



Rhythm Management Product Performance Report

Q2 Edition



RESONATE™ Family of ICDs AND CRT-Ds



 $\mathsf{ACCOLADE^{\mathsf{TM}}}$ Family of Pacemakers



CRM Quality Pledge

Limprove

the quality

of patient care

and all things

Boston Scientific

Advancing Science for Life.

For over forty years, meaningful innovation at Boston Scientific Rhythm Management has helped patients live healthier, longer lives. We are committed to providing performance data which are accurate, transparent and responsive to topics of contemporary clinical interest. This Q2 2023 report includes data through April 4th, 2023.

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,

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

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

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

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

When a device is returned to Boston Scientific, laboratory technicians and engineers assess overall device function and perform analysis using specific tests related to the clinical observation(s). Test results are compared to original manufacturing records and design intent. Clinical observations are added to laboratory findings to help determine cause of the clinical observation(s). Each discrete event is then compared to other similar-appearing events. If a pattern is detected, actions are taken to identify a common root cause, and improvements intended to improve product reliability and/or performance may be implemented. Observations from supplier data and internal manufacturing operations also lead to opportunities for improvement. Improvements, when made, may include design changes, 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. Approximately 60% of ICD, CRT-D, and PM pulse generators are returned for analysis.²

Help Us Provide You With More Complete Product Performance Data

Reporting Adverse Events

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

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

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

E-mail: crmevent@bsci.com

Returning Products to Boston Scientific

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



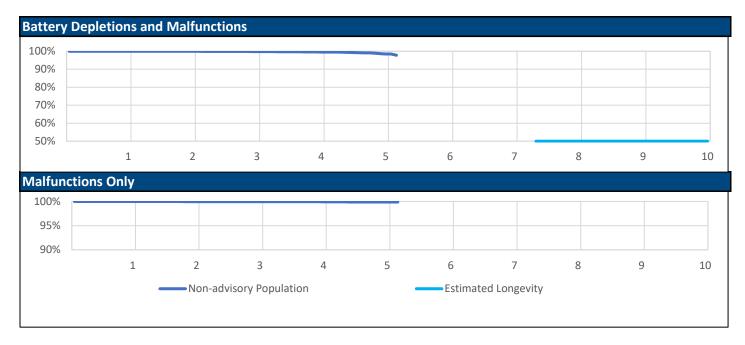
¹Carlson et al. Recommendations from the Heart Rhythm Society Task Force. Heart Rhythm. October 2006; 3(special issue):1251 — 1252.

²Internal data. Underreporting of explanted devices may overstate return rates.

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:	68,000	US Normal Battery Depletions:	74
US Approval Date:	September 2017	US Malfunctions:	19
US Estimated Active Implants:	62,000	Without Compromised Therapy:	15
		With Compromised Therapy:	4



US Surviv	S Survival Probability											
	Year	1	2	3	4	5	6	7	8	9	10	
Non-Advisory Population	Depletions and Malfunctions	100.0%	100.0%	99.9%	99.6%	98.7%	97.8%					
Registered Implants:	Malfunctions Only	100.0%	100.0%	100.0%	99.9%	99.9%	99.9%					
68,00	00 Effective Sample Size	46799	29786	16584	6808	973	271					

@ 63 months

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	37
Worldwide Distribution	126,000

Tronatiae Bistination	120,000		
	With Compromised	Without Compromised	
	Therapy	Therapy	Total
Electrical			
Integrated circuit (63)	1	5	6
Low-voltage capacitor (69)	0	8	8
Battery (53)	2	5	7
High voltage capacitor (75)	1	0	1
Software			
Memory errors (51)	0	9	9
Other			
Non-patterned, other	3	3	6
Grand Total	7	30	37

AUTOGEN CRT-D

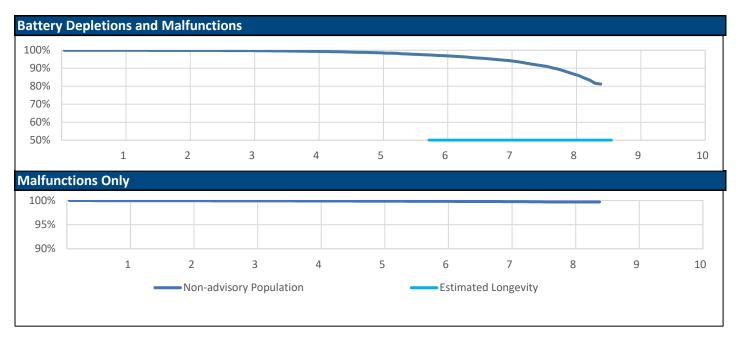
Models: G160/G161/G164/G166/G168/G172/G173/G175/G177/G179

Worldwide Confirmed Malfunctions	33		
Worldwide Distribution	24,000		
	With	Without	
	Compromised	Compromised	
	Therapy	Therapy	Total
Electrical			
High voltage circuit component (62)	0	7	7
Integrated circuit (63)	2	4	6
Low-voltage capacitor (69)	0	5	5
Battery (53)	3	7	10
Software			
Safety Core-unintended biventricular	0	1	1
pacing (64)			
Other			
Non-patterned, other	1	3	4
Grand Total	6	27	33

DYNAGEN/INOGEN/ORIGEN CRT-D

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

US Summary				
US Registered Implants:	74,000	US Normal Battery Depletions:	1,382	
US Approval Date:	April 2014	US Malfunctions:	86	
US Estimated Active Implants:	57,000	Without Compromised Therapy:	75	
		With Compromised Therapy:	11	



US Surviv	JS Survival Probability										
	Year	1	2	3	4	5	6	7	8	9	10
Non-Advisory Population	Depletions and Malfunctions	100.0%	99.9%	99.8%	99.4%	98.6%	97.1%	94.5%	87.7%	81.2%	
Registered Implants:	Malfunctions Only	100.0%	99.9%	99.9%	99.9%	99.9%	99.8%	99.8%	99.7%	99.7%	
74,000	Effective Sample Size	64200	55307	46549	37551	27344	16498	7449	1531	258	

@ 102 months

DYNAGEN/INOGEN/ORIGEN CRT-D

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

Worldwide Confirmed Malfunctions Worldwide Distribution	126 128,000		
	With Compromised Therapy	Without Compromised Therapy	Total
Electrical			
High voltage circuit component (62)	0	18	18
Integrated circuit (63)	4	11	15
Low-voltage capacitor (69)	0	18	18
High voltage capacitor (75)	2	1	3
Battery (53)	0	20	20
Software			
Memory errors (51)	2	26	28
Safety Core-unintended biventricular	0	3	3
pacing (64)			
Other			
Non-patterned, other	10	11	21

18

108

126

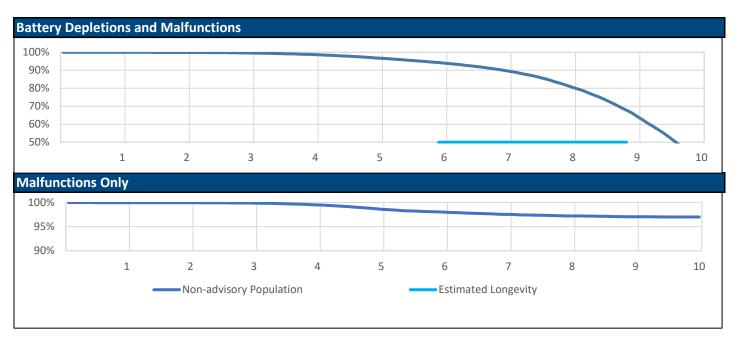
References cited in table above (link)

Grand Total

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:	8,330	
US Approval Date:	November 2011	US Malfunctions:	806	
US Estimated Active Implants:	22,000	Without Compromised Therapy:	784	
		With Compromised Therapy:	22	



US Surviv	JS Survival Probability										
	Year	1	2	3	4	5	6	7	8	9	10
Non-Advisory Population	Depletions and Malfunctions	100.0%	99.9%	99.6%	98.8%	96.9%	94.3%	90.0%	81.5%	66.2%	40.8%
Registered Implants:	Malfunctions Only	100.0%	100.0%	99.9%	99.5%	98.7%	98.0%	97.6%	97.2%	97.1%	97.0%
53,000	Effective Sample Size	46307	41463	37007	32852	28797	24991	21095	15989	7947	1720

INCEPTA/ENERGEN/PUNCTUA CRT-D

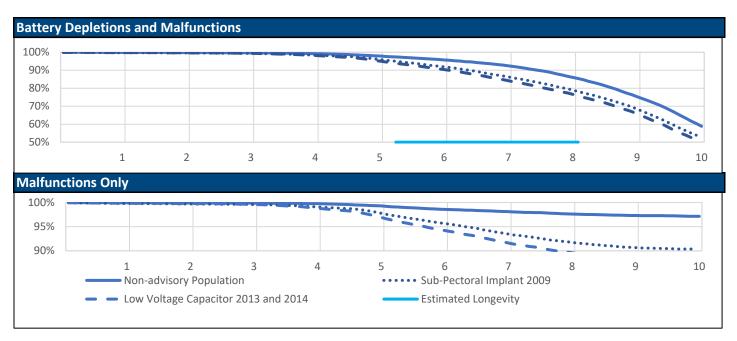
Models: N050/N051/N052/N053/N140/N141/N142/N143/N160/N161/N162/N163/N164/N165/P052/P053/P142/P143/P162/P163/P165

Worldwide Confirmed Malfunctions	1,292		
Worldwide Distribution	81,000		
	With	Without	
	Compromised	Compromised	
	Therapy	Therapy	Total
Electrical			
Safety Core-electrocautery (42)	1	6	7
High-voltage capacitor (43)	5	0	5
Low-voltage capacitors (47)	0	1	1
Integrated circuit (50)	7	2	9
Battery (53)	2	11	13
Low-voltage capacitor (54)	6	1203	1209
Low-voltage capacitor (69)	0	10	10
Mechanical			
Transformer (38)	6	0	6
Software			
Memory errors (51)	0	8	8
Other			
Non-patterned, other	8	16	24
Grand Total	35	1257	1292

COGNIS CRT-D

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

US Summary				
US Registered Implants:	75,000	US Normal Battery Depletions:	15,666	
US Approval Date:	March 2008	US Malfunctions:	2,096	
US Estimated Active Implants:	15,000	Without Compromised Therapy:	1,903	
		With Compromised Therapy:	193	



US Surviv	JS Survival Probability										
	Year	1	2	3	4	5	6	7	8	9	10
Non-Advisory Population	Depletions and Malfunctions	99.9%	99.8%	99.7%	99.3%	98.0%	96.0%	92.9%	86.6%	76.4%	60.4%
Registered Implants:	Malfunctions Only	99.9%	99.9%	99.9%	99.8%	99.3%	98.6%	98.2%	97.6%	97.3%	97.1%
36,000	Effective Sample Size	31268	28042	25103	22386	19840	17356	14977	12484	9782	6818

COGNIS CRT-D

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

US Surviva	al Probability	(cont.)									
	Year	1	2	3	4	5	6	7	8	9	10
Subpectoral Implant 2009	Depletions and Malfunctions	99.8%	99.6%	99.4%	98.5%	96.3%	92.2%	86.8%	79.7%	69.6%	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	27325	24213	21613	19185	16754	14279	11962	9735	7542	5151
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%	51.5%
Registered Implants:	Malfunctions Only	99.8%	99.8%	99.6%	98.9%	97.2%	94.4%	91.8%	89.8%	88.4%	88.0%
26,000	Effective Sample Size	22463	19938	17825	15774	13720	11585	9611	7769	5968	4023

^{*}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

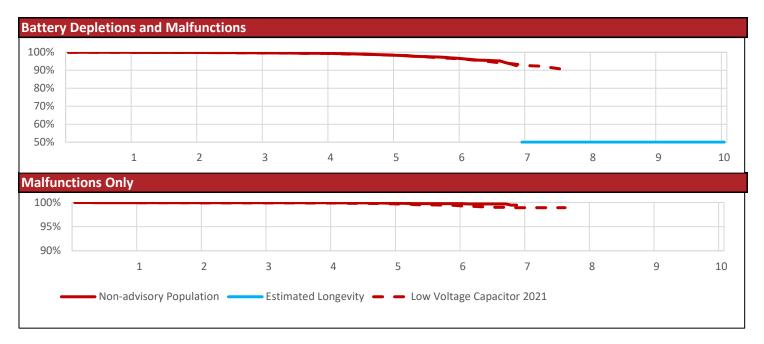
Worldwide Confirmed Malfunctions	2,957
Worldwide Distribution	109,000

Worldwide Distribution	109,000					
	With Compromised Therapy	Without Compromised Therapy	Total			
Electrical		• •				
Low Voltage Capacitor 2014 - August 29, 2013 and	83	1617	1700			
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	51	61			
Low-voltage capacitor (54)	12	847	859			
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	20	68			
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	36	47			
Grand Total	269	2688	2957			

VISIONIST/VALITUDE

Models: U125/U128/U225/U226/U228

US Summary				
US Registered Implants:	50,000	US Normal Battery Depletions:	440	
US Approval Date:	October 2014	US Malfunctions:	82	
US Estimated Active Implants:	40,000	Without Compromised Therapy:	78	
		With Compromised Therapy:	4	



US Survival F	JS Survival Probability										
	Year	1	2	3	4	5	6	7	8	9	10
Non-Advisory Population	Depletions and Malfunctions	100.0%	99.9%	99.7%	99.4%	98.4%	96.7%	92.5%			
Registered Implants:	Malfunctions Only	100.0%	99.9%	99.9%	99.9%	99.9%	99.8%	99.5%			
44,000	Effective Sample Size	31776	22593	15709	9956	5401	1969	285			

@ 83 months

^{*}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 P	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%	99.3%	98.5%	96.4%	93.0%	90.1%		
Registered Implants:	Malfunctions Only	100.0%	99.9%	99.9%	99.9%	99.7%	99.4%	98.9%	98.9%		
6,000	Effective Sample Size	5948	5313	4744	4206	3592	2806	1219	273		

@ 92 months

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

VISIONIST/VALITUDE

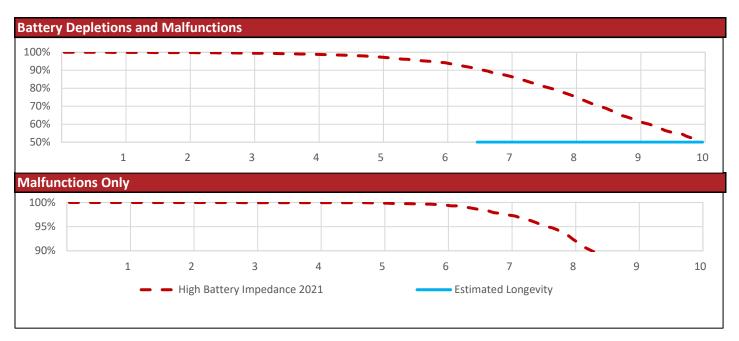
Models: U125/U128/U225/U226/U228

Worldwide Confirmed Malfunctions	138		
Worldwide Distribution	101,000		
	With	Without	
	Compromised	Compromised	
	Therapy	Therapy	Total
Electrical			
Low-voltage capacitors (47)	0	2	2
Integrated circuit (63)	1	10	11
Telemetry (68)	0	1	1
Hydrogen induced premature	0	18	18
depletion - September 2018 (70)			
Hydrogen induced premature	2	44	46
depletion - June 2021 (83)			
High battery impedance (89)	2	11	13
Software			
Memory errors (51)	0	15	15
Other			
Non-patterned, other	4	28	32
Grand Total	9	129	138

INTUA/INVIVE/INLIVEN

Models: V272/V273/V282/V283/W272/W273/V172/V173/V182/V183/W172/W173/V274/V275/V284/V285/W275

US Summary				
US Registered Implants:	10,000	US Normal Battery Depletions:	1,036	
US Approval Date:	May 2013	US Malfunctions:	377	
US Estimated Active Implants:	4,000	Without Compromised Therapy:	368	
		With Compromised Therapy:	9	



US Surviva	JS Survival Probability										
	Year	1	2	3	4	5	6	7	8	9	10
High Battery Impedance 2021	Depletions and Malfunctions	99.9%	99.8%	99.5%	99.0%	97.5%	94.4%	87.4%	76.7%	62.9%	52.3%
Registered Implants:	Malfunctions Only	100.0%	100.0%	100.0%	100.0%	99.9%	99.5%	97.6%	93.2%	86.2%	82.4%
10,000	Effective Sample Size	8980	8006	7121	6313	5562	4770	3703	2258	864	216

@ 119 months

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

INTUA/INVIVE/INLIVEN

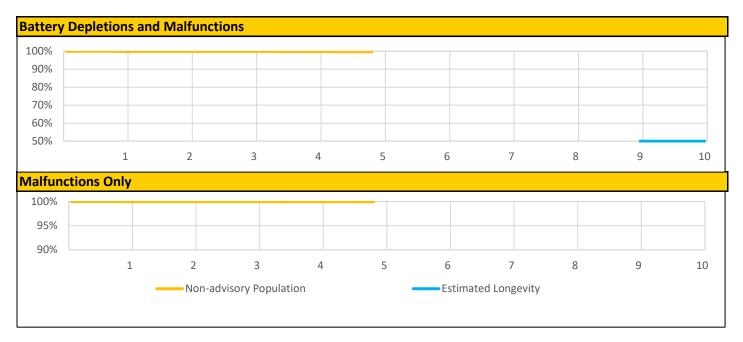
Models: V272/V273/V282/V283/W272/W273/V172/V173/V182/V183/W172/W173/V274/V275/V284/V285/W275

