 2019	be detected if an unexpected decrease in remaining battery capacity is observed between remote/in-clinic follow-ups. Progression of accelerated depletion eventually produces a battery status replacement indicator (ERI) which is 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 when EOL is initiated.
EMBLEM Premature Depletion, Patient Letter, August 2019	The most common clinical outcome associated with this device behavior is early replacement. In August 2018,
EMBLEM Premature Battery Depletion Physician Letter Update, December 2020	Boston Scientific transitioned S-ICDs to an alternative low voltage capacitor. All EMBLEM S-ICDs with the original low voltage capacitor are included in either the original or the expanded advisory population and none are available for implantation.
	Estimated Rate of Occurrence
EMBLEM Premature Depletion, Patient Letter Update, December 2020	<ul> <li>The August 2019 advisory subset is comprised of approximately 400 distributed worldwide devices manufactured in July 2017. The August 2019 advisory subset has a projected rate of accelerated depletion of 15.1% at 5 years with a projected potential for life-threatening harm in this subset of approximately 1 in 50,000 at 5 years.</li> </ul>
	• 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.
	CURRENT STATUS 07-Jul-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 12.6% at 5 years with a projected potential for life-threatening harm in this subset of approximately 1 in 250,000 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 9.8% 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 07-Jul-21
	1. Remote monitoring. Enroll and monitor patients through the LATITUDE NXT Patient Management System to
	<ul> <li>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.</li> <li>2. Follow-up interval. Perform a system follow-up every 3 months per labeling via remote or in-office interrogation.</li> <li>3. During follow-ups. Promptly investigate any suspected indication of accelerated battery depletion, and contact Boston Scientific Technical Services for assistance as needed.</li> <li>4. Demonstrate beeping tones. During the next in-office follow-up visit, demonstrate the device beeper to the patient</li> </ul>
	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.
	<ol> <li>Evaluate risk. The potential for life-threatening harm due to accelerated depletion is greatest for:</li> <li>Patients with a history of life-threatening ventricular arrhythmias such as secondary prevention indication or</li> </ol>
	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. 6. 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.
	<ul> <li>In other cases of high risk, as indicated by the factors listed above, consider prophylactic device replacement after taking individual patient preferences and circumstances into account through a process of shared decision-making.</li> <li>Return explanted devices to Boston Scientific. A no cost Return Product kit is available from your local Boston Scientific representative</li> </ul>
	Scientific representative.

dentifiable by serial number. Not all	ORIGINAL COMMUNICATION November 2018 — SQ-RX 1010 Shortened Replacement Time Voluntary Physician Advisory						
	FDA Classification: Unclassified						
product advisory is available here:	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 firs generation Subcutaneous Implantable Cardioverter Defibrillator (S-ICD) system's SQ-RX™ Model 1010 Pulse Generator (PG).						
SQ-RX 1010 Shortened Replacement Time, Physician Letter, November 2018	The SQ-RX Model 1010 PG provides an Elective Replacement Indicator (ERI) as the PG approaches the end of its expected battery service life. When the battery reaches ERI through normal use, there is sufficient capacity to support up to 90 days of continued operation, including up to 6 maximum energy charges/shocks before fully depleting. However, if the PG experiences a latent battery malfunction resulting in accelerated battery depletion, the reserve battery capacity available beyond ERI may not be sufficient to support the full 90-day interval or additional shock therapy before depleting. The rate of depletion for a latent battery malfunctions varies.						
SQ-RX 1010 Shortened Replacement Time, Patient Letter, November 2018	The SQ-RX model 1010 PGs include separate monitors for charging and battery performance. The Charge Time (CT) alert is designed to detect unsuccessful charging of the high voltage capacitors within 44 seconds. The Batter Depletion (BD) alert is designed to detect higher rates of accelerated battery depletion. When an alert condition occurs, the patient is notified through beeping tones and the clinician user is notified through programmer message Most battery malfunctions exhibit a sufficient rate of accelerated depletion to be detected by one of these alerts. Some battery malfunctions exhibit a slower rate of accelerated depletion, which is not detected as an alert condition Based on an analysis of accelerated battery depletion events where only ERI presented (no alert condition), at leas one maximum energy shock has been determined to be available for at least 20 days after ERI.						
	Estimated Rate of Occurrence The projected occurrence rate for latent battery malfunctions 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 malfunctions has shown some depletions to a level at which therapy would not have been available if not replaced in accordance with the recommendations above. Based on a 3-month follow-up interval, th potential for life threatening harm for this behavior is 0.006% (1 in 16,667) at 5 years. However, the potential for life threatening harm is greater for secondary prevention patients or those who have received appropriate therapy previously, patients with longer follow-up intervals, and/or patients who are unable to hear beeping tones. For these patients, the benefit associated with prophylactically replacing the PG may outweigh the risks associated with a shortened replacement interval due to latent battery malfunction.						
	Standard Warranty program available, please contact your local representative for terms and conditions.						
