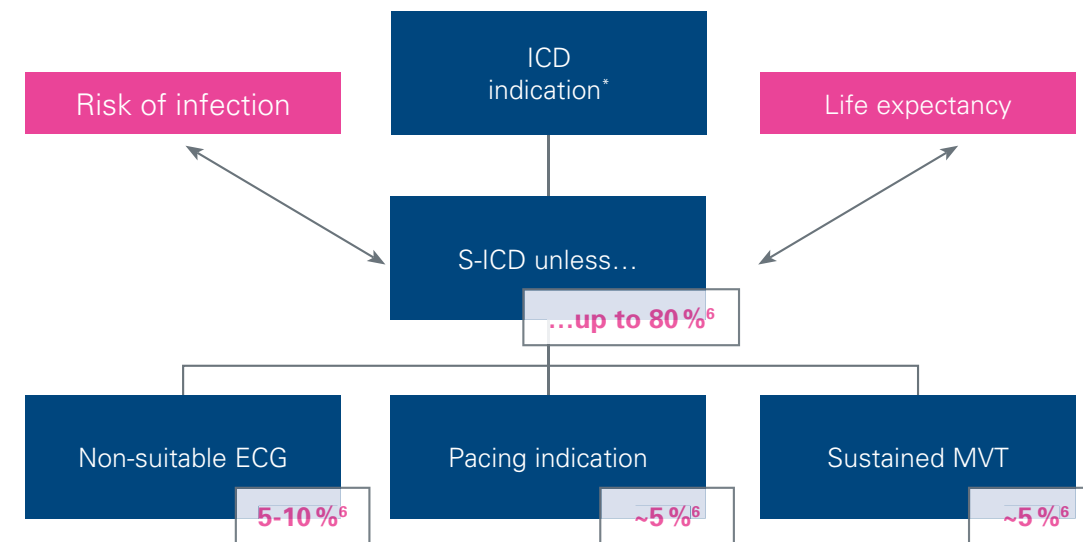


S-ICD should be considered
for patients at risk of SCD **unless ...**

9,10,11,12



*non-CRT

EMBLEM™ S-ICD

Automated Screening Tool

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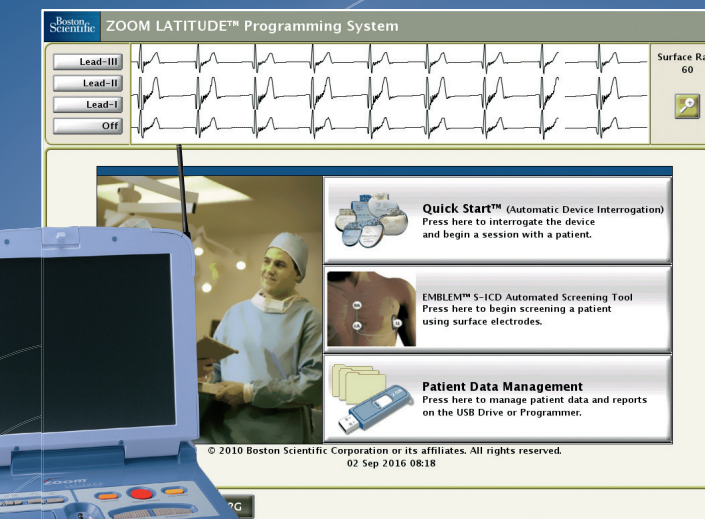
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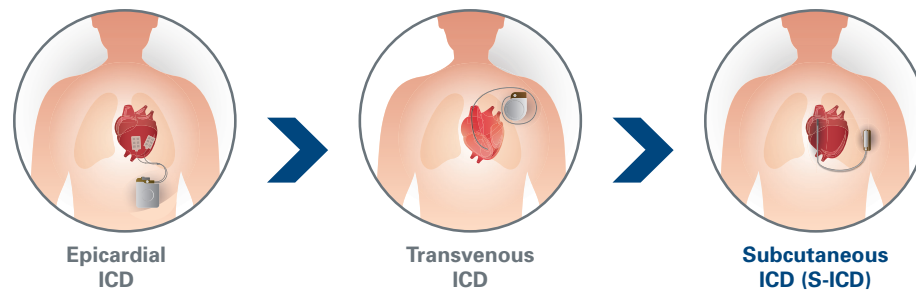
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EMBLEM™ S-ICD

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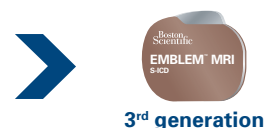
The **S-ICD** was developed to provide a **less invasive solution** for patients at risk for Sudden Cardiac Arrest.



Developments, such as refining the S-ICD detection algorithms, have **reduced** Inappropriate Shock rates (IAS), which are now similar to TV-ICD IAS rates.^{1,2,3}



SMR8 – a morphology-based algorithm was demonstrated[#] to decrease TWOs by 30 – 40 %^{*4,5}



SMART Pass Technology – decreases IAS due to TWOs by 82 %^{*} to 3.8 %^{**1,4,9}

Why screen patients for the S-ICD?

1. To determine whether patients have a **suitable signal** for device sensing at implant.
2. To **maximise** system **sensitivity** and **specificity** for rhythm identification and therapy, and to **minimise** risk of **cardiac oversensing**.