Worldwide Confirmed Malfunctions Worldwide Distribution	564 24,00 0		
	With Compromised Therapy	Without Compromised Therapy	Total
Electrical			
High battery impedance initiating safety mode 2021 (82)	9	494	503
Low-voltage capacitors (47)	1	0	1
Other			
Non-patterned, other	5	55	60
Grand Total	15	549	564

RESONATE/MOMENTUM/CHARISMA/VIGILANT ICD DR

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

US Summary				
US Registered Implants:	42,000	US Normal Battery Depletions:	20	
US Approval Date:	July 2017	US Malfunctions:	12	
US Estimated Active Implants:	39,000	Without Compromised Therapy:	9	
		With Compromised Therapy:	3	



US Surviv	JS Survival Probability											
	Year	1	2	3	4	5	6	7	8	9	10	
Non-Advisory Population	Depletions and Malfunctions	99.9%	99.9%	99.9%	99.8%	99.7%						
Registered Implants:	Malfunctions Only	100.0%	100.0%	100.0%	99.9%	99.9%						
42,00	00 Effective Sample Size	27146	15490	7514	2534	295						

@ 59 months

RESONATE/MOMENTUM/CHARISMA/VIGILANT ICD DR

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

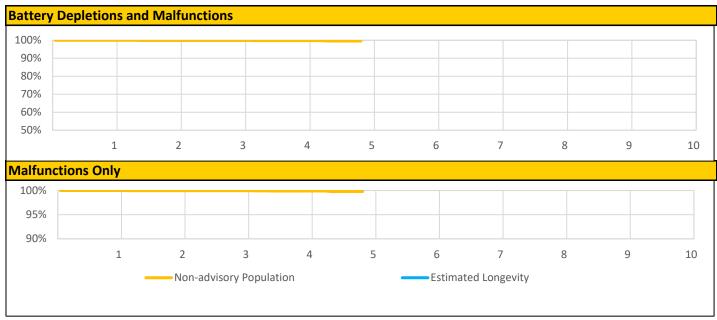
Worldwide Confirmed Malfunctions	19
Worldwide Distribution	76,000
	\M/i+b

World Wide Distribution	70,000		
	With Compromised Therapy	Without Compromised Therapy	Total
Electrical			
High voltage capacitor (75)	2	0	2
Integrated circuit (63)	0	3	3
Low-voltage capacitor (69)	0	1	1
Software			
Memory errors (51)	0	7	7
Mechanical			
Solder joint (88)	1	0	1
Other			
Non-patterned, other	1	4	5
Grand Total	4	15	19

RESONATE/MOMENTUM/CHARISMA/VIGILANT ICD VR

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

US Summary			
US Registered Implants:	23,000	US Normal Battery Depletions:	11
US Approval Date:	July 2017	US Malfunctions:	9
US Estimated Active Implants:	21,000	Without Compromised Therapy:	8
		With Compromised Therapy:	1



Note: Minimum estimated longevity exceeds 10 years.

US Surviv	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%	99.6%					
Registered Implants:	Malfunctions Only	100.0%	100.0%	100.0%	99.9%	99.8%					
23,00	00 Effective Sample Size	15235	9422	5069	1875	236					

@ 59 months

RESONATE/MOMENTUM/CHARISMA/VIGILANT ICD VR

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

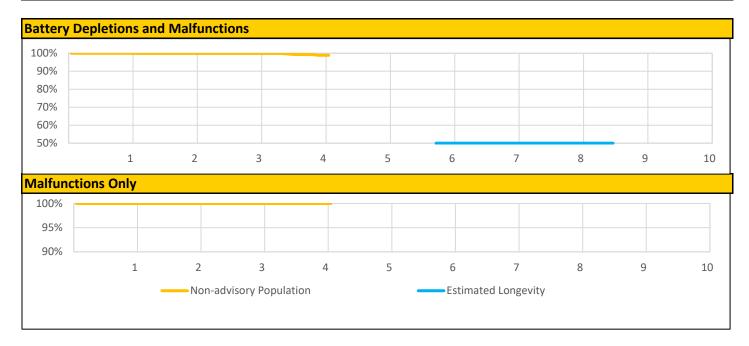
Worldwide Confirmed Malfunctions	18
Worldwide Distribution	55,000

	With Compromised	Without Compromised	
	Therapy	Therapy	Total
Electrical			
High voltage capacitor (75)	1	0	1
Integrated circuit (63)	1	0	1
Low-voltage capacitor (69)	0	1	1
Low-voltage capacitors (47)	0	1	1
Battery (53)	0	1	1
Software			
Memory errors (51)	0	5	5
Other			
Non-patterned, other	1	7	8
Grand Total	3	15	18

PERCIVA DR

Models: D401/D413/D501/D513

US Summary				
US Registered Implants:	4,000	US Normal Battery Depletions:	9	
US Approval Date:	July 2017	US Malfunctions:	-	
US Estimated Active Implants:	4,000	Without Compromised Therapy:	-	
		With Compromised Therapy:	-	



US Surviv	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%	98.9%	98.9%						
Registered Implants:	Malfunctions Only	100.0%	100.0%	100.0%	100.0%	100.0%						
4,00	O Effective Sample Size	2869	1638	817	277	213						

@ 50 months

PERCIVA DR

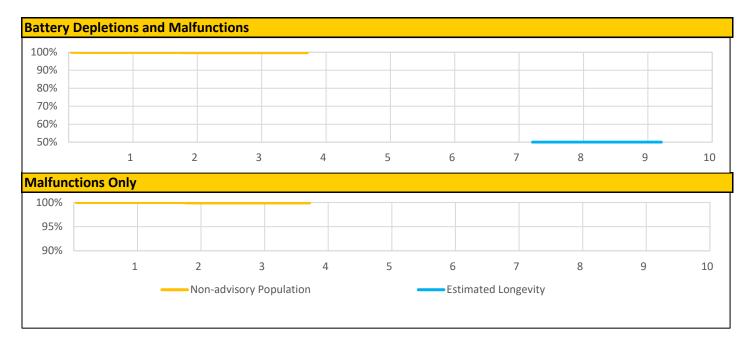
Models: D401/D413/D501/D513

Worldwide Confirmed Malfunctions Worldwide Distribution	0 7,000		
Worldwide Distribution	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:	3,000	US Normal Battery Depletions:	3	
US Approval Date:	July 2017	US Malfunctions:	1	
US Estimated Active Implants:	3,000	Without Compromised Therapy:	1	
		With Compromised Therapy:	-	



US Surviv	JS Survival Probability											
	Year	1	2	3	4	5	6	7	8	9	10	
Non-Advisory Population	Depletions and Malfunctions	99.9%	99.8%	99.8%	99.8%							
Registered Implants:	Malfunctions Only	100.0%	99.9%	99.9%	99.9%							
3,00	0 Effective Sample Size	1877	1076	533	215							

@ 46 months

PERCIVA VR

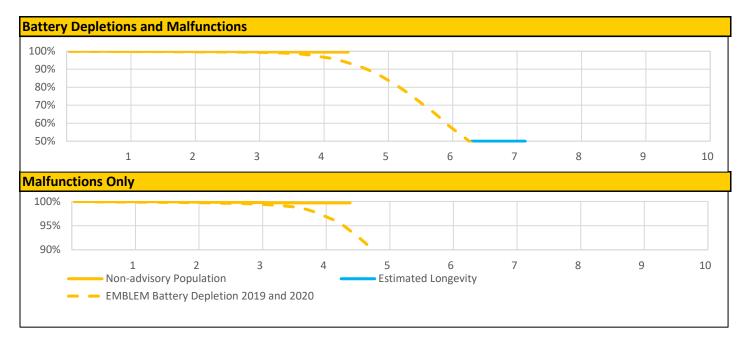
Models: D400/D412/D500/D512

Worldwide Confirmed Malfunctions	1		
Worldwide Distribution	6,000		
	With	Without	
	Compromised	Compromised	
	Therapy	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:	54,000	US Normal Battery Depletions:	865	
US Approval Date:	March 2015	US Malfunctions:	3,370	
US Estimated Active Implants:	42,000	Without Compromised Therapy:	3,283	
		With Compromised Therapy:	87	



US Surviv	JS Survival Probability										
	Year	1	2	3	4	5	6	7	8	9	10
Non-Advisory Population	Depletions and Malfunctions	99.9%	99.9%	99.7%	99.5%	99.5%					
Registered Implants:	Malfunctions Only	100.0%	99.9%	99.8%	99.7%	99.7%					
32,000	Effective Sample Size	21198	12907	6719	2055	314					

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

EMBLEM S-ICD

Models: A209/A219

US Surviva	JS 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%	99.4%	97.4%	86.4%	60.3%	37.6%	30.4%			
Registered Implants:	Malfunctions Only	99.9%	99.8%	99.5%	97.5%	87.6%	66.3%	48.8%	43.8%			
22,000	Effective Sample Size	18533	16454	14586	12513	8186	2915	1109	226			

@ 91 months

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

EMBLEM S-ICD

Models: A209/A219

	With
Worldwide Distribution	122,000
Worldwide Confirmed Malfunctions	6,935

	With Compromised Therapy	Without Compromised Therapy	Total
Electrical	Петару	Петару	TOLAI
High-voltage capacitor (43)	2	0	2
S-ICD battery depletion 2019 and 2020 (77)	73	6639	6712
Battery depletion (84)	1	2	3
Software			
Memory corruption (65)	1	0	1
Misaligned markers (73)	1	3	4
Memory corruption (85)	4	8	12
Mechanical			
Solder joint (78)	13	1	14
EMBLEM S-ICD electrical overstress 2020 (80)	8	0	8
RF antenna (81)	1	0	1
Cracked case (86)	12	0	12
Header (87)	1	0	1
Other			
Non-patterned, other	37	82	119
Telemetry (56)	16	30	46
Grand Total	170	6765	6935

AUTOGEN ICD EL DR

Models: D162/D163/D176/D177

Worldwide Confirmed Malfunctions	43
Worldwide Distribution	16,000

	=0,000		
	With Compromised	Without Compromised	
	Therapy	Therapy	Total
Electrical			
High voltage circuit component (62)	0	4	4
Integrated circuit (63)	2	0	2
Low-voltage capacitor (69)	0	15	15
Battery (53)	0	12	12
High voltage capacitor (75)	1	0	1
Software			
Memory errors (51)	0	5	5
Other			
Non-patterned, other	1	3	4
Grand Total	4	39	43

AUTOGEN ICD EL VR

Models: D160/D161/D174/D175

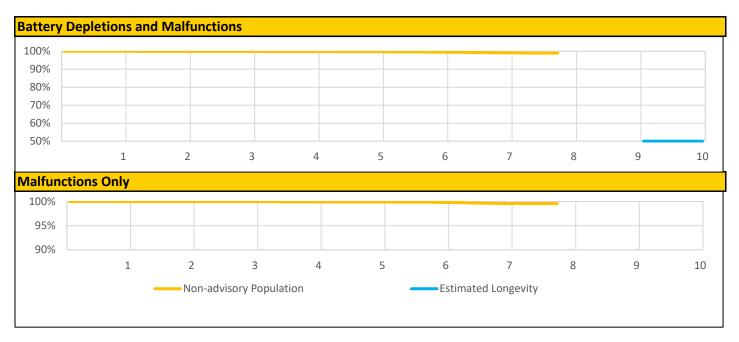
Worldwide Confirmed Malfunctions	30
Worldwide Distribution	17,000

	With Compromised Therapy	Without Compromised Therapy	Total
Electrical			
High voltage capacitor (75)	2	0	2
Low-voltage capacitor (69)	0	5	5
Battery (53)	4	13	17
Integrated circuit (63)	0	1	1
Software			
Memory errors (51)	2	2	4
Other			
Non-patterned, other	0	1	1
Grand Total	8	22	30

DYNAGEN/INOGEN/ORIGEN ICD EL DR

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

US Summary			
US Registered Implants:	49,000	US Normal Battery Depletions:	69
US Approval Date:	April 2014	US Malfunctions:	51
US Estimated Active Implants:	39,000	Without Compromised Therapy:	38
		With Compromised Therapy:	13



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%	99.8%	99.7%	99.5%	99.1%	99.0%		
Registered Implants:	Malfunctions Only	100.0%	100.0%	100.0%	99.9%	99.9%	99.8%	99.6%	99.6%		
49,000	Effective Sample Size	40866	33969	27378	21185	14257	7630	2855	235		

@ 94 months

DYNAGEN/INOGEN/ORIGEN ICD EL DR

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

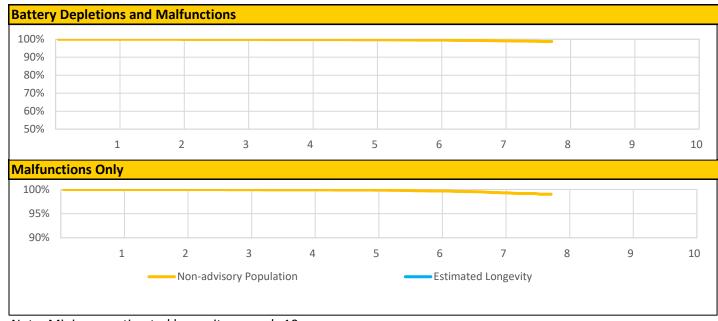
Worldwide Confirmed Malfunctions	71
Worldwide Distribution	78,000

Worldwide Distribution	Voltawide Distribution 78,000								
	With Compromised Therapy	Without Compromised Therapy	Total						
Electrical									
Low-voltage capacitors (47)	0	2	2						
High voltage circuit component (62)	0	4	4						
Integrated circuit (63)	3	1	4						
Low-voltage capacitor (69)	0	17	17						
High voltage capacitor (75)	8	0	8						
Battery (53)	2	20	22						
Software									
Memory errors (51)	0	2	2						
Other									
Non-patterned, other	5	7	12						
Grand Total	18	53	71						

DYNAGEN/INOGEN/ORIGEN ICD EL VR

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

US Summary			
US Registered Implants:	38,000	US Normal Battery Depletions:	34
US Approval Date:	April 2014	US Malfunctions:	63
US Estimated Active Implants:	31,000	Without Compromised Therapy:	57
		With Compromised Therapy:	6



Note: Minimum estimated longevity exceeds 10 years.

US Survi	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%	99.8%	99.8%	99.6%	99.2%	98.8%			
Registered Implants:	Malfunctions Only	100.0%	100.0%	100.0%	99.9%	99.9%	99.7%	99.3%	99.0%			
38,0	00 Effective Sample Size	32559	27670	22976	18007	12555	7170	2885	229			

@ 94 months

DYNAGEN/INOGEN/ORIGEN ICD EL VR

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

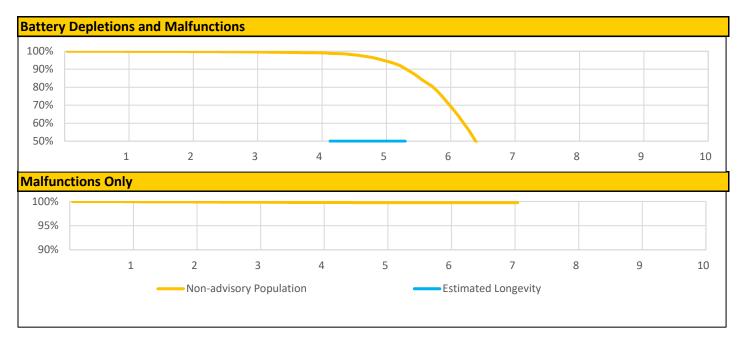
Worldwide Confirmed Malfunctions	99
Worldwide Distribution	71,000

World Wide Distribution	7 1,000		
	With Compromised Therapy	Without Compromised Therapy	Total
Electrical			
Low-voltage capacitors (47)	0	1	1
High voltage circuit component (62)	0	2	2
Integrated circuit (63)	0	2	2
Low-voltage capacitor (69)	1	38	39
Battery (53)	6	27	33
High voltage capacitor (75)	1	0	1
Software			
Memory errors (51)	0	8	8
Other			
Non-patterned, other	6	7	13
Grand Total	14	85	99

DYNAGEN/INOGEN/ORIGEN ICD MINI DR

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

US Summary			
US Registered Implants:	11,000	US Normal Battery Depletions:	1,839
US Approval Date:	April 2014	US Malfunctions:	17
US Estimated Active Implants:	6,000	Without Compromised Therapy:	14
		With Compromised Therapy:	3



US Surviv	JS Survival Probability										
	Year	1	2	3	4	5	6	7	8	9	10
Non-Advisory Population	Depletions and Malfunctions	99.9%	99.9%	99.6%	99.2%	95.7%	74.6%	25.9%	17.1%		
Registered Implants:	Malfunctions Only	100.0%	99.9%	99.9%	99.8%	99.8%	99.8%	99.8%	99.8%		
11,00	00 Effective Sample Size	9152	7672	6259	4967	3576	1899	413	236		