	CURRENT STATUS 07-Jul-21						
	Estimated Rate of Occurrence The projected occurrence rate for latent battery malfunctions 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 07-Jul-21						
	Follow-Up, Consistent with the SQ-RX Model 1010 PG User Manual:     Perform in-clinic checks every 3 months as the PG is not capable of remote patient management;     If it has been more than 3 months since a patient's last in-clinic follow-up, schedule a follow-up within the next month and every 3 months thereafter;						
	<ul> <li>During the next follow-up visit, demonstrate the beeper by applying a magnet over the PG to elicit beeping tones; and</li> <li>Remind patients to promptly contact their physician if beeping tones are heard from their PG as this may be ar indication of a CT / BD alert or ERI.</li> </ul>						
	<ul> <li>Append the patient's medical record with this letter to maintain awareness of this topic for the remaining service life of their PG</li> <li><u>Evaluate Risk</u>. The potential for life-threatening harm is greater for patients who have experienced life-threatening ventricular arrhythmias, patients not followed every 3 months, and/or patients who are unable to hear beeping tone</li> </ul>						
	For these patients, the benefit associated with prophylactically replacing the PG may outweigh the risks associated with a shortened replacement interval due to latent battery malfunction • <u>CT / BD Alerts.</u> Promptly investigate any beeping tones, CT alerts, or BD alerts and report them to Boston Scienti						
	Technical Services. Using saved PG data, Technical Services can determine if an accelerated battery depletion exists and provide guidance for replacement. • <u>ERI</u> . To mitigate the rare potential for undetected accelerated battery depletion, replace SQ-RX Model 1010 PGs within 20 days of ERI. If a longer replacement interval is desired, save PG data and contact Technical Service to						

A serialized search tool to determine if a specific device is affected by this product advisory is available here: <u>Device Lookup Tool</u> VALITUDE CRT-P Models U125, U128 VISIONIST CRT-P Models U225, U226, U228 ACCOLADE Pacemaker Models L300, L301, L310, L311, L321, L331 PROPONENT Pacemaker	PRODUCT	ORIGINAL COMMUNICATION De	ecember 201	7 — Minute Venti	lation Signal Oversensing					
a specific device is affected by item product advices it and each service in a specific device is affected by item product advices item and the rest in Societability Constructions of the Moule Ventilation (MV) sensor signal with certain Boston Scientific product advices item services and a system. Ltd Societability Societability and a system with a system science is system (pacemaker systems (pacemaker) and (pa		Voluntary Physician Advisory								
VALITUDE CRT-P Models U23, U23       the fight atrium (RA) or right ventricle (RV).         VISIONIST CRT-P Models U23, U23, U23, U23       the fight atrium (RA) or right ventricle (RV).         ACCOLADE Pacemaker Models U23, U23, U23, U23       The MV sensor in Boston Scientific pacemakers can be used for RightRate <sup>IM</sup> (rate adaptive pacing), Respiratory Models U23, U23, U23, U23         ACCOLADE Pacemaker Models U23, U23, U23, U23, U23       The MV sensor in Boston Scientific pacemakers is not detected by the pacemaker of displayed on dectorgrams (EdW), However, Intermittory related to the lead or pacemaker-lead connection has the potential by sensor signal is a papropriately filtered and therefore is not detected by the MV sensor ignal such that the becomes vision on EGWs and potentially subject to eversensing on the RA or RV channels. For technical description of the Boston Scientific's MV sensor signal coversensing on the RA or RV channels. For technical description of the Boston Scientific's MV sensor signal coversensing on the RA or RV channels. For technical description of the Boston Scientific's MV sensor signal coversensing on the RA or RV channels. For technical description of the Boston Scientific's MV sensor signal coversensing on the RA or RV channels. For technical description of the Boston Scientific's MV sensor signal coversensing on the RA or RV channels represent technical description of the Boston Scientific's MV sensor signal coversensing on the RA or RV channels represent to potential for coversensing on the RA or RV channels. For technical description of a description of the Boston Scientific's MV sensor signal coversensing on the RA or RV channels represent technical second sevent second second second second second second second	a specific device is affected by this product advisory is available here: <u>Device Lookup Tool</u>	with certain Boston Scientific pacemak MV sensor signal oversensing may cau behavior may occur with any manufact	er and cardiad use pre-synco turer's pacing	c resynchronization ope or syncope due lead system, but Bo	therapy pacemaker systems (pacemakers). to periods of pacing inhibition. This MV ston Scientific has determined it to be more					
VISIONET CRT-P         Models U225, U226, U226, U226, U226, U226, U226         ACCOLDE Pacemaker         Models U230, L301, L310, L311, L321, L321, L321, L321, L331         L331         PROPONENT Pacemaker         Models U200, L301, L300, L301,		the right atrium (RA) or right ventricle (I	RV).	•						
ACCOLADE Pacemaker       create a transient high impedance condition. A high impedance condition may subsequently alter the MV sensor isginal such that it become subselow of the BA or RV Annels. For technical description of the Boston Scientific's MV sensor, please refer to Appendix A in the December 2017 physician letter.         PROPONENT Pacemaker       Engineering analysis and testing, as well as evaluation of post-market surveillance data, demonstrates an elevated pacing back sevaluated in simulated testing environments comply with appropriate connector standards, we have discovered subtle differences amongst lead manufactures in the surface finish of the lead terminal ring and on within the pacemaker pacterns in the surface finish of the lead terminal ring and on within the pacemaker system connector standards, we have discovered subtle differences amongst lead manufactures in the eader. These factors may result in intermitten increases in impedance leading to oversensing of the MV sensor signal or changes in daily impedance test measurements.         ALTRUA 2 Pacemaker       Models S 701, S702, S722       Estimated Rate of Occurrence         Boston Scientific pacemaker system connected to the ventiation Signal Oversensing.       Probability of Life Threatening Hum discoversensing.         Minute Ventiation Signal Oversensing.       Alflexid pacemaker systems connected to the Probability of I have subscience with a special context and a system set or connected to Meduronic or Abbot th pacing leads.         Minute Ventiation Signal Oversensing.       CURRENT STATUS 07-Jul-21         Estimated Rate of Occurrence       Boston Scientific investigation has shown that the probability of harm associated with MV sensor signal oversensing in affected pacemaker		Rate Trend, or AP Scan. When the RA/RV 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								
Models L200, L201, L201, L201, L211, L211	Models L300, L301, L310, L311, L321,	create a transient high impedance con signal such that it becomes visible on E technical description of the Boston Scie	create a transient 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 echnical description of the Boston Scientific's MV sensor, please refer to Appendix A in the December 2017							