[#] in bench test data ^{*}compared to 1st generation S-ICD ^{**} as modelled with EFFORTLESS patient episodes

EMBLEM S-ICD Automated Screening Tool

Increases efficiency

&

Decreases subjectivity

- Available through the Zoom Programmer (3120)

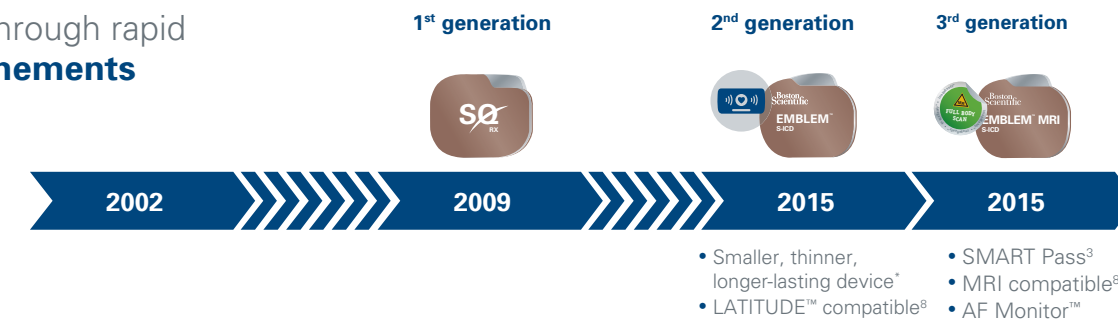
- Applies the Vector Select algorithm that is used by the S-ICD to sense the cardiac signal, and is designed to more closely represent S-ICD device performance.⁷



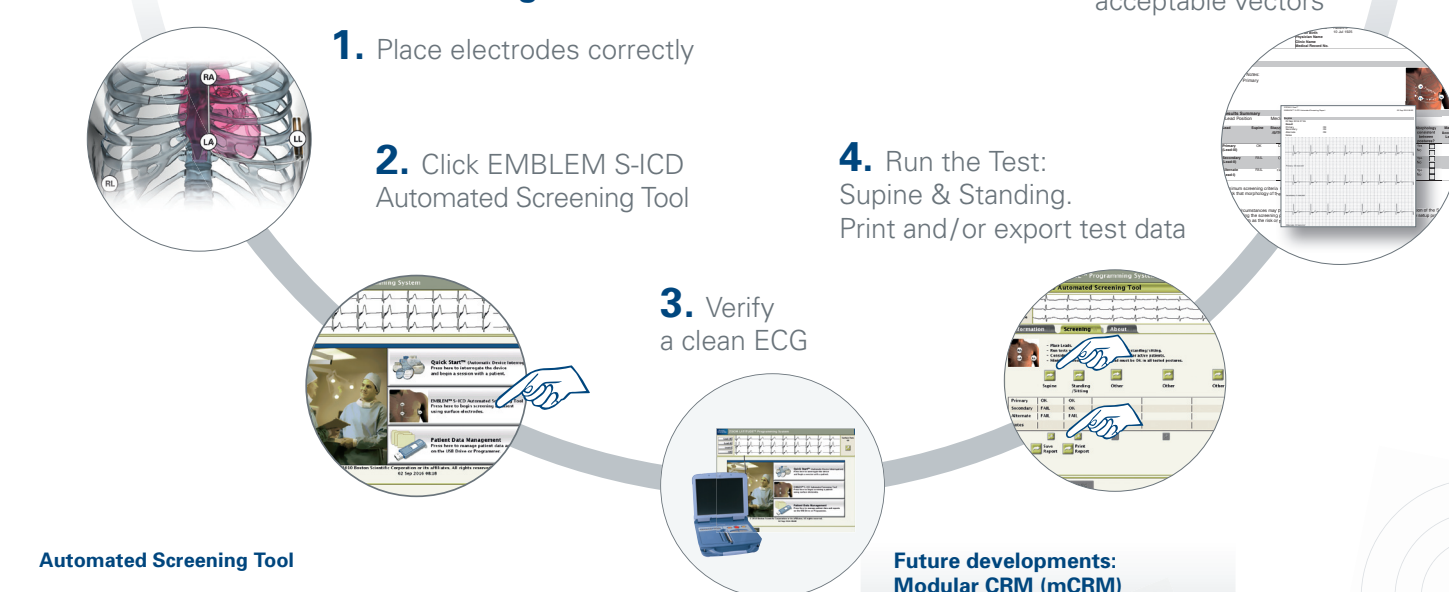
in S-ICD patient screening and improves the **screening workflow**.



The S-ICD has gone through rapid and **incremental refinements** in technology.



How to obtain a **successful screening** with the **Automated Screening Tool**



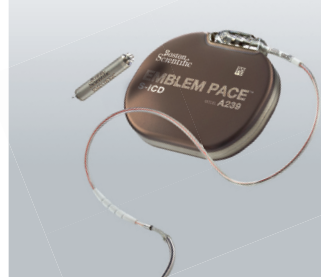
Automated Screening Tool



2017 Future

- New EMBLEM Electrode
- Electrode Delivery System (EDS)
- 2-incision technique labelling
- Inter-muscular labelling

Future developments: Modular CRM (mCRM) approach



*** At least one common ECG lead must PASS for all tested postures. At a minimum, Supine and Standing/Sitting postures must be tested⁸