@ 87 months

DYNAGEN/INOGEN/ORIGEN ICD MINI DR

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

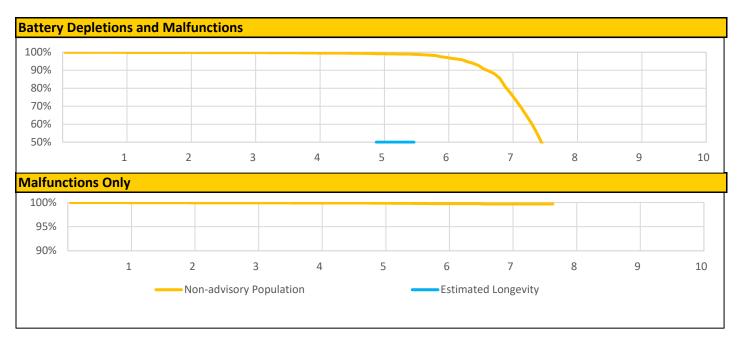
Worldwide Confirmed Malfunctions	27
Worldwide Distribution	32,000

	<u> </u>		
	With Compromised	Without Compromised	
	Therapy	Therapy	Total
Electrical			
High voltage circuit component (62)	0	12	12
High voltage capacitor (75)	3	0	3
Integrated circuit (63)	0	1	1
Low-voltage capacitors (47)	1	0	1
Battery (53)	0	1	1
Low-voltage capacitor (69)	0	1	1
Other			
Non-patterned, other	3	5	8
Grand Total	7	20	27

DYNAGEN/INOGEN/ORIGEN ICD MINI VR

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

US Summary				
US Registered Implants:	9,000	US Normal Battery Depletions:	979	
US Approval Date:	April 2014	US Malfunctions:	13	
US Estimated Active Implants:	6,000	Without Compromised Therapy:	12	
		With Compromised Therapy:	1	



US Surviva	JS Survival Probability										
	Year	1	2	3	4	5	6	7	8	9	10
Non-Advisory Population	Depletions and Malfunctions	100.0%	99.9%	99.8%	99.6%	99.2%	97.5%	81.0%	29.3%		
Registered Implants:	Malfunctions Only	100.0%	100.0%	99.9%	99.9%	99.9%	99.7%	99.7%	99.7%		
9,000	Effective Sample Size	8005	6868	5807	4712	3561	2487	1327	270		

@ 94 months

DYNAGEN/INOGEN/ORIGEN ICD MINI VR

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

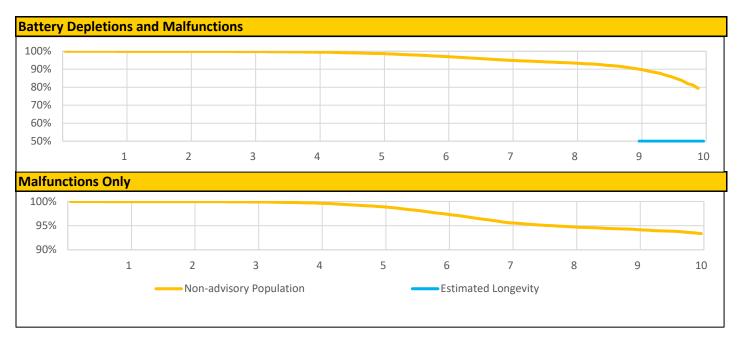
Worldwide Confirmed Malfunctions	29
Worldwide Distribution	33,000

	55,555		
	With Compromised	Without Compromised	
	Therapy	Therapy	Total
Electrical			
Low-voltage capacitors (47)	0	2	2
High voltage circuit component (62)	0	7	7
High voltage capacitor (75)	6	0	6
Low-voltage capacitor (69)	0	3	3
Battery (53)	1	4	5
Software			
Memory errors (51)	1	2	3
Other			
Non-patterned, other	0	3	3
Grand Total	8	21	29

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:	1,362
US Approval Date:	November 2011	US Malfunctions:	1,272
US Estimated Active Implants:	27,000	Without Compromised Therapy:	1,238
		With Compromised Therapy:	34



US Surviva	JS Survival Probability										
	Year	1	2	3	4	5	6	7	8	9	10
Non-Advisory Population	Depletions and Malfunctions	99.9%	99.9%	99.8%	99.6%	98.8%	97.2%	95.1%	93.5%	90.5%	79.4%
Registered Implants:	Malfunctions Only	100.0%	100.0%	99.9%	99.7%	99.0%	97.5%	95.7%	94.8%	94.3%	93.5%
47,000	Effective Sample Size	41227	36538	32290	28415	24883	21514	18236	14584	8034	2485

INCEPTA/ENERGEN/PUNCTUA ICD DR

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

Worldwide Confirmed Malfunctions	1,976
Worldwide Distribution	1,976 72,000

	/		
	With	Without	
	Compromised	Compromised	
	Therapy	Therapy	Total
Mechanical			
Transformer (38)	2	0	2
Electrical			
High-voltage capacitor (43)	5	1	6
Low-voltage capacitors (47)	0	4	4
Integrated circuit (50)	5	7	12
Battery (53)	14	90	104
Low-voltage capacitor (54)	14	1765	1779
High voltage circuit (58)	0	1	1
Low-voltage capacitor (69)	0	33	33
Software			
Memory errors (51)	0	8	8
Other			
Non-patterned, other	10	17	27
Grand Total	50	1926	1976

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:	325
US Approval Date:	November 2011	US Malfunctions:	1,265
US Estimated Active Implants:	24,000	Without Compromised Therapy:	1,225
		With Compromised Therapy:	40



Note: Minimum estimated longevity exceeds 10 years.

US Surviv	S Survival Probability										
	Year	1	2	3	4	5	6	7	8	9	10
Non-Advisory Population	Depletions and Malfunctions	99.9%	99.9%	99.8%	99.5%	98.8%	97.4%	95.6%	93.1%	91.4%	88.8%
Registered Implants:	Malfunctions Only	100.0%	100.0%	99.9%	99.7%	99.0%	97.8%	96.1%	93.9%	92.6%	91.7%
39,00	O Effective Sample Size	34701	30726	27149	23901	20913	18143	15379	12048	6556	2166

INCEPTA/ENERGEN/PUNCTUA ICD VR

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

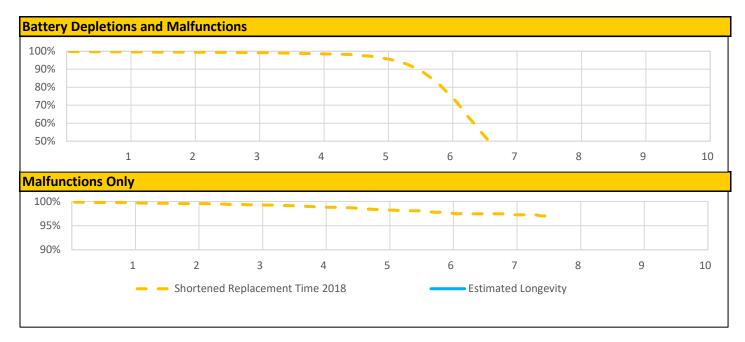
Worldwide Confirmed Malfunctions	2,135
Worldwide Distribution	68,000

	55,555		
	With	Without	
	Compromised	Compromised	
	Therapy	Therapy	Total
Electrical			
High-voltage capacitor (43)	4	1	5
Integrated circuit (50)	5	4	9
Battery (53)	22	142	164
Low-voltage capacitor (54)	16	1887	1903
High voltage circuit (58)	1	0	1
Low-voltage capacitor (69)	0	13	13
Mechanical			
Transformer (38)	6	0	6
Software			
Memory errors (51)	1	7	8
Other			
Non-patterned, other	11	15	26
Grand Total	66	2069	2135

SQ-RX S-ICD

Models: 1010

US Summary			
US Registered Implants:	8,000	US Normal Battery Depletions:	2,863
US Approval Date:	September 2012	US Malfunctions:	114
US Estimated Active Implants:	2,000	Without Compromised Therapy:	48
		With Compromised Therapy:	66



	<mark>al Probabilit</mark> Year	1	2	3	4	5	6	7	8	9	10
Shortened Replacement Time 2018	Depletions and Malfunctions	99.7%	99.5%	99.2%	98.6%	96.5%	78.6%	35.8%	8.3%		
Registered Implants:	Malfunctions Only	99.7%	99.5%	99.3%	98.8%	98.3%	97.8%	97.3%	97.0%		
8,00	0 Effective Sample Size	6404	5642	4985	4376	3687	2670	1087	263		

@ 93 months

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

SQ-RX S-ICD

Models: 1010

Grand Total

Worldwide Confirmed Malfunctions Worldwide Distribution	225 11,000		
Electrical	With Compromised Therapy	Without Compromised Therapy	Total
Unintended Fuse Activation 2013 (4) Charge Timeout Alert (61) Mechanical	3	0	3
	1	11	12
High cathode condition (5) Shortened replacement time 2018 (55) Software	1	1	2
	69	46	115
Unintended Battery Depletion Alert (57) Other	0	10	10
Telemetry (56)	10	4	14
Non-patterned, other	39	30	69

123

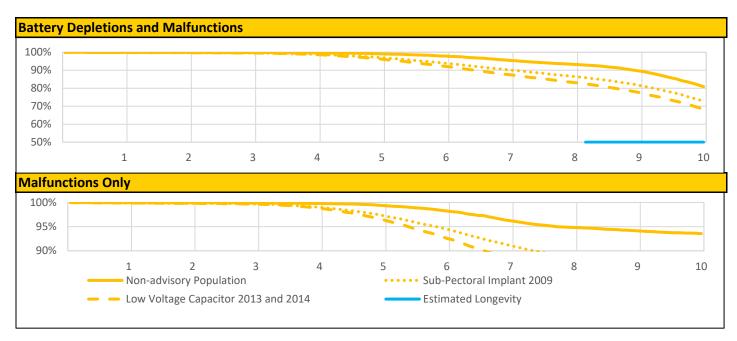
102

225

TELIGEN DR

Models: E110/E111/F110/F111

US Summary				
US Registered Implants:	66,000	US Normal Battery Depletions:	11,003	
US Approval Date:	March 2008	US Malfunctions:	3,037	
US Estimated Active Implants:	17,000	Without Compromised Therapy:	2,872	
		With Compromised Therapy:	165	



US Surviv	S Survival Probability										
	Year	1	2	3	4	5	6	7	8	9	10
Non-Advisory Population	Depletions and Malfunctions	99.9%	99.9%	99.8%	99.6%	99.2%	98.0%	95.7%	93.4%	90.0%	81.8%
Registered Implants:	Malfunctions Only	99.9%	99.9%	99.9%	99.8%	99.4%	98.4%	96.4%	94.9%	94.2%	93.6%
30000	Effective Sample Size	26330	23355	20710	18287	16082	13985	11978	10221	8619	6845

TELIGEN DR

Models: E110/E111/F110/F111

US Surviva	S Survival Probability (cont.)										
	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%	73.7%
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	26630	23511	20787	18251	15859	13509	11366	9504	7807	6051
Low 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%	69.3%
Registered Implants:	Malfunctions Only	99.9%	99.8%	99.7%	98.9%	96.7%	93.0%	88.7%	85.3%	82.9%	81.2%
23000	Effective Sample Size	20616	18223	16099	14124	12170	10248	8518	7041	5714	4367

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

TELIGEN DR

Models: E110/E111/F110/F111

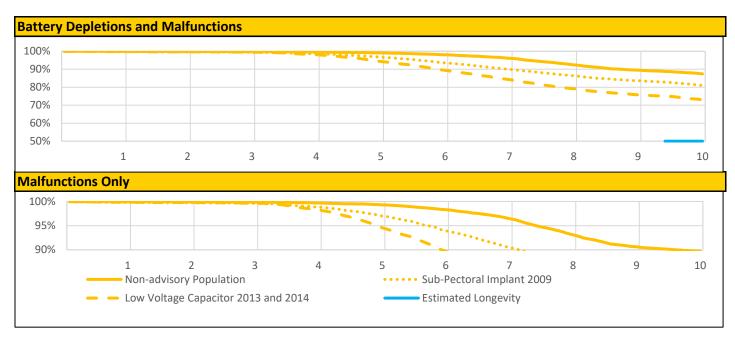
	With
Worldwide Distribution	91,000
Worldwide Confirmed Malfunctions	4,178

	With Compromised	Without Compromised	
Electrical	Therapy	Therapy	Total
Liectrical	54	2200	2252
Low Voltage Capacitor 2014 - August 29, 2013 and September 17,	54	2299	2353
2014 Voluntary Physician Advisory (3)			
Safety Core-electrocautery (42)	1	4	5
High-voltage capacitor (43)	8	1	9
Low-voltage capacitors (47)	0	8	8
Integrated circuit (50)	22	22	44
Battery (53)	43	256	299
Low-voltage capacitor (54)	13	1293	1306
Low-voltage capacitor (69)	0	7	7
Mechanical			
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	12	9	21
Advisory (6)			
Header (74)	9	3	12
Software			
Alert messages not displayed post-EOL (48)	0	3	3
Memory errors (51)	0	19	19
Other			
Non-patterned, other	11	28	39
Grand Total	213	3965	4178

TELIGEN VR

Models: E102/E103/F102/F103

US Summary			
US Registered Implants:	38,000	US Normal Battery Depletions:	2,317
US Approval Date:	March 2008	US Malfunctions:	2,397
US Estimated Active Implants:	13,000	Without Compromised Therapy:	2,264
		With Compromised Therapy:	133



US Surviv	JS Survival Probability										
	Year	1	2	3	4	5	6	7	8	9	10
Non-Advisory Population	Depletions and Malfunctions	99.9%	99.8%	99.7%	99.6%	99.1%	98.1%	96.3%	92.8%	89.6%	87.7%
Registered Implants:	Malfunctions Only	99.9%	99.9%	99.9%	99.7%	99.3%	98.4%	96.7%	93.4%	90.7%	89.8%
18000	Effective Sample Size	16198	14329	12649	11153	9789	8516	7303	6105	5120	4400

TELIGEN VR

Models: E102/E103/F102/F103

US Surviva	S Survival Probability (cont.)										
	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	13608	11992	10569	9239	7984	6795	5702	4750	3989	3353
Low Voltage Capacitor 2013 and 2014	Depletions and Malfunctions	99.8%	99.7%	99.5%	98.2%	94.8%	89.7%	84.6%	79.5%	76.0%	73.4%
Registered Implants:	Malfunctions Only	99.8%	99.8%	99.6%	98.4%	95.0%	90.1%	85.1%	80.2%	77.1%	75.5%
12000	Effective Sample Size	10847	9578	8444	7362	6262	5193	4244	3441	2853	2382

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

TELIGEN VR

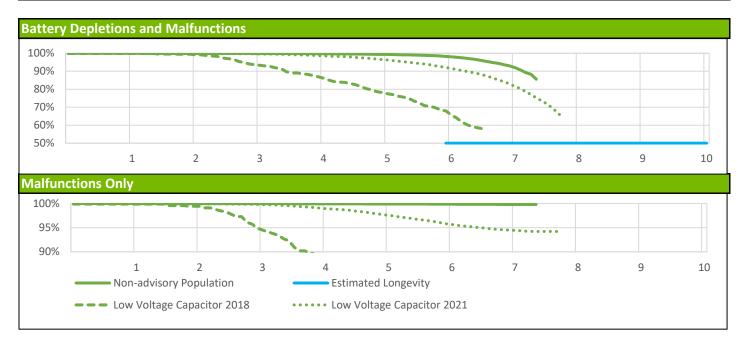
Models: E102/E103/F102/F103

Worldwide Confirmed Malfunctions	4,061		
Worldwide Distribution	66,000		
	With	Without	
	Compromised	Compromised	
	Therapy	Therapy	Total
Electrical			
Low Voltage Capacitor 2014 - August 29, 2013 and September 17, 2014 Voluntary	47	1923	1970
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)	53	420	473
Low-voltage capacitor (54)	11	1415	1426
Low-voltage capacitor (69)	0	5	5
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)	17	10	27
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	13	12	25
Grand Total	221	3840	4061

ACCOLADE/PROPONENT/ESSENTIO DR

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

US Summary				
US Registered Implants:	262,000	US Normal Battery Depletions:	3,533	
US Approval Date:	October 2014	US Malfunctions:	1,427	
US Estimated Active Implants:	214,000	Without Compromised Therapy:	1,370	
		With Compromised Therapy:	57	



US Surviv	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%	99.4%	98.2%	92.9%	85.6%			
Registered Implants:	Malfunctions Only	100.0%	100.0%	99.9%	99.9%	99.9%	99.9%	99.8%	99.8%			
219000	Effective Sample Size	167562	124374	90383	60937	34802	13582	1755	525			

@ 89 months

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

ACCOLADE/PROPONENT/ESSENTIO DR

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

US 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%	94.0%	87.7%	78.6%	68.5%	58.0%				
Registered mplants:	Malfunctions Only	99.9%	99.4%	94.8%	88.8%	83.5%	77.5%	72.7%				
300	Effective Sample Size	713	640	543	449	361	271	206				@ 80 mont
Low Voltage Capacitor 2021	Depletions and Malfunctions	100.0%	99.9%	99.7%	98.7%	96.5%	92.1%	82.9%	64.1%			
Registered implants:	Malfunctions Only	100.0%	99.9%	99.8%	99.0%	97.7%	95.8%	94.5%	94.2%			
12000	Effective Sample Size	37245	33200	29504	26044	22431	17520	7407	341			@ 94 mont

hs

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

ACCOLADE/PROPONENT/ESSENTIO DR

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

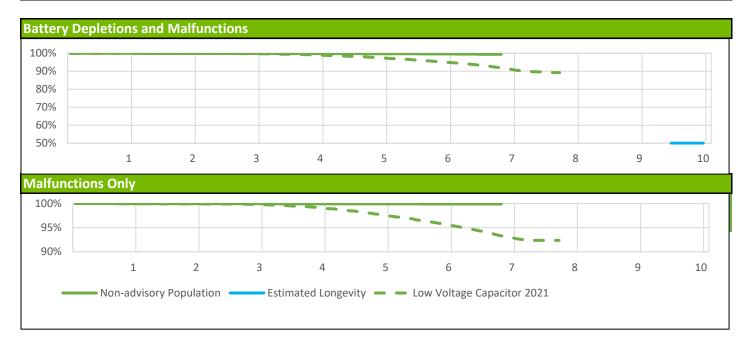
Worldwide Confirmed Malfunctions	2,380
Worldwide Distribution	574,000