ESSENTO Pacemaker       terminal ring and amount of axial and radial terminal ring motion within the pacemaker header. These factors may result in information within the pacemaker header. These factors may result in information within the pacemaker header. These factors may result in information within the pacemaker header. These factors may result in information within the pacemaker header. These factors may result in information within the pacemaker header. These factors may result in information within the pacemaker header. These factors may result in information within the pacemaker header. These factors may result in information within the pacemaker header. These factors may result in information within the pacemaker header. These factors may result in information within the pacemaker header. These factors may result in information within the pacemaker header. These factors may result in information within the pacemaker header. These factors may result in information within the pacemaker header. These factors may result in information within the pacemaker header. These factors may result in information within the pacemaker header. These factors may result in information within the pacemaker header. These factors may at 5 years is marked heads.         Minute Ventialtion Signal Oversensing.       Estimated Rate of Occurrence         Minute Ventialtion Signal Oversensing.       CURRENT STATUS 07-Jul-21         Estimated Rate of Occurrence       Estimated Rate of Occurrence         Minute Ventialtion Signal Oversensing.       Deston Scientific investigation has shown that the probability of harm associated with MV sensor signal oversensing behavior is significantly greater when affected pacemakers are connected to Medironic or Abbot pacing leads.         Minute Ventialtion Signal Oversensing. <td< td=""><td>Models L200, L201, L209, L210,</td><td>potential for oversensing of the MV ser pacing leads. Although all leads evalua</td><td colspan="7"></td></td<>	Models L200, L201, L209, L210,	potential for oversensing of the MV ser pacing leads. Although all leads evalua								
Models S701, S702, S722       Estimated Rate of Occurrence         Behavior is significantly greater when affected pacemakers are connected to Medtronic or Abbott pacing leads.         Affected pacemaker systems connected to the all syears       Probability of lipury all 5 years         Minute Ventialtion Signal Oversensine.       Methonic or Abbott pacing leads (including DEXTRUS).       0.00003 (1 in 100.000)         Physician Letter, December 2017       All pacing leads (including DEXTRUS).       0.000003 (1 in 12,500)       0.000002 (1 in 500.000)         Minute Ventialtion Signal Oversensine.       CURRENT STATUS 07-Jul-21       Estimated Rate of Occurrence         Minute Ventialtion Signal Oversensine.       CURRENT STATUS 07-Jul-21       Estimated Rate of Occurrence         Minute Ventialtion Signal Oversensine.       Deston Scientific investigation has shown that the probability of harm associated with MV sensor signal oversensine behavior is significantly greater when affected pacemakers are connected to Medtronic or Abbott pacing leads.         Affected pacemaker systems connected to the all seens       Probability of lipury all seens       Media S years         Minute Ventialtion Signal Oversensine.       Software is available in most countries to address the potential for pacing inhibition due to MV sensor signal oversensing         Minute Ventialtion Signal Oversensine.       Deston Scientific pacing leads (including DEXTRUS).       0.00000 (1 in 100.000)         Boston Scientific pacing leads (including DEXTRUS).       0.000001		terminal ring and amount of axial and range in the second second result in intermittent increases in imped	terminal ring and amount of axial and radial terminal ring motion within the pacemaker header. These factors may result in intermittent increases in impedance leading to oversensing of the MV sensor signal or changes in daily							
Minute Ventialtion Signal Oversensine,       Affected pacemaker systems connected to the       Probability of Injury       Probability of Injury       Probability of Injury         Minute Ventialtion Signal Oversensine,       Meditonic or Abbott pacing leads.       Meditonic or Abbott pacing leads       0.0005 (1 in 2,000)       0.000008 (1 in 125,000)         Boston Scientific pacing leads (including DEXTRUS)       0.000008 (1 in 12,500)       0.000002 (1 in 500,000)       0.000002 (1 in 500,000)         Minute Ventialtion Signal Oversensine,       Estimated Rate of Occurrence         Minute Ventialtion Signal Oversensine,       Estimated Rate of Occurrence         Minute Ventialtion Signal Oversensine,       Boston Scientific investigation has shown that the probability of famm associated with MV sensor signal oversensing         Update letter, January 2013       Boston Scientific investigation has shown that the probability of Injury       Probability of Life Threatening Harm at 5 years         Meditonic or Abbott pacing leads.       Meditonic or Abbott pacing leads.       Meditonic or Abbott pacing leads.         Minute Ventialtion Signal Oversensine,       Boston Scientific investigation has shown that the probability of family at 5 years       Meditonic or Abbott pacing leads.         Meditonic or Abbott pacing leads.       Meditonic or Abbott pacing leads.       Meditonic or Abbott pacing leads.         Meditonic or Abbott pacing leads.       Meditonic or Abbott pacing leads.       Meditonic or Abbott pacin										
Affected pacemaker systems connected to the robustity of Injury at 5 years       Probability of Life Threatening Ham at 5 years         Minute Ventialtion Signal Oversensine.       Medtronic or Abbott pacing leads (notuding DEXTRUS)       0.000001 (1 in 100.000)         Minute Ventialtion Signal Oversensine.       Boston Scientific pacing leads (including DEXTRUS)       0.00003 (1 in 12,500)       0.000002 (1 in 500.000)         Minute Ventialtion Signal Oversensine.       CURRENT STATUS 07-Jul-21       Estimated Rate of Occurrence         Minute Ventialtion Signal Oversensine.       Diston Scientific investigation has shown that the probability of harm associated with MV sensor signal oversensine behavior is significantly greater when affected pacemakers are connected to Meditonic or Abbott pacing leads.         Affected pacemaker systems connected to the robustity of (1 in 10,000)       Boston Scientific investigation has shown that the probability of nam associated with MV sensor signal oversensine behavior is significantly greater when affected pacemakers are connected to Meditonic or Abbott pacing leads.         Affected pacemaker systems connected to the robustity of (1 in 10,000)       Boston Scientific pacing leads.         Minute Ventialition Signal Oversensine.       Probability of (1 in 10,000)       0.00000 (1 in 10,000)         Boston Scientific nivestigation has shown that the probability of (1 in Threatening Harm at 5 years       Medical pacemakers systems connected to the motion of the top signal Attract Monitor (SAM) to Boston Scientific as a signal for the pacemakers.         Affected pacemaker systems connect			<i></i>							
Indice Ventialtion Signal Oversensing.       Indice Ventialtion Signal Oversensing.       Indice Ventialtion Signal Oversensing.         Physician Letter, December 2017       Deston Scientific pacing leads (including DEXTRUS)       0.00003 (1 in 12,500)       0.000002 (1 in 500,000)         Minute Ventialtion Signal Oversensing.       CURRENT STATUS 07-Jul-21       Estimated Rate of Occurrence         Minute Ventialtion Signal Oversensing.       Update letter, January 2019       Boston Scientific pacing leads (including DEXTRUS)       0.00003 (1 in 12,500)       0.000002 (1 in 500,000)         Medtronic or Abbott pacing leads       CURRENT STATUS 07-Jul-21       Estimated Rate of Occurrence         Minute Ventialtion Signal Oversensing.       Boston Scientific Investigation has shown that the probability of harm associated with MV sensor signal oversensing behavior is significantly greater when affected pacemakers are connected to Medtronic or Abbott pacing leads.         Affected pacemaker systems connected to the following RATRV pacing leads (including DEXTRUS)       0.00001 (1 in 100,000)         Boston Scientific pacing leads (including DEXTRUS)       0.00000 (1 in 1,250,000)         All pacing leads combined*       0.00005 (1 in 2,000)       0.00000 (1 in 1,250,000)         All pacing leads combined*       0.00005 (1 in 2,000)       0.000000 (1 in 1,250,000)         Boston Scientific pacing leads (including DEXTRUS)       0.00000 (1 in 1,250,000)       All pacing leads combined*         Oversensing in			· .							