37 4,000		
With	Without	
Compromised	Compromised	
Therapy	Therapy	Total
2	4	6
16	37	53
0	2	2
2	14	16
4	217	221
30	1803	1833
9	34	43
0	53	53
5	3	8
46	99	145
114	2266	2380
	With Compromised Therapy 2 16 0 2 4 30 9 0 5	With Compromised Therapy Without Compromised Therapy 2 4 16 37 0 2 2 14 4 217 30 1803 9 34 0 53 5 3 46 99

ACCOLADE/PROPONENT/ESSENTIO EL DR

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

US Summary				
US Registered Implants:	154,000	US Normal Battery Depletions:	232	
US Approval Date:	October 2014	US Malfunctions:	665	
US Estimated Active Implants:	136,000	Without Compromised Therapy:	657	
		With Compromised Therapy:	8	



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%	99.8%	99.8%	99.6%	99.4%				
Registered Implants:	Malfunctions Only	100.0%	100.0%	100.0%	99.9%	99.9%	99.9%	99.9%				
117,000	Effective Sample Size	98199	67004	44757	27339	13955	4142	288				

@ 83 months

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

ACCOLADE/PROPONENT/ESSENTIO EL DR

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

US Surviva	l Probability	/									
	Year	1	2	3	4	5	6	7	8	9	10
Low Voltage Capacitor 2021	Depletions and Malfunctions	100.0%	99.9%	99.7%	98.9%	97.3%	94.9%	91.0%	89.2%		
Registered Implants:	Malfunctions Only	100.0%	99.9%	99.8%	99.0%	97.5%	95.5%	93.0%	92.4%		
17,000	Effective Sample Size	14979	13323	11848	10452	8988	6923	2681	344		

@ 93 months

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

ACCOLADE/PROPONENT/ESSENTIO EL DR

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

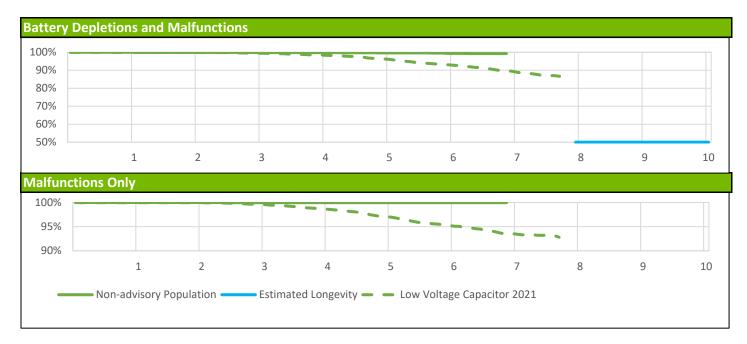
Worldwide Confirmed Malfunctions	1,487
Worldwide Distribution	371,000

	With	Without	
	Compromised	Compromised	
	Therapy	Therapy	Total
Electrical			
Low-voltage capacitors (47)	0	10	10
Integrated circuit (63)	3	26	29
Telemetry (68)	1	13	14
Hydrogen induced premature	3	118	121
depletion - September 2018 (70)			
Hydrogen induced premature	9	1217	1226
depletion - June 2021 (83)			
High battery impedance (89)	0	3	3
Software			
Memory errors (51)	0	46	46
Mechanical			
Battery cathode (79)	2	0	2
Other			
Non-patterned, other	4	32	36
Grand Total	22	1465	1487

ACCOLADE/PROPONENT/ESSENTIO SR

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

US Summary				
US Registered Implants:	49,000	US Normal Battery Depletions:	284	
US Approval Date:	October 2014	US Malfunctions:	412	
US Estimated Active Implants:	35,000	Without Compromised Therapy:	404	
		With Compromised Therapy:	8	



US Surviv	JS Survival Probability										
	Year	1	2	3	4	5	6	7	8	9	10
Non-Advisory Population	Depletions and Malfunctions	99.9%	99.9%	99.9%	99.8%	99.7%	99.4%	99.3%			
Registered Implants:	Malfunctions Only	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%			
33,00	00 Effective Sample Size	27236	20315	14614	9508	5017	1492	200			

^{@ 83} months

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

ACCOLADE/PROPONENT/ESSENTIO SR

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

US Surviva	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%	98.5%	96.3%	93.0%	89.5%	86.6%		
Registered Implants:	Malfunctions Only	100.0%	99.9%	99.6%	98.7%	97.1%	95.3%	93.6%	92.8%		
12,000	Effective Sample Size	10312	9155	8121	7150	6072	4505	1699	237		

@ 93 months

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

ACCOLADE/PROPONENT/ESSENTIO SR

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

Worldwide Confirmed Malfunctions	998
Worldwide Distribution	206,000

	With Compromised	Without Compromised	
	Therapy	Therapy	Total
Electrical			
Low-voltage capacitors (47)	1	3	4
Integrated circuit (63)	5	5	10
Telemetry (68)	0	4	4
Hydrogen induced premature depletion -	3	63	66
September 2018 (70)			
Hydrogen induced premature depletion -	25	858	883
June 2021 (83)			
High battery impedance (89)	0	1	1
Software			
Memory errors (51)	0	13	13
Other			
Non-patterned, other	3	14	17
Grand Total	37	961	998

ALTRUA 2 DR

Models: S702

Worldwide Confirmed Malfunctions Worldwide Distribution	11 12,000		
	With Compromised Therapy	Without Compromised Therapy	Total
Software			
Memory errors (51) Electrical	0	1	1
Hydrogen induced premature depletion - June 2021 (83)	0	10	10
Grand Total	0	11	11

ALTRUA 2 EL DR

Models: S722

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

ALTRUA 2 SR

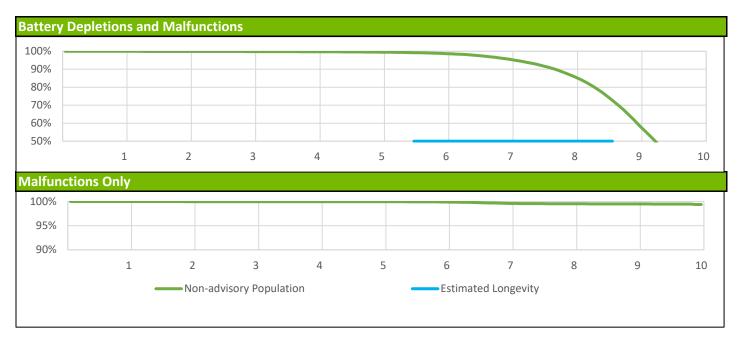
Models: S701

Worldwide Confirmed Malfunctions	13		
Worldwide Distribution	10,000		
	With	Without	
	Compromised	Compromised	
	Therapy	Therapy	Total
Electrical			
Hydrogen induced premature	0	11	11
depletion - June 2021 (83)			
Other			
Non-patterned, other	1	1	2
Grand Total	1	12	13

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:	18,938	
US Approval Date:	May 2012	US Malfunctions:	290	
US Estimated Active Implants:	58,000	Without Compromised Therapy:	275	
		With Compromised Therapy:	15	



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%	95.9%	87.0%	61.9%	23.3%	
Registered Implants:	Malfunctions Only	100.0%	100.0%	100.0%	100.0%	99.9%	99.9%	99.6%	99.5%	99.5%	99.4%	
121,000	Effective Sample Size	107339	95760	85391	76116	67674	59971	51850	38591	13761	1158	

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

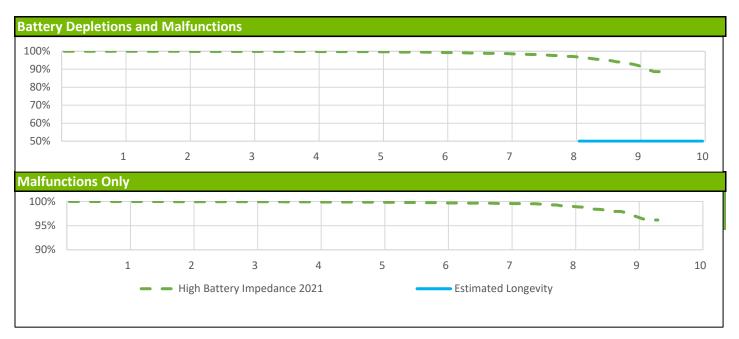
Worldwide Confirmed Malfunctions	333
Worldwide Distribution	218,000

World Wide Distribution			
	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	28	29
Other			
Non-patterned, other	13	270	283
Grand Total	24	309	333

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:	148	
US Approval Date:	May 2012	US Malfunctions:	78	
US Estimated Active Implants:	7,000	Without Compromised Therapy:	76	
		With Compromised Therapy:	2	



US Surviva	JS Survival Probability										
	Year	1	2	3	4	5	6	7	8	9	10
High Battery Impedance 2021	Depletions and Malfunctions	100.0%	99.9%	99.9%	99.9%	99.8%	99.3%	98.7%	97.2%	92.8%	88.7%
Registered Implants:	Malfunctions Only	100.0%	100.0%	99.9%	99.9%	99.9%	99.7%	99.6%	99.0%	97.2%	96.2%
11,000	Effective Sample Size	9676	8589	7640	6794	6041	5332	4555	3206	640	222

@ 113 months

^{*}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

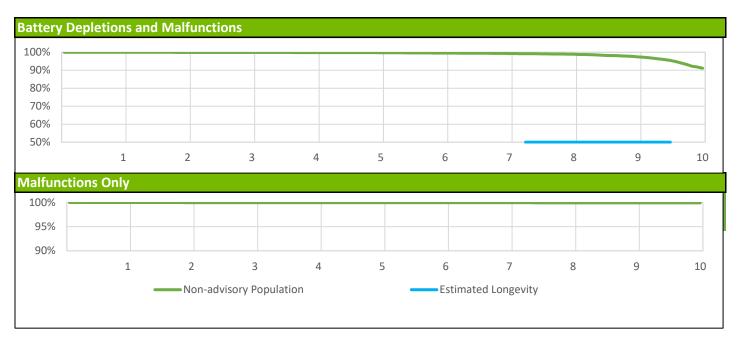
Worldwide Confirmed Malfunctions	363
Worldwide Distribution	76,000

	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
High battery impedance initiating	2	98	100
safety mode 2021 (82)			
Software			
Memory errors (51)	1	6	7
Respiratory sensor (59)	0	1	1
Other			
Non-patterned, other	6	239	245
Grand Total	14	349	363

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:	401	
US Approval Date:	May 2012	US Malfunctions:	13	
US Estimated Active Implants:	13,000	Without Compromised Therapy:	12	
		With Compromised Therapy:	1	



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%	99.8%	99.8%	99.6%	99.4%	98.9%	97.7%	91.8%
Registered Implants:	Malfunctions Only	100.0%	100.0%	100.0%	100.0%	99.9%	99.9%	99.9%	99.9%	99.9%	99.9%
27,000	Effective Sample Size	22800	20272	18081	16143	14393	12825	11311	8797	4542	1252

ADVANTIO/INGENIO/VITALIO SR

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

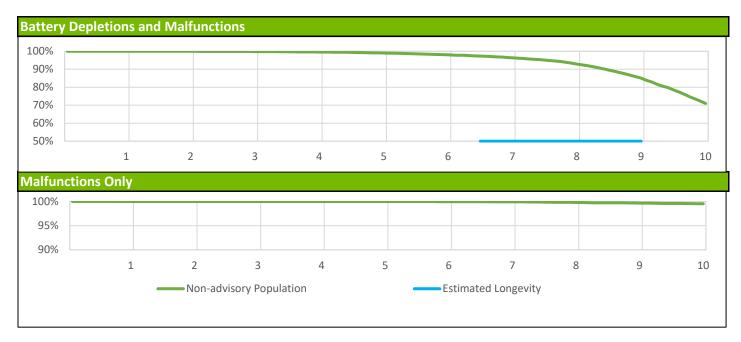
Worldwide Confirmed Malfunctions	27
Worldwide Distribution	86,000

	00,000		
	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	5	8
Grand Total	8	19	27

ALTRUA 60 DR

Model: S602

US Summary				
US Registered Implants:	22,000	US Normal Battery Depletions:	4,575	
US Approval Date:	April 2008	US Malfunctions:	43	
US Estimated Active Implants:	6,000	Without Compromised Therapy:	39	
		With Compromised Therapy:	4	



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%	85.9%	72.3%
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	19222	17185	15328	13630	12086	10633	9306	7942	6405	4637

ALTRUA 60 DR

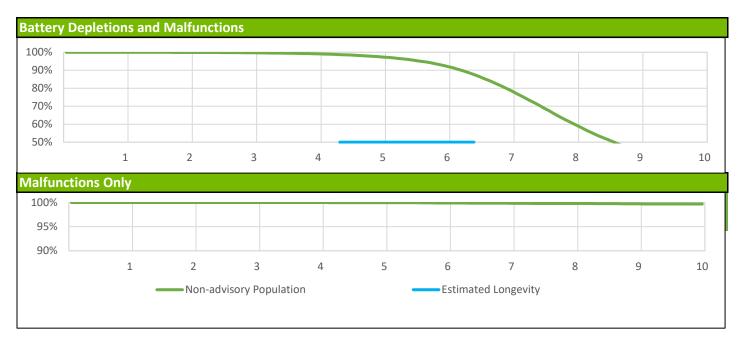
Models: S602

Worldwide Confirmed Malfunctions	75		
Worldwide Distribution	56,000		
	With	Without	
	Compromised	Compromised	
	Therapy	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)	1	62	63
Non-patterned, other	3	4	7
Grand Total	6	69	75

ALTRUA 60 DR (Downsize)

Model: S603

US Summary				
US Registered Implants:	90,000	US Normal Battery Depletions:	25,958	
US Approval Date:	April 2008	US Malfunctions:	103	
US Estimated Active Implants:	21,000	Without Compromised Therapy:	93	
		With Compromised Therapy:	10	



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%	99.7%	99.2%	97.6%	92.9%	79.9%	61.1%	45.6%	33.3%
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	78562	70268	62754	55839	49147	41767	32041	21323	13687	8355

ALTRUA 60 DR (Downsize)

Models: S603

Grand Total

Worldwide Confirmed Malfunctions	132		
Worldwide Distribution	132,000		
	With	Without	
	Compromised	Compromised	
	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	101	101
Magnet response (21)	0	2	2
Non-patterned, other	4	5	9

13

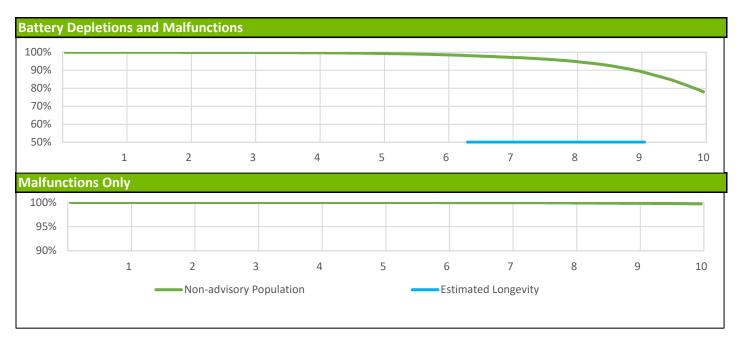
119

132

ALTRUA 60 EL DR

Model: S606

US Summary				
US Registered Implants:	59,000	US Normal Battery Depletions:	9,370	
US Approval Date:	April 2008	US Malfunctions:	85	
US Estimated Active Implants:	23,000	Without Compromised Therapy:	79	
		With Compromised Therapy:	6	



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%	99.4%	98.6%	97.3%	95.2%	90.1%	79.3%
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	46927	41882	37335	33243	29400	25849	22520	18970	14511

ALTRUA 60 EL DR

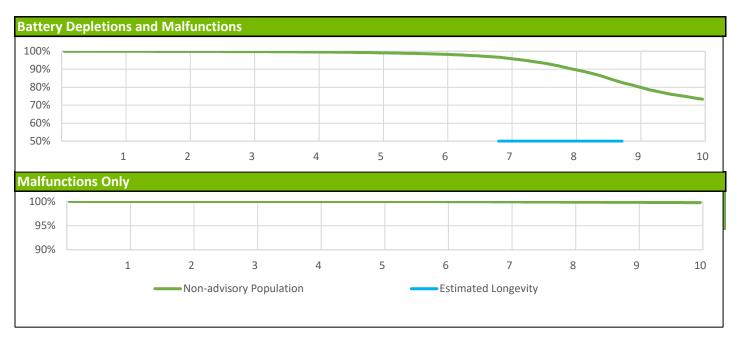
Models: S606

Worldwide Confirmed Malfunctions Worldwide Distribution	121 90,000		
Electrical	With Compromised Therapy	Without Compromised Therapy	Total
Capacitor (15)	0	3	3
Integrated circuit (17) Mechanical	0	1	1
Difficulty securing lead (41) Other	1	0	1
Battery depletion (26)	2	0	2
Battery status (49)	2	106	108
Magnet rate (44)	0	1	1
Non-patterned, other	2	3	5
Grand Total	7	114	121