Physician Letter, December 2017       Boston Scientific pacing leads (including DEXTRUS)       0.000003 (1 in 33,333)       0.0000008 (1 in 1250,000)         Minute Ventialtion Signal Oversensing.       CURRENT STATUS       07-Jul-21         Estimated Rate of Occurrence       Boston Scientific investigation has shown that the probability of harm associated with MV sensor signal oversensing.         Update letter, January 2019       Boston Scientific pacing leads:       Probability of Injury       Probability of Injury         All pacing leads:       Medronic or Abbott pacing leads:       In 250,000)       at 5 years         Minute Ventialtion Signal Oversensing.       Boston Scientific pacing leads:       Probability of Injury       Probability of Injury         Update letter, January 2019       Boston Scientific pacing leads:       In action or Abbott pacing leads:       In 125,000         Affected pacemaker systems connected to the following RA/RV pacing leads:       Probability of Injury       Probability of Injury         Boston Scientific pacing leads (including DEXTRUS)       0.00001 (1 in 1250,000)       All pacing leads combined*       0.00008 (1 in 1,250,000)         Boston Scientific pacing leads (including DEXTRUS)       0.000008 (1 in 1,250,000)       All pacing leads combined*       0.000001 (1 in 100,000)         Boston Scientific pacing leads (including DEXTRUS)       0.000001 (1 in 102,000)       0.000002 (1 in 500,000)         CURRENT R			o the							
Decent Decenting picture (integrating back (integrate) back (integrating back (integrating back (integratin		Medtronic or Abbott p	acing leads	0.0005 (1 in 2,000)	0.00001 (1 in 100,000)					
Winute Ventialtion Signal Oversensine, Patient Letter, December 2017       CURRENT STATUS 07-Jul-21         Estimated Rate of Occurrence       Boston Scientific investigation has shown that the probability of harm associated with MV sensor signal oversensing behavior is significantly greater when affected pacemakers are connected to Medtronic or Abbott pacing leads.         Affected pacemaker systems connected to the following RA/RV pacing leads <sup>1</sup> .       Probability of Injury et at 5 years       Probability of Life Threatening Harm at 5 years         Medtronic or Abbott pacing leads       0.00005 (1 in 2,000)       0.00000 (1 in 10,000)         Boston Scientific pacing leads (including DEXTRUS)       0.00003 (1 in 33,333)       0.0000002 (1 in 500,000)         All pacing leads combined <sup>2</sup> 0.00008 (1 in 12,500)       0.000002 (1 in 500,000)         CURRENT RECOMMENDATION 07-Jul-21       Software is available in most countries to address the potential for pacing inhibition due to MV sensor signal oversensing in affected pacemakers. The software adds the Signal Artifact Monitor (SAM) to Boston Scientific's proprietary suite of Safety Architecture diagnostics. When enabled, the SAM continuously monitors electorgrams for MV sensor signal artifacts and measures MV vector lead impedance values. If artifacts are detected or the MV vector lead impedance is out of range, the monitor either switches to the right ventricular vector or disables the MV sensor in approximately one second. In this manner, the SAM promptly eliminates the clinical risk of pacing inhibitio associated with MV sensor signal oversensing.         Programmer       Software Model       Software Version	Physician Letter, December 2017									
Patient Letter, December 2017       CURRENT STATUS       07-Jul-21         Estimated Rate of Occurrence         Minute Ventialtion Signal Oversensing,         Update letter, January 2019         Boston Scientific investigation has shown that the probability of harm associated with MV sensor signal oversensing behavior is significantly greater when affected pacemakers are connected to Medtronic or Abbott pacing leads.         Affected pacemaker systems connected to the 16/lowing RA/RV pacing leads <sup>4</sup> .       Probability of lingury at 5 years         Medtronic or Abbott pacing leads <sup>4</sup> .       Medtronic or Abbott pacing leads 0.0005 (1 in 2,000) 0.00001 (1 in 100,000)         Boston Scientific pacing leads (including DEXTRUS) 0.00003 (1 in 33,333) 0.0000008 (1 in 1,250,000)       All pacing leads combined <sup>5</sup> 0.00008 (1 in 12,500) 0.000002 (1 in 500,000)         CURRENT RECOMMENDATION 07-Jul-21       Software is available in most countries to address the potential for pacing inhibition due to MV sensor signal oversensing in affected pacemakers. The software adds the Signal Artifact Monitor (SAM) to Boston Scientific's proprietary suite of Safety Architecture diagnostics. When enabled, the SAM continuously monitors electorgrams for MV sensor signal artifacts and measures MV vector lead impedance values. If artifacts are detected or the MV vector lead impedance values. If artifacts are detected or the MV vector lead impedance is out of range, the monitor either switches to the right ventricular vector or disables the MV sensor signal oversensing.         Programmer       Software Model Software Version         Model 3120 ZOOM Programmer       2869 <td< td=""><td></td><td>All pacing leads</td><td>s combined<sup>5</sup></td><td>0.00008 (1 in 12,500)</td><td>0.000002 (1 in 500,000)</td></td<>		All pacing leads	s combined <sup>5</sup>	0.00008 (1 in 12,500)	0.000002 (1 in 500,000)					
Minute Ventialtion Signal Oversensing, Update letter, January 2019       Estimated Rate of Occurrence         Boston Scientific investigation has shown that the probability of harm associated with MV sensor signal oversensin behavior is significantly greater when affected pacemakers are connected to Medtronic or Abbott pacing leads.         Affected pacemaker systems connected to the following RARV pacing leads <sup>4</sup> .       Probability of Injury at 5 years       Probability of Life Threatening Harm at 5 years         Boston Scientific pacing leads <sup>4</sup> .       Nedtronic or Abbott pacing leads <sup>4</sup> .       0.0000 (in 2,000)       0.000001 (in 10,000)         Boston Scientific pacing leads (including DEXTRUS)       0.00003 (in 33,333)       0.0000008 (in 1,250,000)       0.000002 (in 500,000)         Boston Scientific pacing leads (including DEXTRUS)       0.00000 (in 12,500,000)       0.000002 (in 10,000)       0.000002 (in 500,000)         CURRENT RECOMMENDATION 07-Jul-21       Software is available in most countries to address the potential for pacing inhibition due to MV sensor signal oversensing in affected pacemakers. The software adds the Signal Artifact Monitor (SAM) to Boston Scientific's proprietary suite of Safety Architecture diagnostics. When enabled, the SAM continuously monitors electorgrams for MV sensor signal artifacts and measures MV vector lead impedance values. If artifacts are detected or the MV vector lead impedance is out of range, the monitor either switches to the right ventricular vector or disables the MV sensor in approximately one second. In this manner, the SAM promptly eliminates the clinical risk of pacing inhibitio associated with MV sensor signal oversensing.	Minute Ventialtion Signal Oversensing,									
Minute Ventialtion Signal Oversensing,         Update letter, January 2019         Boston Scientific investigation has shown that the probability of harm associated with MV sensor signal oversensing behavior is significantly greater when affected pacemakers are connected to Medtronic or Abbott pacing leads.         Affected pacemaker systems connected to the       Probability of lingry       Probability of Life Threatening Harm at 5 years         Medtronic or Abbott pacing leads       0.0005 (1 in 2,000)       0.00001 (1 in 100,000)         Boston Scientific pacing leads (including DEXTRUS)       0.00003 (1 in 3,333)       0.0000008 (1 in 1,250,000)         All pacing leads combined <sup>5</sup> 0.00008 (1 in 1,250,00)       0.00002 (1 in 500,000)         All pacing leads combined <sup>5</sup> 0.00008 (1 in 1,250,00)       0.00002 (1 in 500,000)         CURRENT RECOMMENDATION 07-Jul-21       Software is available in most countries to address the potential for pacing inhibition due to MV sensor signal oversensing in affected pacemakers. The software adds the Signal Artifact Monitor (SAM) to Boston Scientific's proprietary suite of Safety Architecture diagnostics. When enabled, the SAM continuously monitors electrograms for MV sensor signal artifacts and measures MV vector lead impedance values. If artifacts are detected or the MV vector lead impedance is out of range, the monitor either switches to the right ventricular vector or disables the MV sensor in approximately one second. In this manner, the SAM promptly eliminates the clinical risk of pacing inhibitic associated with MV sensor signal oversensing.         Programmer       Software Model	Patient Letter, December 2017	CURRENT STATUS 07-Jul-21								
Minute Ventialtion Signal Oversensing,         Update letter, January 2019         Boston Scientific investigation has shown that the probability of harm associated with MV sensor signal oversensing behavior is significantly greater when affected pacemakers are connected to Medtronic or Abbott pacing leads.         Affected pacemaker systems connected to the       Probability of ligr Threatening Harm at 5 years         Medtronic or Abbott pacing leads <sup>4</sup> :       Medtronic or Abbott pacing leads <sup>4</sup> :         Medtronic or Abbott pacing leads       0.0005 (1 in 2,000)       0.00001 (1 in 100,000)         Boston Scientific pacing leads (including DEXTRUS)       0.00003 (1 in 3,333)       0.0000008 (1 in 1,250,000)         All pacing leads combined <sup>5</sup> 0.00008 (1 in 1,250,00)       0.00002 (1 in 500,000)         All pacing leads combined <sup>5</sup> 0.00008 (1 in 1,250,00)       0.00002 (1 in 500,000)         CURRENT RECOMMENDATION 07-Jul-21       Software is available in most countries to address the potential for pacing inhibition due to MV sensor signal oversensing in affected pacemakers. The software adds the Signal Artifact Monitor (SAM) to Boston Scientific's proprietary suite of Safety Architecture diagnostics. When enabled, the SAM continuously monitors electrograms for MV sensor signal artifacts and measures MV vector lead impedance values. If artifacts are detected or the MV vector lead impedance is out of range, the monitor either switches to the right ventricular vector or disables the MV sensor in approximately one second. In this manner, the SAM promptly eliminates the clinical risk of pacing inhibitit associated with MV sensor signal oversensin										
Update letter, January 2019         Boston Scientific investigation has shown that the probability of harm associated with MV sensor signal oversensin behavior is significantly greater when affected pacemakers are connected to Medtronic or Abbott pacing leads.           Affected pacemaker systems connected to the following RA/RV pacing leads <sup>6</sup> .         Probability of Injury at 5 years         Probability of Life Threatening Harm at 5 years           Medtronic or Abbott pacing leads <sup>6</sup> .         0.0005 (1 in 2,000)         0.00001 (1 in 100,000)           Boston Scientific pacing leads (including DEXTRUS)         0.00008 (1 in 1,250,000)         0.000002 (1 in 500,000)           All pacing leads combined <sup>5</sup> 0.00008 (1 in 12,500)         0.000002 (1 in 500,000)           CURRENT RECOMMENDATION 07-Jul-21         Software is available in most countries to address the potential for pacing inhibition due to MV sensor signal oversensing in affected pacemakers. The software adds the Signal Artifact Monitor (SAM) to Boston Scientific's proprietary suite of Safety Architecture diagnostics. When enabled, the SAM continuously monitors electrograms for MV sensor signal attifacts and measures MV vector lead impedance values. If artifacts are detected or the MV vector lead impedance is out of range, the monitor either switches to the right ventricular vector or disables the MV sensor in approximately one second. In this manner, the SAM promptly eliminates the clinical risk of pacing inhibitio associated with MV sensor signal oversensing.           Programmer         Software Model         Software Version           Model 3120 ZOOM Programmer         2869         2.06	Minute Mantialtian Circul Quananaina	Estimated Rate of Occurrence								
Affected pacemaker systems connected to the following RA/RV pacing leads <sup>4</sup> :       Probability of Injury at 5 years       Probability of Life Threatening Harm at 5 years         Medtronic or Abbott pacing leads       0.0005 (1 in 2,000)       0.00001 (1 in 100,000)         Boston Scientific pacing leads (including DEXTRUS)       0.00003 (1 in 33,333)       0.000008 (1 in 1,250,000)         All pacing leads combined <sup>b</sup> 0.00008 (1 in 12,500)       0.000002 (1 in 500,000)         CURRENT RECOMMENDATION 07-Jul-21         Software is available in most countries to address the potential for pacing inhibition due to MV sensor signal oversensing in affected pacemakers. The software adds the Signal Artifact Monitor (SAM) to Boston Scientific's proprietary suite of Safety Architecture diagnostics. When enabled, the SAM continuously monitors electrograms for MV sensor signal artifacts and measures MV vector lead impedance values. If artifacts are detected or the MV vector lead impedance is out of range, the monitor either switches to the right ventricular vector or disables the MV sensor in approximately one second. In this manner, the SAM promptly eliminates the clinical risk of pacing inhibitic associated with MV sensor signal oversensing.         Programmer       Software Model       Software Version         Model 3120 ZOOM Programmer       2869       2.06         Model 3300 LATITUDE Programmer       3869       1.05										