ALTRUA 60 SR

Model: S601

US Summary				
US Registered Implants:	32,000	US Normal Battery Depletions:	3,722	
US Approval Date:	April 2008	US Malfunctions:	30	
US Estimated Active Implants:	9,000	Without Compromised Therapy:	27	
		With Compromised Therapy:	3	



US Surviva	JS Survival Probability										
	Year	1	2	3	4	5	6	7	8	9	10
Non-Advisory Population	Depletions and Malfunctions	100.0%	99.9%	99.8%	99.6%	99.2%	98.4%	96.3%	90.6%	81.1%	73.8%
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	26267	23018	20378	18128	16141	14300	12549	10527	8314	6508

ALTRUA 60 SR

Models: S601

Worldwide Confirmed Malfunctions Worldwide Distribution	51 68,000		
	With Compromised	Without Compromised	
	Therapy	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	41	42
Non-patterned, other	2	1	3
Grand Total	8	43	51

ALTRUA 50 DR (Downsize)

Models: S502

Worldwide Confirmed Malfunctions	39		
Worldwide Distribution	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	16 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	8	8
Non-patterned, other	1	0	1
Grand Total	7	9	16

ALTRUA 50 DDD (Downsize)

Models: S504

Worldwide Confirmed Malfunctions	13		
Worldwide Distribution	12,000		
	With	Without	
	Compromised	Compromised	
	Therapy	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)	1	0	1
Battery status (49)	0	4	4
Grand Total	1	4	5

ALTRUA 50 VDD (Downsize)

Models: S504

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

ALTRUA 20 EL DR

Model: S208

US Summary				
US Registered Implants:	3,000	US Normal Battery Depletions:	254	
US Approval Date:	April 2008	US Malfunctions:	6	
US Estimated Active Implants:	1,000	Without Compromised Therapy:	5	
		With Compromised Therapy:	1	



US Survival Probability											
	Year	1	2	3	4	5	6	7	8	9	10
Non-Advisory Population	Depletions and Malfunctions	99.9%	99.9%	99.8%	99.6%	99.5%	99.1%	98.0%	97.2%	94.8%	90.8%
Registered Implants:	Malfunctions Only	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	99.8%	99.6%
3,000	Effective Sample Size	2762	2472	2200	1968	1745	1553	1369	1209	1047	902

ALTRUA 20 EL DR

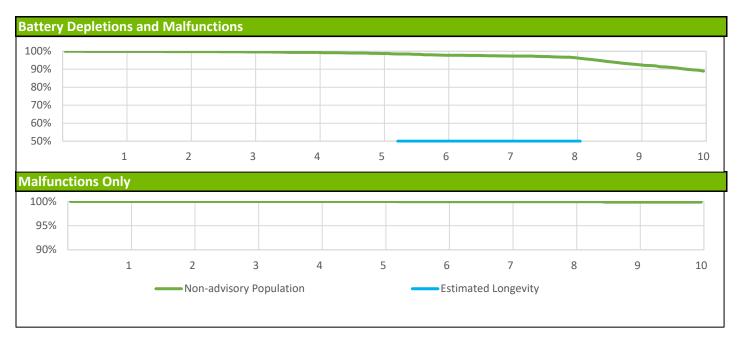
Models: S208

Worldwide Confirmed Malfunctions	9		
Worldwide Distribution	11,000		
	With	Without	
	Compromised	Compromised	
	Therapy	Therapy	Total
Electrical			
Capacitor (15)	2	0	2
Other			
Battery status (49)	0	6	6
Non-patterned, other	1	0	1
Grand Total	3	6	9

ALTRUA 20 SR

Model: S201/S204

US Summary				
US Registered Implants:	5,000	US Normal Battery Depletions:	269	
US Approval Date:	April 2008	US Malfunctions:	3	
US Estimated Active Implants:	1,000	Without Compromised Therapy:	3	
		With Compromised Therapy:	-	



US Surviva	JS Survival Probability										
	Year	1	2	3	4	5	6	7	8	9	10
Non-Advisory Population	Depletions and Malfunctions	99.9%	99.8%	99.7%	99.3%	98.8%	97.9%	97.4%	96.7%	92.8%	89.5%
Registered Implants:	Malfunctions Only	100.0%	100.0%	100.0%	100.0%	100.0%	99.9%	99.9%	99.9%	99.9%	99.9%
5,000	Effective Sample Size	3566	3032	2601	2272	1994	1745	1544	1354	1151	950

ALTRUA 20 SR

Models: S201/S204

Worldwide Confirmed Malfunctions	34.000		
Worldwide Distribution	With Compromised Therapy	Without Compromised Therapy	Total
Electrical	,	1- /	2 0 000
Capacitor (15)	0	1	1
Other			
Non-patterned, other	1	0	1
Battery status (49)	0	4	4
Grand Total	1	5	6

ALTRUA 20 DDD

Models: S207

Worldwide Confirmed Malfunctions Worldwide Distribution	0 1,000		
	With Compromised Therapy	Without Compromised 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, 00 0		
	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 subjectorally 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.
- 85. **Memory corruption** Inability to interrogate, error messages upon interrogation, inappropriate shocks, loss of tachy therapy, and/or inaccurate patient information. Product returned with evidence of transient memory corruption.
- 86. Cracked case— Error messages upon interrogation, inability to interrogate, inappropriate shocks, loss of tachy therapy. Cracked outer case.
- 87. **Header**—Inability to interrogate, loss of tachy therapy. Header insulation issue.
- 88. Solder joint— Error messages upon interrogation, low impedance measurements, loss of tachy therapy. Fractured solder joint.
- 89. High battery impedance— Safety mode operation, system resets. Battery performance not as intended.

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	126,000	1	2	7	11	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	128,000	3	4	5	17	0	0

CRT-P/Model	Worldwide Distribution	Electrical	Mechanical	Software	Other	Labeling	Packaging
VISIONIST/VALITUDE U125/U128//U225/U226/U228	101,000	5	0	2	5	0	0
INTUA/INVIVE/INLIVEN V272/V273/V282/V283/W272/W273/V172/V173/V182/V183/W172/ W173	24,000	0	0	1	5	0	0
CONTAK RENEWAL TR 2 H140/H145	31,000	1	7	0	5	0	0

ICD/Model	Worldwide Distribution	Electrical	Mechanical	Software	Other	Labeling	Packaging
RESONATE/MOMENTUM/CHARISMA/VIGILANT ICD DR	76,000	0	2	6	6	0	0
D121/D221/D233/D321/D333/D421/D433/D521/D533	70,000				Ü		
RESONATE/MOMENTUM/CHARISMA/VIGILANT ICD VR	55,000	1	4	2	2	0	0
D120/D220/D232/D320/D332/D420/D432/D520/D532	00,000	•	•	_	_	Ů	
AUTOGEN ICD EL VR	17.000	1	0	0	0	0	0
D160/D161/D174/D175	17,000	,	0	0	0	· ·	
AUTOGEN ICD EL DR	16,000	1	0	1	0	0	0
D162/D163/D176/D177	10,000	ı	0	'	O		
DYNAGEN/INOGEN/ORIGEN ICD EL VR	71.000	1	0	3	5	0	0
D020/D021/D010/D011/D000/D001	71,000						
DYNAGEN/INOGEN/ORIGEN ICD EL DR	78,000	0	3	2	3	0	0
D020/D021/D010/D011/D000/D001							
DYNAGEN/INOGEN/ORIGEN ICD MINI VR	33,000	1	0	4	2	0	0
D020/D021/D010/D011/D000/D001							
DYNAGEN/INOGEN/ORIGEN ICD MINI DR	32,000	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	122,000	1	0	5	96	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	371,000	7	3	10	18	0	0
ACCOLADE/PROPONENT/ESSENTIO DR J064/K064/K067/K084	574,000	6	0	14	27	0	0
ACCOLADE/PROPONENT/ESSENTIO SR L100/L110/L200/L210/L300/L310	206,000	3	1	5	18	0	0
ADVANTIO/INGENIO/VITALIO EL DR J064/J067/K064/K067/K084/K087/ J174/J1777/K174/K177/K184/K187/ J274/J277/K274/K277/K284/K287	76,000	1	1	0	4	0	0
ADVANTIO/INGENIO/VITALIO/FORMIO DR J064/J067/K064/K067/K084/K087/J174/J177/ K174/K177/K184/K187/J274/J277/K274/K277/ K284/K287/J278/J279/K278/K279/K288/K289	218,000	4	0	1	15	0	0
ADVANTIO/INGENIO/VITALIO SR J062/J065/K062/K065/K082/K085/ J172/J175/K172/K175/K182/K185/ J272/J275/K272/K275/K282/K285	86,000	0	0	1	5	0	0

U.S. Reason for Out of Service

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

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

CRT-D/Model	U.S. Registered Implants	Normal Battery Depletion	Device Upgrade	Device Malfunction ¹	Complication related to another system component or clinical condition ²	Other ³
RESONATE/MOMENTUM/CHARISMA/VIGILANT CRT-D G124/G125/G126/G128/G138/G224/G225/G228/G237/G247/G248/G324/G 325/G347/G348/G424/G425/G426/G428/G437/G447/G448/G524/G525/G526/G528/G537/G547/G548	68000	74	243	19	800	5132
DYNAGEN/INOGEN/ORIGEN CRT-D G050/G051/G056/G058/G140/G141/G146/G148/G150/G151/G154/ G156/G158	74000	1379	445	90	1235	13775
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	8316	483	816	939	19796
COGNIS N118/N119/N120/P106/P107/P108	75000	15655	445	2108	1667	40047

CRT-P/Model	U.S. Registered Implants	Normal Battery Depletion	Device Upgrade	Device Malfunction ¹	Complication related to another system component or clinical condition ²	Other ³
VISIONIST/VALITUDE U125/U128/U225/U226/U228	50000	439	1099	82	368	7162
INTUA/INVIVE/INLIVEN V272/V273/V282/V283/W272/W273/V172/V173/V182/V183/W172/ W173	10000	1034	225	378	77	4608
CONTAK RENEWAL TR H120/H125	19000	4323	210	67	208	12049

S-ICD/Model	U.S. Registered Implants	Normal Battery Depletion	Device Upgrade	Device Malfunction ¹	Complication related to another system component or clinical condition ²	Other ³
EMBLEM S-ICD	54000	857	652	3373	1102	5779
A209, A219						
SQ-RX S-ICD 1010	8000	2861	228	114	251	1960
ICD/Model	U.S. Registered Implants	Normal Battery Depletion	Device Upgrade	Device Malfunction ¹	Complication related to another system component or clinical condition ²	Other ³
RESONATE/MOMENTUM/CHARISMA/VIGILANT ICD DR D121/D221/D233/D321/D333/D421/D433/D521/D533	42000	20	849	12	387	2014
RESONATE/MOMENTUM/CHARISMA/VIGILANT ICD VR D120/D220/D232/D320/D332/D420/D432/D520/D532	23000	11	532	9	229	1077
DYNAGEN/INOGEN/ORIGEN ICD EL DR D052/D053/D142/D143/D152/D153	49000	69	2223	51	673	6097
DYNAGEN/INOGEN/ORIGEN ICD EL VR D050/D051/D140/D141/D150/D151	38000	33	2004	63	522	4515
DYNAGEN/INOGEN/ORIGEN ICD MINI DR D002/D003/D012/D013/D022/D023	11000	1837	455	17	142	2034
DYNAGEN/INOGEN/ORIGEN ICD MINI VR D000/D001/D010/D011/D020/D021	9000	977	472	13	136	1658
INCEPTA/ENERGEN/PUNCTUA ICD VR E050/E051/E140/E141/E160/E160/ F050/F051/F140/F141/F160/F161	39000	320	2469	1270	571	10822
INCEPTA/ENERGEN/PUNCTUA ICD DR E052/E053/E142/E143/E162/E163/F052/F053/F142/F143/F162/F163	47000	1352	2800	1276	710	13887

ICD/Model, continued	U.S. Registered Implants	Normal Battery Depletion	Device Upgrade	Device Malfunction ¹	Complication related to another system component or clinical condition ²	Other ³
TELIGEN VR E102/E103/F102/F103	38000	2311	2028	2405	666	17081
TELIGEN DR E110/E111/F110/F111	66000	10983	2994	3048	1152	31207
Pacemaker/Model	U.S. Registered Implants	Normal Battery Depletion	Device Upgrade	Device Malfunction ¹	Complication related to another system component or clinical condition ²	Other ³
ACCOLADE/PROPONENT/ESSENTIO DR EL L121/L131/L221/L231/L321/L331	154000	230	4181	665	770	12146
ACCOLADE/PROPONENT/ESSENTIO DR L101/L111/L201/L211/L301/L311	262000	3518	6537	1435	1308	35030
ACCOLADE/PROPONENT/ESSENTIO SR L100/L110/L200/L210/L300/L310	48000	281	1645	413	239	10530
ADVANTIO/INGENIO/VITALIO EL DR J064/J067/K064/K067/K084/K087/ J174/J177/K174/K177/K184/K187/ J274/J277/K274/K277/K284/K287	11000	148	480	78	57	3220
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	18906	4029	292	567	39395
ADVANTIO/INGENIO/VITALIO SR J062/J065/K062/K065/K082/K085/ J172/J175/K172/K175/K182/K185/ J272/J275/K272/K275/K282/K285	27000	399	729	14	110	11955

Pacemaker/Model, continued	U.S. Registered Implants	Normal Battery Depletion	Device Upgrade	Device Malfunction ¹	Complication related to another system component or clinical condition ²	Other ³
ALTRUA 60 SR	32000	3718	491	30	144	18744
ALTRUA 60 DR (Downsize) S603	90000	25951	1262	103	470	41164
ALTRUA 60 DR S602	22000	4571	491	43	163	10400
ALTRUA 60 DR EL S606	59000	9361	1474	85	359	24962
ALTRUA 40 SR S401	5000	520	55	2	17	3045
ALTRUA 40 DR (downsize) S403	14000	4056	166	5	63	6929
ALTRUA 40 DR S402	2000	304	33	2	7	975
ALTRUA 40 DR EL S404	5000	717	90	6	35	2583
ALTRUA 20 SR \$201/\$204	5000	267	46	3	31	3022
ALTRUA 20 DR EL S208	3000	254	50	6	11	1704

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

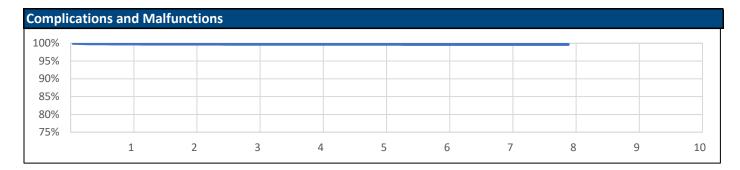
² System component and/or clinical condition complications may include, for example: infection, erosion, lead-to-PG interface.