Medtronic or Abbott pacing leads       0.0005       (1 in 2,000)       0.00001       (1 in 100,000)         Boston Scientific pacing leads (including DEXTRUS)       0.00003 (1 in 33,333)       0.0000008 (1 in 1,250,000)         All pacing leads combined <sup>b</sup> 0.00008 (1 in 12,500)       0.000002       (1 in 500,000)         CURRENT RECOMMENDATION 07-Jul-21         Software is available in most countries to address the potential for pacing inhibition due to MV sensor signal oversensing in affected pacemakers. The software adds the Signal Artifact Monitor (SAM) to Boston Scientific's proprietary suite of Safety Architecture diagnostics. When enabled, the SAM continuously monitors electrograms for MV sensor signal artifacts and measures MV vector lead impedance values. If artifacts are detected or the MV vector lead impedance is out of range, the monitor either switches to the right ventricular vector or disables the MV sensor in approximately one second. In this manner, the SAM promptly eliminates the clinical risk of pacing inhibitic associated with MV sensor signal oversensing.         Programmer       Software Model       Software Version         Model 3120 ZOOM Programmer       2869       2.06         Model 3300 LATITUDE Programmer       3869       1.05			· .							
Boston Scientific pacing leads (including DEXTRUS)       0.00003 (1 in 33,333)       0.000008 (1 in 1,250,000)         All pacing leads combined <sup>b</sup> 0.00008 (1 in 12,500)       0.000002 (1 in 500,000)         CURRENT RECOMMENDATION 07-Jul-21         Software is available in most countries to address the potential for pacing inhibition due to MV sensor signal oversensing in affected pacemakers. The software adds the Signal Artifact Monitor (SAM) to Boston Scientific's proprietary suite of Safety Architecture diagnostics. When enabled, the SAM continuously monitors electrograms for MV sensor signal artifacts and measures MV vector lead impedance values. If artifacts are detected or the MV vector lead impedance is out of range, the monitor either switches to the right ventricular vector or disables the MV sensor in approximately one second. In this manner, the SAM promptly eliminates the clinical risk of pacing inhibitic associated with MV sensor signal oversensing.         Programmer       Software Model       Software Version         Model 3120 ZOOM Programmer       2869       2.06         Model 3300 LATITUDE Programmer       3869       1.05										
All pacing leads combined <sup>5</sup> 0.00008 (1 in 12,500)       0.000002 (1 in 500,000)         CURRENT RECOMMENDATION 07-Jul-21         Software is available in most countries to address the potential for pacing inhibition due to MV sensor signal oversensing in affected pacemakers. The software adds the Signal Artifact Monitor (SAM) to Boston Scientific's proprietary suite of Safety Architecture diagnostics. When enabled, the SAM continuously monitors electrograms for MV sensor signal artifacts and measures MV vector lead impedance values. If artifacts are detected or the MV vector lead impedance is out of range, the monitor either switches to the right ventricular vector or disables the MV sensor in approximately one second. In this manner, the SAM promptly eliminates the clinical risk of pacing inhibitic associated with MV sensor signal oversensing.         Programmer       Software Model       Software Version         Model 3120 ZOOM Programmer       2869       2.06         Model 3300 LATITUDE Programmer       3869       1.05										
CURRENT RECOMMENDATION 07-Jul-21         Software is available in most countries to address the potential for pacing inhibition due to MV sensor signal oversensing in affected pacemakers. The software adds the Signal Artifact Monitor (SAM) to Boston Scientific's proprietary suite of Safety Architecture diagnostics. When enabled, the SAM continuously monitors electrograms for MV sensor signal artifacts and measures MV vector lead impedance values. If artifacts are detected or the MV vector lead impedance is out of range, the monitor either switches to the right ventricular vector or disables the MV sensor in approximately one second. In this manner, the SAM promptly eliminates the clinical risk of pacing inhibitic associated with MV sensor signal oversensing.         Programmer       Software Model       Software Version         Model 3120 ZOOM Programmer       2869       2.06         Model 3300 LATITUDE Programmer       3869       1.05										
Software is available in most countries to address the potential for pacing inhibition due to MV sensor signal oversensing in affected pacemakers. The software adds the Signal Artifact Monitor (SAM) to Boston Scientific's proprietary suite of Safety Architecture diagnostics. When enabled, the SAM continuously monitors electrograms for MV sensor signal artifacts and measures MV vector lead impedance values. If artifacts are detected or the MV vector lead impedance is out of range, the monitor either switches to the right ventricular vector or disables the MV sensor in approximately one second. In this manner, the SAM promptly eliminates the clinical risk of pacing inhibition associated with MV sensor signal oversensing.ProgrammerSoftware ModelModel 3120 ZOOM Programmer28692.06Model 3300 LATITUDE Programmer38691.05		All pacing leads combined"   0.00008 (1 in 12,500)   0.000002 (1 in 500,000)								
Software is available in most countries to address the potential for pacing inhibition due to MV sensor signal oversensing in affected pacemakers. The software adds the Signal Artifact Monitor (SAM) to Boston Scientific's proprietary suite of Safety Architecture diagnostics. When enabled, the SAM continuously monitors electrograms for MV sensor signal artifacts and measures MV vector lead impedance values. If artifacts are detected or the MV vector lead impedance is out of range, the monitor either switches to the right ventricular vector or disables the MV sensor in approximately one second. In this manner, the SAM promptly eliminates the clinical risk of pacing inhibition associated with MV sensor signal oversensing.ProgrammerSoftware ModelModel 3120 ZOOM Programmer28692.06Model 3300 LATITUDE Programmer38691.05			07 1.1 24							
oversensing in affected pacemakers. The software adds the Signal Artifact Monitor (SAM) to Boston Scientific's proprietary suite of Safety Architecture diagnostics. When enabled, the SAM continuously monitors electrograms for MV sensor signal artifacts and measures MV vector lead impedance values. If artifacts are detected or the MV vector lead impedance is out of range, the monitor either switches to the right ventricular vector or disables the MV sensor in approximately one second. In this manner, the SAM promptly eliminates the clinical risk of pacing inhibition associated with MV sensor signal oversensing.ProgrammerSoftware ModelModel 3120 ZOOM Programmer28692.06Model 3300 LATITUDE Programmer38691.05				e potential for nacin	a inhibition due to MV sensor signal					
proprietary suite of Safety Architecture diagnostics. When enabled, the SAM continuously monitors electrograms for MV sensor signal artifacts and measures MV vector lead impedance values. If artifacts are detected or the MV vector lead impedance is out of range, the monitor either switches to the right ventricular vector or disables the MV sensor in approximately one second. In this manner, the SAM promptly eliminates the clinical risk of pacing inhibition associated with MV sensor signal oversensing.ProgrammerSoftware ModelSoftware Version 2.06Model 3120 ZOOM Programmer28692.06Model 3300 LATITUDE Programmer38691.05										
vector lead impedance is out of range, the monitor either switches to the right ventricular vector or disables the MV sensor in approximately one second. In this manner, the SAM promptly eliminates the clinical risk of pacing inhibition associated with MV sensor signal oversensing.           Programmer         Software Model         Software Version           Model 3120 ZOOM Programmer         2869         2.06           Model 3300 LATITUDE Programmer         3869         1.05		proprietary suite of Safety Architecture	diagnostics. \	When enabled, the S	SAM continuously monitors electrograms for					
sensor in approximately one second. In this manner, the SAM promptly eliminates the clinical risk of pacing inhibition associated with MV sensor signal oversensing. Programmer Software Model Software Version Model 3120 ZOOM Programmer 2869 2.06 Model 3300 LATITUDE Programmer 3869 1.05										
associated with MV sensor signal oversensing.           Programmer         Software Model         Software Version           Model 3120 ZOOM Programmer         2869         2.06           Model 3300 LATITUDE Programmer         3869         1.05					8					
Model 3120 ZOOM Programmer28692.06Model 3300 LATITUDE Programmer38691.05				, prompuy						
Model 3120 ZOOM Programmer28692.06Model 3300 LATITUDE Programmer38691.05		Programmer	Software M	lodel Software Ver	sion					
Model 3300 LATITUDE Programmer 3869 1.05										
					—					
If software is not available in your country, continue to follow advisory recommendations										
		If software is not available in your coup	try continue t	to follow advisory re-	commendations					

PRODUCT Identifiable by serial number. Not all	ORIGINAL COMMUNICATION De Voluntary Physician Advisory	cember 2017 — (	KI POSITIVE LV	Juset and TPP Into	eraction		
serial numbers are affected.	DA Classification: Unclassified						
A serialized search tool to determine if	This advisory discusses unintended as	ynchronous biventr	icular (BiV) pacing b	ehavior when tracking	g elevated atria		
a specific device is affected by this	intrinsic rhythms in certain Boston Scie						
product advisory is available here:	defibrillators (CRT-Ds). Repeated deter		,	1 5	,		
<u>Device Lookup Tool</u>	implanted device reverting to a perman						
	unintended asynchronous BiV pacing b programmed, specifically:	behavior can only or	ccur when an infreq	uent combination of p	arameters are		
VALITUDE CRT-P	programmed, specifically:						
Models U125, U128	• Left Ventricular (LV) Offset programm	ed to a positive val	ue which exceeds th	ne Atrial Blank after			
VISIONIST CRT-P	Ventricular Pace (A-Blank after V-Pace	) interval; and					
Models U225, U226, U228	• Tracking Preference = ON (nominal).						
NOUCIO 0220, 0220, 0220							
RESONATE CRT-D							
Models G424, G425, G426,	Observed Rate		0		77		
G428, G437, G447, G448, G524, G525, G526, G528, G537, G547,	Of the 60,500 CRT devices distributed devices are programmed with the com						
G548	been two confirmed instances of early						
	single patient death occurred due to co				io ino oucco, u		
VIGILANT CRT-D							
Models G224, G225, G228,							
G237, G247, G248							
	CURRENT STATUS 07-Jul-21						
MOMENTUM CRT-D	Confirmed Malfunctions (worldwide)						
Models G124, G125, G126, G128, G138	There have been four confirmed instan	ces of early device	replacement due to	this device behavior.			
CHARISMA CRT-D	CURRENT RECOMMENDATION	07-Jul-21					
G337, G347, G348	Software is available in most countries	to addresses the ra	re potential for early	replacement due to	permanent Saf		
	Mode status. The software imposes an						
	manner. Affected devices interrogated	by an updated prog	rammer are no long	er susceptible to this	issue.		
AUTOGEN CRT-D							
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			
INOGEN CRT-D	If software is not available in your coun	try, continue to follo	w advisory recomm	endations.			
Models G140, G141, G146, G148							
ORIGEN CRT-D							
Models G050, G051, G056, G058							
CRT Positive LV Offset and TPP Interaction, Physician Letter, Dec 2017							
interaction, Physician Letter, Dec 2017							
CRT Positive LV Offset and TPP Interaction, Patient Letter, December							
2017							
CRT Positive LV Offset and TPP							
nteraction, Update Letter, January							
<u>2019</u>							
	l						

PRODUCT A serialized search tool to determine if	ORIGINAL COMMUNICATION Aug 2013 and Sep 2014 — Low Voltage Capacitor		
A serialized search tool to determine if a specific device is affected by this product advisory is available here:	FOluntary Physician Advisory FDA Classification August 2013: Class II FDA Classification September 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		
COGNIS Models N106/N107/N108/N118/ N119/N120/P106/P107/P108	(LV) 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 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		
TELIGEN VR	update.		