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

ACUITY X4 Spiral L

Models: 4677/4678

US Summary				
US Registered Implants:	19,000	US Chronic Complications	45	
US Approval Date:	February 2016	US Malfunctions:	1	
US Estimated Active Implants:	17,000	Without Compromised Therapy:	1	
		With Compromised Therapy:	-	



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%	99.7%	99.7%	99.7%	99.7%	99.7%	99.7%		
Registered Implants: 19000	Effective Sample Size	15134	11720	8815	6253	3773	1894	418	208		

@ 95 months

ACUITY X4 Spiral L

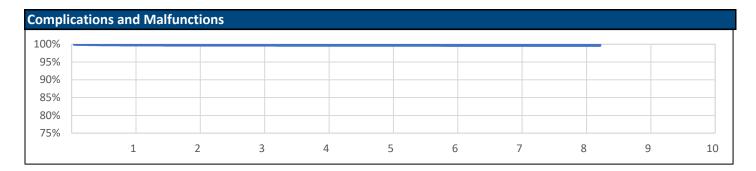
Models: 4677/4678

Worldwide Confirmed Malfunctions Worldwide Distribution	2 46,000		
	With Compromised Therapy	Without Compromised Therapy	Total
Other			
Non-patterned, other	0	2	2
Grand Total	0	2	2

ACUITY X4 Spiral S

Models: 4674/4675

US Summary			
US Registered Implants:	57,000	US Chronic Complications	122
US Approval Date:	February 2016	US Malfunctions:	1
US Estimated Active Implants:	50,000	Without Compromised Therapy:	1
		With Compromised Therapy:	-



US Survival Probabi	lity											
Year		1	2	3	4	5	6	7	8	9	10	
Non-Advisory Population	Complications and Malfunctions	99.8%	99.8%	99.8%	99.7%	99.7%	99.7%	99.7%	99.7%	99.7%		
Registered Implants: 57000	Effective Sample Size	43957	33167	24209	16221	9631	4543	704	277	210		

@ 99 months

ACUITY X4 Spiral S

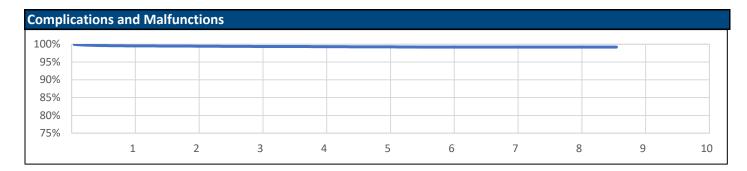
Models: 4674/4675

Worldwide Confirmed Malfunctions	1		
Worldwide Distribution	121,000)	
	With Compromised Therapy	Without Compromised Therapy	Total
Other			
Non-patterned, other	0	1	1
Grand Total	0	1	1

ACUITY X4 Straight

Models: 4671/4672

US Summary			
US Registered Implants:	43,000	US Chronic Complications	234
US Approval Date:	February 2016	US Malfunctions:	2
US Estimated Active Implants:	37,000	Without Compromised Therapy:	2
		With Compromised Therapy:	-



US Survival Probabi	lity											
Year		1	2	3	4	5	6	7	8	9	10	
Non-Advisory Population	Complications and Malfunctions	99.6%	99.5%	99.4%	99.3%	99.3%	99.2%	99.2%	99.2%	99.2%		
Registered Implants: 43000	Effective Sample Size	33160	24788	17863	11809	6794	3153	571	311	205		

@ 103 month

ACUITY X4 Straight

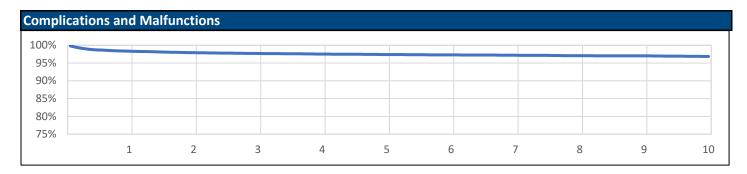
Models: 4671/4672

Worldwide Confirmed Malfunctions Worldwide Distribution	96,000		
	With Compromised Therapy	Without Compromised Therapy	Total
Other			
Non-patterned, other	0	4	4
Grand Total	0	4	4

ACUITY Spiral

Models: 4591/4592/4593

US Summary			
US Registered Implants:	24,000	US Chronic Complications	580
US Approval Date:	May 2008	US Malfunctions:	9
US Estimated Active Implants:	12,000	Without Compromised Therapy:	5
		With Compromised Therapy:	4



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%	97.1%	97.0%	96.9%
Registered Implants: 24000	Effective Sample Size	20040	17798	15831	14071	12427	10949	9590	7998	6239	4550

ACUITY Spiral

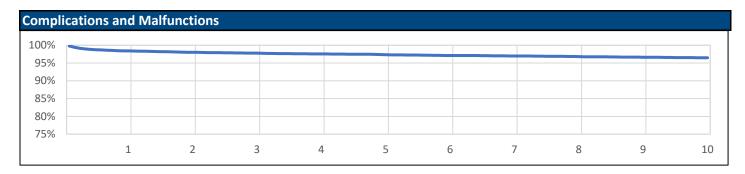
Models: 4591/4592/4593

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

ACUITY Steerable

Models: 4554/4555/4556

US Summary			
US Registered Implants:	29,000	US Chronic Complications	746
US Approval Date:	May 2008	US Malfunctions:	33
US Estimated Active Implants:	12,000	Without Compromised Therapy:	12
		With Compromised Therapy:	21



US Survival Probability											
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%	97.4%	97.1%	97.0%	96.8%	96.6%	96.5%
Registered Implants: 29000	Effective Sample Size	24533	21930	19654	17642	15832	14172	12617	10927	8951	6917

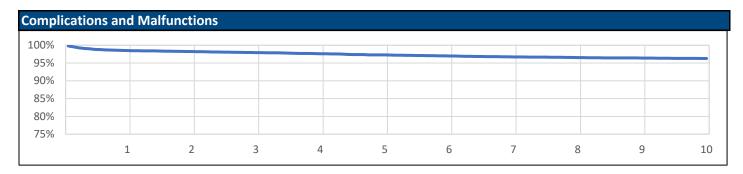
ACUITY Steerable

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	570
US Approval Date:	August 2004	US Malfunctions:	32
US Estimated Active Implants:	7,000	Without Compromised Therapy:	9
		With Compromised Therapy:	23



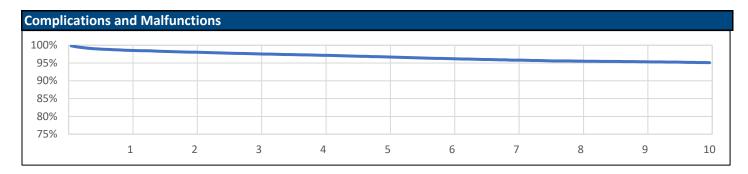
US Survival Probability											
Year		1	2	3	4	5	6	7	8	9	10
Non-Advisory Population	Complications and Malfunctions	98.5%	98.2%	97.9%	97.6%	97.3%	97.0%	96.7%	96.5%	96.4%	96.3%
Registered Implants: 22000	Effective Sample Size	18417	16445	14724	13167	11753	10490	9358	8166	6851	5490

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

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

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

US Summary				
US Registered Implants:	97,000	US Chronic Complications	2,984	
US Approval Date:	August 2004	US Malfunctions:	408	
US Estimated Active Implants:	31,000	Without Compromised Therapy:	149	
		With Compromised Therapy:	259	



US Survival Probability											
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%	95.4%	95.1%
Registered Implants: 97000	Effective Sample Size	82246	73296	65437	58480	52169	46391	41175	35630	29880	24361

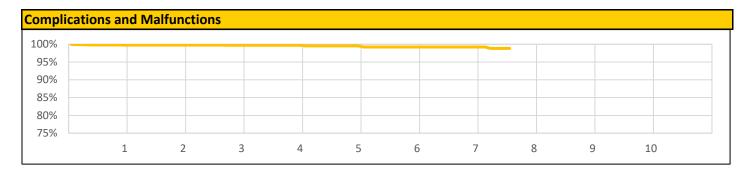
Models: 4515/4517/4518/4520/4542/4543/4544

Worldwide Confirmed Malfunctions Worldwide Distribution	551 180,000		
	With Compromised Therapy	Without Compromised Therapy	Total
Conductor			
Conductor fracture (25) Other	329	149	478
Non-patterned, other	39	34	73
Grand Total	368	183	551

ENDOTAK RELIANCE 4-FRONT Dual Coil Active Fixation

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

US Summary			
US Registered Implants:	10,000	US Chronic Complications	25
US Approval Date:	May 2018	US Malfunctions:	-
US Estimated Active Implants:	9,000	Without Compromised Therapy:	-
		With Compromised Therapy:	-



US Survival Probabi	lity											
Year		1	2	3	4	5	6	7	8	9	10	
Non-Advisory Population	Complications and Malfunctions	99.8%	99.8%	99.7%	99.7%	99.5%	99.2%	99.2%	98.8%			
Registered Implants: 10000	Effective Sample Size	7222	4497	2289	585	339	301	272	210			

@ 91 months

ENDOTAK RELIANCE 4-FRONT Dual Coil Active Fixation

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

Worldwide Confirmed Malfunctions	5	5	
Worldwide Distribution	30,000	<mark>)</mark>	
	With Compromised Therapy	Without Compromised Therapy	Total
Other			
Non-patterned, other	5	0	5
Grand Total	5	0	5

ENDOTAK RELIANCE 4-FRONT Dual Coil Passive Fixation

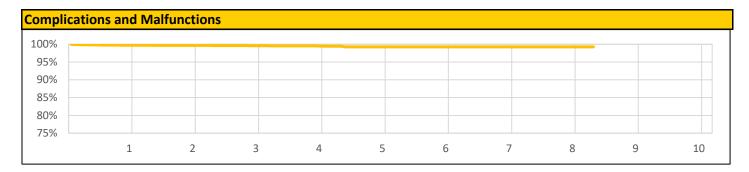
Models: 0636/0651/0655/0665/0685/0686

Worldwide Confirmed Malfunctions	C)	
Worldwide Distribution	1,000	<mark>)</mark>	
	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:	72,000	US Chronic Complications	200	
US Approval Date:	May 2018	US Malfunctions:	14	
US Estimated Active Implants:	67,000	Without Compromised Therapy:	1	
		With Compromised Therapy:	13	



US Survival Probabi	ility											
Year	1	1	2	3	4	5	6	7	8	9	10	
Non-Advisory Population	Complications and G Malfunctions	99.7%	99.7%	99.6%	99.5%	99.3%	99.3%	99.3%	99.3%	99.3%		
Registered Implants: 72000	Effective Sample Size 4	18140	29013	13777	2662	848	757	680	334	203		

@ 100 months

ENDOTAK RELIANCE 4-FRONT Single Coil Active Fixation

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

Worldwide Confirmed Malfunctions	78	3	
Worldwide Distribution	226,000	<mark>)</mark>	
	With Compromised Therapy	Without Compromised Therapy	Total
Conductor			
Conductor cable fracture (38) Other	24	0	24
Non-patterned, other	48	6	54
Grand Total	72	6	78

ENDOTAK RELIANCE 4-FRONT Single Coil Passive Fixation

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

US Summary			
US Registered Implants:	1,000	US Chronic Complications	1
US Approval Date:	May 2018	US Malfunctions:	-
US Estimated Active Implants:	1,000	Without Compromised Therapy:	-
		With Compromised Therapy:	-

tions and	Malfunctio	าร							
1	2	3	4	5	6	7	8	9	10
	tions and	tions and Malfunction	tions and Malfunctions 1 2 3						

US Survival Probability											
Year	1	2	3	4	5	6	7	8	9	10	
Non-Advisory Population	Complications and 99.9% Malfunctions	99.9%	99.9%								
Registered Implants: 1000	Effective Sample Size 734	443	201								@ 3

35 months

ENDOTAK RELIANCE 4-FRONT Single Coil Passive Fixation

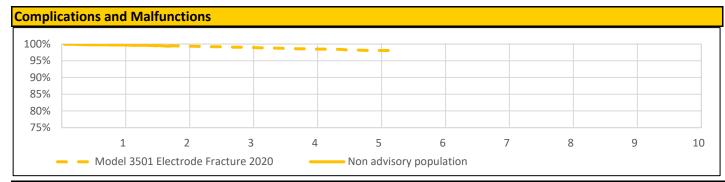
Models: 0650/0654/0662/0663/0682/0683

Worldwide Confirmed Malfunctions	1		
Worldwide Distribution	8,000)	
	With Compromised Therapy	Without Compromised Therapy	Total
Conductor			
Conductor cable fracture (38)	1	0	1
Grand Total	1	0	1

EMBLEM S-ICD Electrode

Models: 3501

US Summary				
US Registered Implants:	30,000	US Chronic Complications	161	
US Approval Date:	September 2017	US Malfunctions:	61	
US Estimated Active Implants:	27,000	Without Compromised Therapy:	2	
		With Compromised Therapy:	59	



US Survival Probability											
Year	1	2	3	4	5	6	7	8	9	10	
Non advisory population	Complications and 99.7% Malfunctions	99.5%									
Registered Implants: 9000	Effective Sample Size 3668	270									@ 21 r

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

EMBLEM S-ICD Electrode

Models: 3501

US Survival Probability (cont.)												
Year		1	2	3	4	5	6	7	8	9	10	
Model 3501 Electrode Fracture 2020	Complications and Malfunctions	99.7%	99.4%	99.0%	98.5%	98.1%	98.1%					
Registered Implants: 21000	Effective Sample Size	17548	14903	9452	4588	828	254					

@ 63 months

EMBLEM S-ICD Electrode

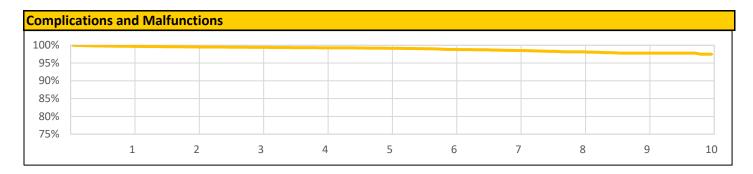
Models: 3501

Worldwide Confirmed Malfunctions	162	2	
Worldwide Distribution	75,000	<mark>)</mark>	
	With Compromised Therapy	Without Compromised Therapy	Total
Conductor			
Model 3501 electrode fracture 2020 (42)	71	1	72
Electrode conductor fracture in or near the	78	6	84
pocket (44)			
Other			
Non-patterned, other	5	1	6
Grand Total	154	8	162

EMBLEM/Q-TRAK S-ICD Electrode

Models: 3010/3401

US Summary			
US Registered Implants:	24,000	US Chronic Complications	207
US Approval Date:	September 2012	US Malfunctions:	26
US Estimated Active Implants:	18,000	Without Compromised Therapy:	2
		With Compromised Therapy:	24



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%	99.3%	99.1%	98.8%	98.5%	98.2%	97.8%	97.5%
Registered Implants: 24000	Effective Sample Size	21031	18700	16642	14773	12783	8612	4884	2099	622	328

EMBLEM/Q-TRAK S-ICD Electrode

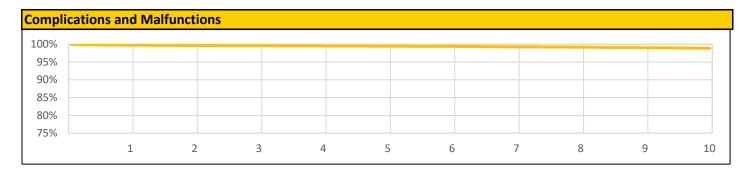
Models: 3010/3401

Worldwide Confirmed Malfunctions Worldwide Distribution	74 43,000		
	With Compromised Therapy	Without Compromised Therapy	Total
Conductor			
Electrode conductor fracture in or near the pocket (44) Crimp/Weld/Bond	33	3	36
Weld fracture (37)	3	0	3
Other			
Non-patterned, other	28	7	35
Grand Total	64	10	74

ENDOTAK RELIANCE 4-Site Dual Coil, Active Fixation

Models: 0275/0276/0295/0296

US Summary			
US Registered Implants:	78,000	US Chronic Complications	428
US Approval Date:	November 2010	US Malfunctions:	31
US Estimated Active Implants:	57,000	Without Compromised Therapy:	6
		With Compromised Therapy:	25



US Survival Probabi	lity										
Year		1	2	3	4	5	6	7	8	9	10
Non-Advisory Population	Complications and Malfunctions	99.7%	99.6%	99.6%	99.5%	99.5%	99.4%	99.3%	99.2%	99.0%	98.9%
Registered Implants: 78000	Effective Sample Size	68147	60685	53650	46467	38104	30585	23628	17217	11019	5276

ENDOTAK RELIANCE 4-Site Dual Coil, Active Fixation

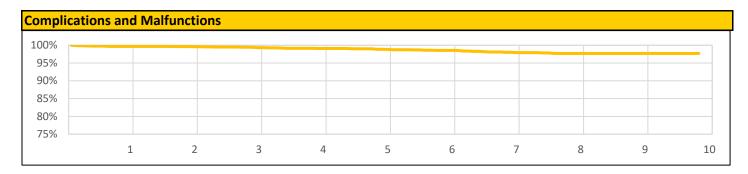
Models: 0275/0276/0295/0296

Worldwide Confirmed Malfunctions	67	<mark>'</mark>	
Worldwide Distribution	126,000	<mark>)</mark>	
	With Compromised Therapy	Without Compromised Therapy	Total
Conductor			
Conductor fracture (24) Other	3	0	3
Non-patterned, other	51	13	64
Grand Total	54	13	67

ENDOTAK RELIANCE 4-Site Dual Coil, Passive Fixation

Models: 0265/0266/0285/0286

US Summary			
US Registered Implants:	3,000	US Chronic Complications	40
US Approval Date:	November 2010	US Malfunctions:	2
US Estimated Active Implants:	3,000 Without Compromised Therapy:		2
		With Compromised Therapy:	-



US Survival Probab	ility									
Year	1	2	3	4	5	6	7	8	9	10
Non-Advisory Population	Complications and Malfunctions 99.7%	99.6%	99.3%	99.1%	98.8%	98.5%	97.9%	97.7%	97.7%	97.7%
Registered Implants: 3000	Effective Sample Size 2986	2644	2312	1973	1622	1289	988	701	398	204

@ 118 month

ENDOTAK RELIANCE 4-Site Dual Coil, Passive Fixation

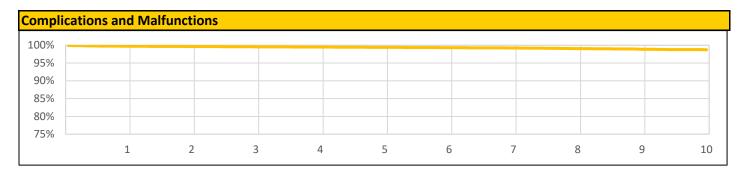
Models: 0265/0266/0285/0286

Worldwide Confirmed Malfunctions	3	8	
Worldwide Distribution	11,000	<mark>)</mark>	
	With Compromised Therapy	Without Compromised Therapy	Total
Other			
Non-patterned, other	0	3	3
Grand Total	0	3	3

ENDOTAK RELIANCE 4-Site Single Coil, Active Fixation

Models: 0272/0273/0292/0293

US Summary			
US Registered Implants:	119,000	US Chronic Complications	636
US Approval Date:	November 2010	US Malfunctions:	55
US Estimated Active Implants:	96,000	Without Compromised Therapy:	12
		With Compromised Therapy:	43



US Survival Probabil	ity										
Year		1	2	3	4	5	6	7	8	9	10
Non-Advisory Population	Complications and Malfunctions	99.7%	99.7%	99.6%	99.5%	99.4%	99.3%	99.2%	99.1%	98.9%	98.7%
Registered Implants: 119000	Effective Sample Size	105471	94489	84216	73161	53032	36304	23834	14163	7136	2715

ENDOTAK RELIANCE 4-Site Single Coil, Active Fixation

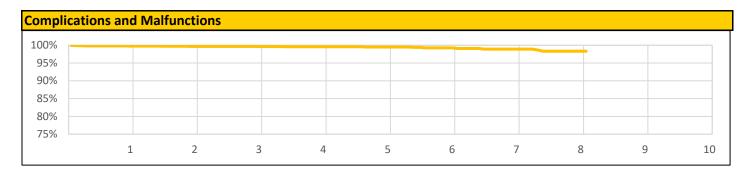
Models: 0272/0273/0292/0293

Worldwide Confirmed Malfunctions	100	<u>)</u>	
Worldwide Distribution	217,000)	
	With Compromised Therapy	Without Compromised Therapy	Total
Conductor			
Conductor fracture (24) Other	12	0	12
Non-patterned, other	70	18	88
Grand Total	82	18	100

ENDOTAK RELIANCE 4-Site Single Coil, Passive Fixation

Models: 0262/0263/0282/0283

US Summary				
US Registered Implants:	21,000	US Chronic Complications	61	
US Approval Date:	November 2010	US Malfunctions:	5	
US Estimated Active Implants:	20,000	Without Compromised Therapy:	-	
		With Compromised Therapy:	5	



US Survival Probabi	lity											
Year		1	2	3	4	5	6	7	8	9	10	
Non-Advisory Population	Complications and Malfunctions	99.8%	99.7%	99.6%	99.6%	99.5%	99.3%	98.9%	98.3%	98.3%		
Registered Implants: 21000	Effective Sample Size	15296	10008	5504	1808	1019	670	414	214	204		

@ 97 months

ENDOTAK RELIANCE 4-Site Single Coil, Passive Fixation

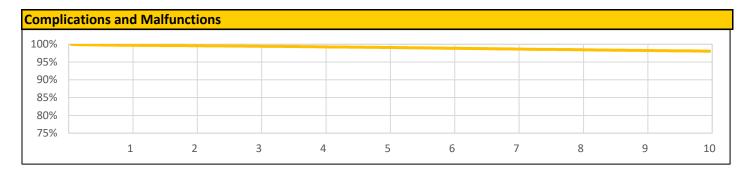
Models: 0262/0263/0282/0283

Worldwide Confirmed Malfunctions	9	<mark>)</mark>	
Worldwide Distribution	7,000	<mark>)</mark>	
	With Compromised Therapy	Without Compromised Therapy	Total
Other			
Non-patterned, other	8	1	9
Grand Total	8	1	9

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	3,736
US Approval Date:	July 2002	US Malfunctions:	391
US Estimated Active Implants:	104,000	Without Compromised Therapy:	124
		With Compromised Therapy:	267



US Survival Probability											
Year		1	2	3	4	5	6	7	8	9	10
Non-Advisory Population	Complications and Malfunctions	99.7%	99.6%	99.4%	99.3%	99.1%	98.9%	98.6%	98.5%	98.2%	98.1%
Registered Implants: 287000	Effective Sample Size	252196	226399	203354	182519	163660	146579	131110	117003	104066	91989

ENDOTAK RELIANCE Dual Coil, Active Fixation

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

Worldwide Confirmed Malfunctions Worldwide Distribution	592 382,000		
	With Compromised Therapy	Without Compromised Therapy	Total
Conductor			
Conductor fracture (24) Crimp/Weld/Bond	106	0	106
Seal rings (5) Other	2	2	4
Non-patterned, other	277	205	482

385

207

592

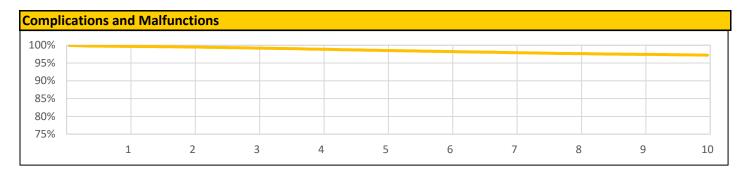
References cited in table above (link)

Grand Total

ENDOTAK RELIANCE Dual Coil, Passive Fixation

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

US Summary			
US Registered Implants:	47,000	US Chronic Complications	913
US Approval Date:	October 2000	US Malfunctions:	64
US Estimated Active Implants:	13,000	Without Compromised Therapy:	15
		With Compromised Therapy:	49



US Survival Probability											
Year		1	2	3	4	5	6	7	8	9	10
Non-Advisory Population	Complications and Malfunctions	99.7%	99.5%	99.2%	98.9%	98.5%	98.2%	97.9%	97.7%	97.4%	97.2%
Registered Implants: 47000	Effective Sample Size	40554	36393	32651	29242	26170	23426	20953	18724	16716	14836

ENDOTAK RELIANCE Dual Coil, Passive Fixation

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

Worldwide Confirmed Malfunctions Worldwide Distribution	170 109,000		
	With Compromised Therapy	Without Compromised Therapy	Total
Conductor			
Conductor fracture (24) Crimp/Weld/Bond	20	0	20
Conductor connection (36) Other	3	0	3
Non-patterned, other	89	57	146
Manufacturing material (6)	1	0	1

113

57

170

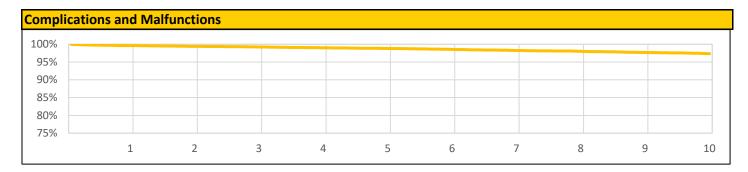
References cited in table above (link)

Grand Total

ENDOTAK RELIANCE Single Coil, Active Fixation

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

US Summary				
US Registered Implants:	34,000	US Chronic Complications	498	
US Approval Date:	October 2000	US Malfunctions:	90	
US Estimated Active Implants:	20,000	Without Compromised Therapy:	25	
		With Compromised Therapy:	65	



US Survival Probability											
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%	98.6%	98.3%	98.0%	97.7%	97.4%
Registered Implants: 34000	Effective Sample Size	29763	26368	23369	20661	18220	15993	13890	11707	9561	7516

ENDOTAK RELIANCE Single Coil, Active Fixation

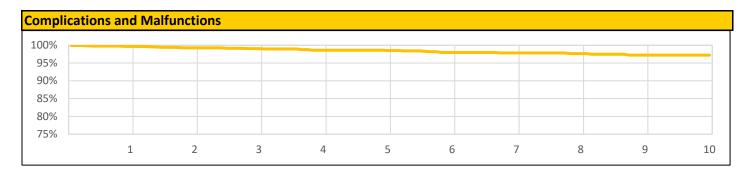
Models: 0137/0138/0160/0161/0162/0180/0181/0182

Worldwide Confirmed Malfunctions	214		
Worldwide Distribution	80,000)	
	With Compromised Therapy	Without Compromised Therapy	Total
Conductor			
Conductor fracture (24) Other	62	1	63
Non-patterned, other	92	59	151
Grand Total	154	60	214

ENDOTAK RELIANCE Single Coil, Passive Fixation

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

US Summary			
US Registered Implants:	2,000	US Chronic Complications	36
US Approval Date:	October 2000	US Malfunctions:	4
US Estimated Active Implants:	1,000	Without Compromised Therapy:	1
		With Compromised Therapy:	3



US Survival Probability											
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%	98.0%	97.8%	97.7%	97.2%	97.2%
Registered Implants: 2000	Effective Sample Size	1547	1380	1227	1089	965	833	693	534	386	247

ENDOTAK RELIANCE Single Coil, Passive Fixation

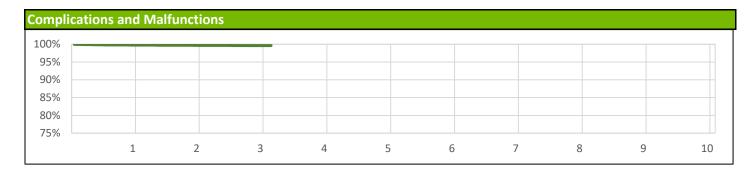
Models: 0127/0128/0170/0171/0172/0173

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

INGEVITY+ Positive Fixation

Models: 7840/7841/7842

US Summary			
US Registered Implants:	271,000	US Chronic Complications	529
US Approval Date:	December 2019	US Malfunctions:	65
US Estimated Active Implants:	255,000	Without Compromised Therapy:	37
		With Compromised Therapy:	28



US Survival Probability										
Year	1	2	3	4	5	6	7	8	9	10
Non-Advisory Population	Complications and 99.8% Malfunctions	99.7%	99.6%	99.6%						
Registered Implants: 271000	Effective Sample Size 156819	64145	1653	586						

38 months

INGEVITY+ Positive Fixation

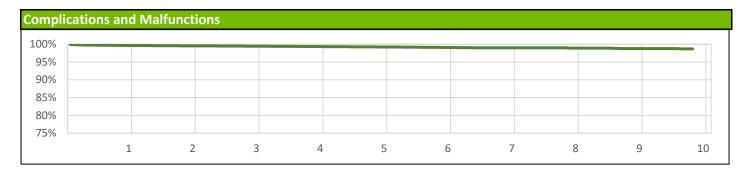
Models: 7840/7841/7842

Worldwide Confirmed Malfunctions Worldwide Distribution	71 414,000		
	With Compromised Therapy	Without Compromised Therapy	Total
Conductor			
Extracardiac fracture (41) Other	7	18	25
Non-patterned, other	22	24	46
Grand Total	29	42	71

INGEVITY Positive Fixation

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

US Summary				
US Registered Implants:	365,000	US Chronic Complications	1,950	
US Approval Date:	April 2016	US Malfunctions:	307	
US Estimated Active Implants:	304,000	Without Compromised Therapy:	172	
		With Compromised Therapy:	135	



US Survival Probabil	lity										
Year		1	2	3	4	5	6	7	8	9	10
Non-Advisory Population	Complications and Malfunctions	99.7%	99.6%	99.5%	99.3%	99.2%	99.1%	99.0%	98.9%	98.8%	98.7%
Registered Implants: 365000	Effective Sample Size	322023	288496	252341	169372	98011	40082	1908	1862	1617	1461

@ 118 months

INGEVITY Positive Fixation

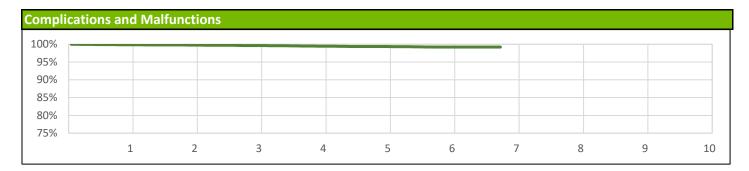
Models: 7640/7641/7642/7740/7741/7742

Worldwide Confirmed Malfunctions Worldwide Distribution	462 1,086,000		
	With Compromised Therapy	Without Compromised Therapy	Total
Conductor			
Inner conductor break (39)	9	8	17
Extracardiac fracture (41)	113	145	258
Other			
Insulation (43)	2	21	23
Non-patterned, other	75	89	164
Grand Total	199	263	462

INGEVITY Passive Fixation

Models: 7631/7632/7731/7732

US Summary				
US Registered Implants:	28,000	US Chronic Complications	86	
US Approval Date:	April 2016	US Malfunctions:	15	
US Estimated Active Implants:	24,000	Without Compromised Therapy:	3	
		With Compromised Therapy:	12	



US Survival Probabi	lity											
Year		1	2	3	4	5	6	7	8	9	10	
Non-Advisory Population	Complications and Malfunctions	99.9%	99.8%	99.6%	99.5%	99.4%	99.2%	99.2%				
Registered Implants: 28000	Effective Sample Size	21791	16715	12453	8385	4904	2075	249				

@ 81 months

INGEVITY Passive Fixation

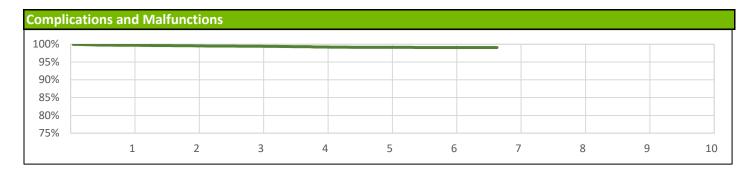
Models: 7631/7632/7731/7732

Worldwide Confirmed Malfunctions Worldwide Distribution	20 126,000		
	With Compromised Therapy	Without Compromised Therapy	Total
Conductor			
Extracardiac fracture (41) Other	6	0	6
Insulation (43)	0	1	1
Non-patterned, other	11	2	13
Grand Total	17	3	20

INGEVITY Atrial J Passive Fixation

Models: 7635/7636/7735/7736

US Summary			
US Registered Implants:	16,000	US Chronic Complications	78
US Approval Date:	April 2016	US Malfunctions:	8
US Estimated Active Implants:	14,000	Without Compromised Therapy:	8
		With Compromised Therapy:	-



US Survival Probabi	lity											
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%	99.1%	99.1%	99.1%				
Registered Implants: 16000	Effective Sample Size	12585	9669	7197	4844	2768	1105	245				

@ 80 months

INGEVITY Atrial J Passive Fixation

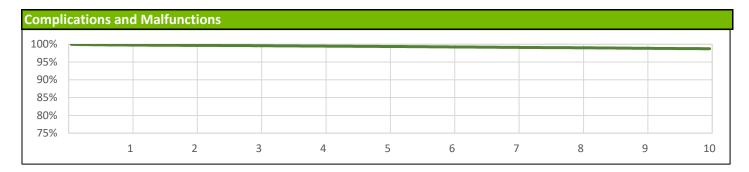
Models: 7635/7636/7735/7736

Worldwide Confirmed Malfunctions Worldwide Distribution	1! 115,000		
	With Compromised Therapy	Without Compromised Therapy	Total
Conductor			
Extracardiac fracture (41) Crimp/Weld/Bond	0	9	9
Weld (40) Other	0	1	1
Non-patterned, other	0	5	5
Grand Total	0	15	15

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

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

US Summary				
US Registered Implants:	516,000	US Chronic Complications	3,873	
US Approval Date:	January 2000	US Malfunctions:	170	
US Estimated Active Implants:	255,000	Without Compromised Therapy:	52	
		With Compromised Therapy:	118	



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%	98.9%	98.7%
Registered Implants: 516000	Effective Sample Size	448429	395554	348817	304856	265336	230343	199062	165869	136053	109865

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

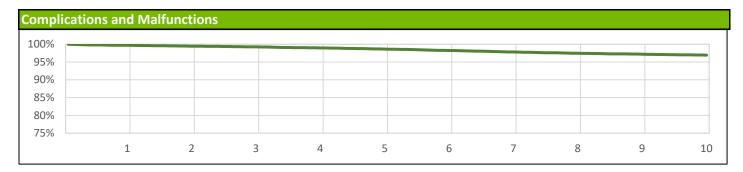
Models: 4463/4464/4465/4469/4470/4471

Worldwide Confirmed Malfunctions Worldwide Distribution	203 817,000		
	With Compromised Therapy	Without Compromised Therapy	Total
Conductor			
Lead conductor (7) Crimp/Weld/Bond	66	17	83
Terminal weld (23) Other	1	0	1
Lead body (4)	71	32	103
Non-patterned, other	8	8	16
Grand Total	146	57	203

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	937
US Approval Date:	January 2000	US Malfunctions:	158
US Estimated Active Implants:	19,000	Without Compromised Therapy:	42
		With Compromised Therapy:	116



US Survival Probability											
Year		1	2	3	4	5	6	7	8	9	10
Non-Advisory Population	Complications and Malfunctions	99.7%	99.5%	99.3%	99.0%	98.7%	98.3%	97.8%	97.5%	97.2%	96.9%
Registered Implants: 53000	Effective Sample Size	46352	41606	37247	33230	29591	26252	23100	19805	16782	14066

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

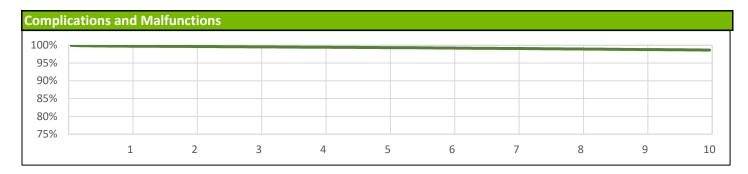
Models: 4466/4467/4468/4472/4473/4474

Worldwide Confirmed Malfunctions	198	8	
Worldwide Distribution	144,000	O	
	With Compromised Therapy	Without Compromised Therapy	Total
Conductor			
Lead conductor (7)	90	14	104
Other			
Conductor damage (32)	55	25	80
Lead body (4)	0	1	1
Non-patterned, other	4	9	13
Grand Total	149	49	198

FINELINE II/FINELINE II Sterox Passive Fixation (Polyurethane)