Models E102/E103/F102/F103	The performance of an LV capacitor may be compromised in some devices after two or more years of implant ti which will increase battery use and may eventually initiate one or more Safety Architecture alerts and patient-au beeping.		
TELIGEN DR Models E110/E111/F110/F111			
Low Voltage Capacitor 2014 Physician Letter, Sep 17, 2014	The most common alert is a yellow programmer screen that states, "Voltage is too low for projected remaining capacity. Contact Technical Services with Code 1003". LATITUDE issues a corresponding yellow alert (nominally configured "On"). In other instances, diminished LV capacitor performance can result in an early "Explant" battery status indicator (ERI) and a replacement window that may be less than 3 months.		
Low Voltage Capacitor 2014 Patient Letter, Sep 17, 2014	Devices that 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 2.9% 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 07-Jul-21		
	Advisory devices have not been available for implant for more than seven years.		
	Projected Rate of Occurrence • COGNIS CRT-D and TELIGEN ICD advisory population - The rate of occurrence is 2.9% at 60 months, 6.0% at 72 months, 8.9% at 84 months and 11.2% at 96 months. The potential for life-threatening harm from loss of therapy is approximately 1 in 200,000 (0.0005%) at 60 months.		
	• COGNIS CRT-D and TELIGEN ICD populations (advisory and non-advisory) - The overall rate of occurrence is approximately 1.1% at 60 months, 2.5% at 72 months and 3.7% at 84 months. The projected rate of occurrence is 5.0% at 96 months. Since notifying customers of this behavior in September 2014 and improving the Safety Architecture voltage alert, the portion of malfunctions with compromised therapy has decreased to approximately 1.6%. The potential for life-threatening harm from loss of therapy is approximately 1 in 500,000 (0.0002%) at 60 months.		
	• INCEPTA, 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 07-Jul-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.		
	LATITUDE Patient Management System Boston Scientific recommends that advisory patients utilize the LATITUDE Patient Management System (remote monitoring), which offers additional/supplemental device checks between office visits. Use of LATITUDE may accelerate detection of Safety Architecture alerts, and can notify if/when scheduled checkups have not occurred. Verify that the yellow alert "Voltage was too low for projected remaining capacity" is configured "On".		
	<ul> <li>Additional Recommendations</li> <li>After a device has been upgraded with new software, Boston Scientific recommends normal device monitoring as described in device labeling.</li> <li>Device replacement is not recommended for advisory devices displaying normal behavior.</li> <li>Promptly investigate alerts, device beeping, and unanticipated replacement indicator messages.</li> <li>Following a Safety Architecture alert, contact Boston Scientific Technical Services as directed on programmer screens. Technical Services can facilitate an evaluation of device information downloaded from a recent in-clinic or remote LATITUDE interrogation, which may help to clarify available replacement time.</li> </ul>		

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 a specific device is affected by this product advisory is available here:	if Voluntary Physician Advisory FDA Classification: Class II			
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 those models listed below implanted subpectorally.	Boston Scientific has determined that the bond between the header and case could be weakened by significant forces associated with a subpectoral implant procedure or when a device in a subpectoral position is pushed aga a rib during contraction of the pectoralis muscle. A weakened header bond may alter lead impedance and introdu noise that may inhibit pacing therapy or initiate inappropriate tachy therapy. Additional mechanical stress applied tweakened 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	<ul> <li>Significant changes in measured lead impedance</li> </ul>			
N106/N107/N108/N118/N119	<ul> <li>Noise on real-time or stored electrograms</li> </ul>			
P106/P107/P108	<ul> <li>Intermittent inhibition of pacing</li> <li>Inappropriate anti-tachy pacing or shock therapy</li> </ul>			
TELIGEN VR	– Loss of pacing therapy			
Models E102/F102	<ul> <li>Loss of anti-tachy pacing and shock therapy</li> </ul>			
TELIGEN DR Models E110/E111/F110/F111	No patient deaths related to this behavior have been reported. Patients have required early device replacement due to inappropriate shocks and/or noise induced by pocket manipulation or arm movement.			
Subpectoral Implant 2009 Physician Letter, Dec 01, 2009	Rate of Occurrence 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 subpectoral implants with weakened header bonds. An estimated 5% of approximately 77,000 COGNIS and TELIGEN devices worldwide have been implanted in a subpectoral location.			
Subpectoral Implant 2009 Patient Letter, Dec 01, 2009	<ul> <li>The following factors may also impact the risk of failure if implanted in a subpectoral location:</li> <li>Exact location of the patient's ribs relative to the device</li> <li>Body size and/or muscle mass of the patient (risk may increase for larger/muscular patients)</li> <li>Activity level and/or occupation of the patient (risk may increase for more active patients)</li> </ul>			
	CURRENT STATUS 07-Jul-21			
	Reported events (worldwide)			
	103 reports have been received worldwide of subpectoral implants with weakened header bonds. An estimated 109 of 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. Th rate of occurrence for subpectoral implants of COGNIS advisory devices is 1.95% at 60 months. The rate of occurrence for subpectoral implants of TELIGEN advisory devices is 0.53% at 60 months.			
	CURRENT RECOMMENDATION 07-Jul-21			
	If a patient's device was implanted subcutaneously, it is excluded from this advisory and no change to current patient management is recommended.			
	For affected devices implanted in a subpectoral location: – Follow patient at least once every three months as recommended in device instructions for use. – Consider advising patients to contact their physician or clinic if they receive shocks, in order to ensure timely revie 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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ALTRUA	ENERGEN	PUNCTUA
AUTOGEN	ESSENTIO	RELIANCE 4-FRONT
AVT	FINELINE	RESONATE
CHARISMA	FLEXTEND	SELUTE
COGNIS	FORMIO	SWEET PICOTIP
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Rhythm Management 300 Boston Scientific Way Marlborough, MA 01752-1234 www.bostonscientific.com

Medical Professionals: 1.800.CARDIAC (227.3422) Patients and Families: 1.866.484.3268

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