Models: 4452/4453/4456/4457

US Summary			
US Registered Implants:	197,000	US Chronic Complications	1,674
US Approval Date:	January 2000	US Malfunctions:	47
US Estimated Active Implants:	74,000	Without Compromised Therapy:	3
		With Compromised Therapy:	44



US Survival Probability													
Year		1	2	3	4	5	6	7	8	9	10		
Non-Advisory Population	Complications and Malfunctions	99.7%	99.7%	99.5%	99.4%	99.3%	99.2%	99.1%	98.9%	98.8%	98.7%		
Registered Implants: 197000	Effective Sample Size	170498	152123	135720	120701	107059	94667	83074	70334	58569	48202		

FINELINE II/FINELINE II Sterox Passive Fixation (Polyurethane)

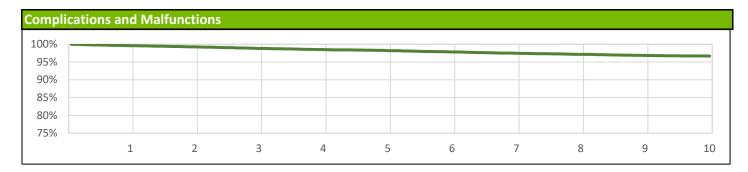
Models: 4452/4453/4456/4457

Worldwide Confirmed Malfunctions	70		
Worldwide Distribution	556,000		
	With Compromised Therapy	Without Compromised Therapy	Total
Conductor			
Lead conductor (7)	20	0	20
Other			
Lead body (4)	41	3	44
Non-patterned, other	5	1	6
Grand Total	66	4	70

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

Models: 4454/4455/4458/4459

US Summary			
US Registered Implants:	14,000	US Chronic Complications	321
US Approval Date:	January 2000	US Malfunctions:	23
US Estimated Active Implants:	4,000	Without Compromised Therapy:	-
		With Compromised Therapy:	23



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%	96.9%	96.7%	
Registered Implants: 14000	Effective Sample Size	12305	11025	9824	8724	7766	6880	6089	5312	4603	3960	

FINELINE II/FINELINE II Sterox Passive Fixation (Silicone)

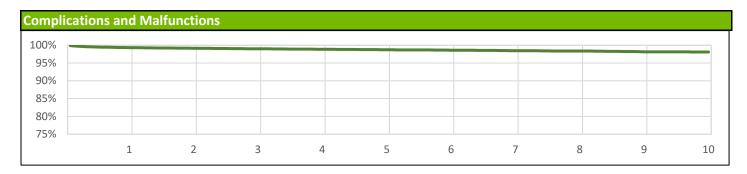
Models: 4454/4455/4458/4459

Worldwide Confirmed Malfunctions Worldwide Distribution	60 105,000		
	With Compromised Therapy	Without Compromised Therapy	Total
Conductor			
Lead conductor (7) Other	20	0	20
Conductor damage (32)	35	3	38
Non-patterned, other	2	0	2
Grand Total	57	3	60

FINELINE II/FINELINE II Sterox Atrial J (Polyurethane)

Models: 4477/4478/4479/4480

US Summary			
US Registered Implants:	63,000	US Chronic Complications	846
US Approval Date:	January 2000	US Malfunctions:	39
US Estimated Active Implants:	26,000	Without Compromised Therapy:	20
		With Compromised Therapy:	19



US Survival Probability												
Year		1	2	3	4	5	6	7	8	9	10	
Non-Advisory Population	Complications and Malfunctions	99.3%	99.2%	99.0%	98.9%	98.7%	98.6%	98.5%	98.4%	98.2%	98.1%	
Registered Implants: 63000	Effective Sample Size	55093	49353	44227	39583	35327	31306	27469	23155	19181	15645	

FINELINE II/FINELINE II Sterox Atrial J (Polyurethane)

Models: 4477/4478/4479/4480

Worldwide Confirmed Malfunctions Worldwide Distribution	79 326,000		
	With Compromised Therapy	Without Compromised Therapy	Total
Conductor			
Lead conductor (7)	5	2	7
Other			
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.

- 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-on-lead 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	173,000	76	67	281	60	15	9	1	18	0	2
7840/7841/7842		70	07	201	00	10	3	'	10	0	
INGEVITY Positive Fixation	365,000	150	604	585	252	114	28	47	145	0	25
7640/7641/7642/7740/7741/7742		100	004	303	202	114	20	71	143	0	25
INGEVITY Atrial J Passive Fixation	14,000	0	18	39	9	3	2	2	5	0	0
7635/7636/7735/7736		U	10	39	9	3	2	2	3	0	<u> </u>
INGEVITY Passive Fixation	25,000	2	25	16	19	6	3	1	14	0	0
7631/7632/7731/7732		2	23	10	19	O	3	ļ ,	14	U	0
FINELINE II; Passive Fixation (poly)	196,000	5	493	249	303	78	36	217	274	0	19
4452/4453/4456/4457		<u> </u>	+90	249	303	10		217	217		19
FINELINE II EZ ; Positive Fixation (poly)	507,000	26	836	910	534	210	158	613	555	0	31
4463/4464/4465/4469/4470/4471											
FINELINE II Atrial J (poly)	63,000	1	127	369	141	31	34	81	54	0	8
4477/4478/4479/4480 FINELINE II/THINLINE II ; Passive											
Fixation (silicone)	14,000	2	127	20	72	30	5	25	39	0	1
4454/4455/4458/4459		_		_0			ŭ			· ·	·
FINELINE II/THINLINE II EZ; Positive	53.000										
Fixation (silicone)	00,000	0	317	97	123	110	25	108	154	0	3
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	17,000	0	0	31	6	1	0	0	0	0	7
ACUITY X4 Spiral S 4674/4675	49,000	1	2	88	10	2	0	0	1	0	18

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	38,000	1	1	147	25	0	0	1	5	0	54
ACUITY Steerable 4554/4555/4556	29,000	4	44	463	69	6	2	18	42	0	98
ACUITY Spiral 4591/4592/4593	24,000	0	26	343	55	0	1	5	12	0	138
EASYTRAK 3 4522/4524/4525/4527/4548/4549/4550	22,000	2	46	315	65	5	2	16	24	0	95
EASYTRAK 2 4515/4517/4518/4520/4542/4543/4544	97,000	2	442	1374	389	15	8	119	186	0	449
EASYTRAK 4510/4511/4512/4513/4535/4536/ 4537/4538	38,000	2	92	489	152	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	54,000	27	28	90	19	15	7	1	5	5	3
ENDOTAK RELIANCE 4-FRONT Dual Coil Active Fixation 0653/0658/0675/0676/0695/0696	8,000	2	2	13	3	2	0	1	0	1	1
ENDOTAK RELIANCE 4-Site ; Dual Coil, Active Fixation 0275/0276/0295/0296	77,000	23	59	122	37	78	14	15	29	44	7
ENDOTAK RELIANCE 4-Site ; Dual Coil, Passive Fixation 0285/0286	3,000	1	3	9	4	7	0	0	13	2	1
ENDOTAK RELIANCE 4-Site ; Single Coil, Active Fixation 0292/0293	133,000	38	88	212	67	108	26	19	51	56	12
ENDOTAK RELIANCE 4-Site ; Single Coil, Passive Fixation 0282/0283	3,000	2	4	3	5	1	0	0	4	1	0
ENDOTAK RELIANCE ; Dual Coil, Active Fixation 0157/0158/0159/0164/0165/0167/ 0184/0185/0186/0187	287,000	35	799	436	246	902	104	169	469	546	30
ENDOTAK RELIANCE ; Dual Coil, Passive Fixation 0147/0148/0149/0174/0175/0176/0177	47,000	6	159	76	86	160	13	48	275	83	7
ENDOTAK RELIANCE ; Single Coil, Active Fixation 0137/0138/0160/0161/0162/0180/0181/0182	34,000	14	115	63	38	87	4	9	59	105	4
ENDOTAK RELIANCE ; Single Coil, Passive Fixation 0127/0128/0170/0171/0172/0173	2,000	0	5	5	3	7	0	1	10	5	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	24,000	0	6	10	0	132	7	0	0	6	
EMBLEM/Q-TRAK S-ICD Electrode 3010, 3401	24,000	0	6	23	0	147	17	4	0	10	

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	269,000	320	40	707	146	41	41	3	25	0	5
INGEVITY Positive Fixation 7640/7641/7642/7740/7741/7742	365,000	457	421	944	220	77	50	8	51	0	31
INGEVITY Atrial J Passive Fixation 7635/7636/7735/7736	16,000	1	0	37	8	1	1	0	1	0	0
INGEVITY Passive Fixation 7631/7632/7731/7732	28,000	1	0	40	12	0	3	0	0	0	0
FINELINE II ; Passive Fixation (poly) 4452/4453/4456/4457	197,000	9	11	402	102	7	12	16	15	0	10
FINELINE II Atrial J (poly) 4477/4478/4479/4480	63,000	0	10	396	52	2	16	5	7	0	5
FINELINE II EZ; Positive Fixation (poly) 4463/4464/4465/4469/4470/4471	516,000	56	49	706	149	88	67	29	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	90	13	3	8	6	4	0	3

CRT Leads/Model	U.S. Registered Implants	Cardiac Perforation	Conductor fracture/ helix damage	Lead dislodgement	Failure to capture	Oversensing	Failure to sense	Insulation breach	Abnormal pacing impedance	Abnormal defibrillation impedance	Extracardiac stimulation
ACUITY X4 Spiral L 4677/4678	19,000	0	0	34	39	9	0	0	8	0	21
ACUITY X4 Spiral S 4674/4675	57,000	0	2	73	55	7	0	0	24	0	56

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	43,000	2	0	153	39	6	1	0	13	0	60
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	29	5	0	3	9	0	167
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	24	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	72,000	61	12	154	22	17	3	1	9	3	3
ENDOTAK RELIANCE 4-FRONT Dual Coil Active Fixation 0653/0658/0675/0676/0695/0696	10,000	8	1	21	7	3	0	0	2	2	0
ENDOTAK RELIANCE 4-Site ; Dual Coil, Active Fixation 0275/0276/0295/0296	78,000	56	18	253	43	29	3	2	27	7	6
ENDOTAK RELIANCE 4-Site ; Dual Coil, Passive Fixation 0285/0286	3,000	2	0	10	1	0	0	0	4	0	0
ENDOTAK RELIANCE 4-Site ; Single Coil, Active Fixation 0292/0293	138,000	101	19	364	70	57	15	6	32	13	21
ENDOTAK RELIANCE 4-Site ; Single Coil, Passive Fixation 0282/0283	3,000	4	1	6	0	1	1	0	7	0	0
ENDOTAK RELIANCE; Dual Coil, Active Fixation 0157/0158/0159/0164/0165/0167/ 0184/0185/0186/0187	287,000	82	137	510	130	223	12	17	178	108	44
ENDOTAK RELIANCE ; Dual Coil, Passive Fixation 0147/0148/0149/0174/0175/0176/0177	47,000	5	4	92	36	41	4	3	47	5	0
ENDOTAK RELIANCE; Single Coil, Active Fixation 0137/0138/0160/0161/0162/0180/0181/0182	34,000	31	7	70	15	19	3	2	18	25	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	30,000	1	1	30	0	248	8	0	0	8	
EMBLEM/Q-TRAK S-ICD Electrode 3010/3401	24,000	1	0	21	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	46,000	0	0	0	2	0	0	0
ACUITY X4 Spiral S 4674/4675	121,000	0	0	0	5	0	0	0
ACUITY X4 Straight 4671/4672	96,000	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	47,000	0	0	0	2	1	0	0

ENDOTAK RELIANCE 4-FRONT Dual Coil		Conductor	Insulation	Crimp/Weld/Bond	Other	Labeling	Packaging	Implant Accessory
Active Fixation	30,000	0	0	0	8	0	0	0
0653/0658/0675/0676/0695/0696								
ENDOTAK RELIANCE 4-FRONT Single Coil								
Active Fixation	226,000	3	1	0	81	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								
ENDOTAK RELIANCE 4-FRONT Single Coil								
Passive Fixation	8,000	0	1	0	0	0	0	0
0650/0654/0662/0682/0663/0683								
ENDOTAK RELIANCE 4-Site ; Dual Coil,								
Active Fixation	126,000	0	0	0	90	0	1	0
0275/0276/0295/0296								
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	217,000	0	0	0	64	0	1	0
0292/0293	2,000	· ·	· ·	· ·	٠.	ŭ	·	ŭ
ENDOTAK RELIANCE 4-Site ; Single Coil,								
Passive Fixation	7,000	0	0	0	0	0	0	0
0282/0283	7,000	U	U	U	U	U	U	U
ENDOTAK RELIANCE ; Dual Coil, Active								
Fixation								
0157/0158/0159/0164/0165/0167/	382,000	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	80,000	0	0	15	81	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
EMBLEM S-ICD Electrode 3501	75,000	0	0	0	1	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	414,000	0	0	0	26	0	0	0
INGEVITY Positive Fixation 7640/7641/7642/7740/7741/7742	1,086,000	2515	0	0	3303	0	0	0
INGEVITY Atrial J Passive Fixation 7635/7636/7735/7736	115,000	0	0	0	0	0	0	0
INGEVITY Passive Fixation 7631/7632/7731/7732	126,000	1	0	1	2	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*	556,000	1	0	3	8	6	26	0
FINELINE II EZ ; Positive Fixation (poly) 4463/4464/4465/4469/4470/4471*	817,000	0	0	6	728	1	52	3
FINELINE II Atrial J (poly) 4477/4478/4479/4480*	326,000	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

Identifiable by serial number. Not all serial numbers are affected.

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

Device Lookup Tool

INLIVEN CRT-P

Models: V284, V285, W274, W275

INTUA CRT-P

Models: V272, V273, W273

INVIVE CRT-P

Models: V172, V173, V182, V183, W172. W173

VITALIO DR EL Pacemaker

Models: J274, J277, K274, K277,

K284

INGENIO DR EL Pacemaker

Models: J174, J177, K174, K184,

ADVANTIO DR EL Pacemaker

Models: J064, J067, K064, K084, K087

Safety Mode, Physician Letter, June 2021

Safety Mode, Patient Letter, June 202

ORIGINAL COMMUNICATION Jun 2021 - High Battery Impedance Initiating Safety Mode in **INGENIO EL Pacemakers and CRT-Ps**

Voluntary Physician Advisory FDA Classification: Class I

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™ 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 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

Once a device is in Safety Mode, it cannot be reprogrammed and must be replaced. There is a high degree of detectability when a device is operating in Safety Mode based on displayed programmer 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 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.

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 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.

CURRENT STATUS 04-Apr-23

Estimated Rate of Occurrence

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 26,000.

- 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.
- 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:
- For EL pacemakers, replace with a longevity remaining of 4 years (or less, if the device currently indicates
- fewer than 4 years longevity remaining).
 For CRT-Ps, replace with a longevity remaining of 3 years (or less, if the device currently indicates fewer than 3 vears longevity remaining).
- 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 the device's instructions for use).
- · 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.

Identifiable by serial number. Not all serial numbers are affected

A serialized search tool to determine if a specific device is affected by this product advisory is available here: Device Lookup Tool

VALITUDE CRT-P

Models U125, U128

VISIONIST CRT-P

Models U225, U226, U228

ACCOLADE Pacemaker

Models L300, L301, L310, L311, L321 L331

PROPONENT Pacemaker

Models L200, L201, L209, L210, L211 L221, L231

ESSENTIO Pacemaker

Models L100, L101, L110, L111, L121,

ALTRUA 2 Pacemaker

Models S701, S702, S722

<u>Hydrogen Induced Premature</u>
<u>Depletion, Physician Letter, September</u>
2018

<u>Hydrogen Induced Premature</u>
<u>Depletion, Patient Letter, September</u>
2018

<u>Hydrogen Induced Premature</u>
Depletion, Physician Letter, June 2021

<u>Hydrogen Induced Premature</u> <u>Depletion, Patient Letter, June 2021</u>

ORIGINAL COMMUNICATION Sep 2018 and Jun 2021 – Hydrogen-Induced Premature Depletion

Voluntary Physician Advisory

FDA Classification: Sep 2018 – Class II; Jun 2021 - Class II

This advisory discusses two separate, distinct subsets of pacemakers and cardiac resynchronization therapy pacemakers (CRT-Ps) with a potential for early pacemaker replacement due to hydrogen-induced accelerated battery depletion. The 2018 advisory population included approximately 2,900 active pacemakers, and the 2021 advisory population included approximately 125,000 active pacemakers.

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 accumulation within the device and the susceptibility of the low voltage capacitors to hydrogen. The 2018 population is composed of pacemakers built with specific batches/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 that is susceptible to compromised electrical performance in the presence of hydrogen. The use of the original low voltage capacitor in pacemaker and production of pacemakers from these advisory populations ceased in Nov 2017, and therefore they are no longer available for implantation. The most common clinical outcome has been device replacement. There have been no reported deaths associated with this behavior.

Estimated Rate of Occurrence

In June 2021 Boston Scientific identified an additional population of devices and the rate of occurrence at that time is described for each population below.

- The 2018 advisory subset was composed of approximately 2,100 active pacemakers. The observed malfunction 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 years.
- The 2021 advisory subset was composed of approximately 125,000 active pacemakers. The observed malfunction rate for this behavior was 1.3% at 5 years with a potential for life-threatening harm of 1 in 5,000,000 (0.00002%) at 5 years.

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

CURRENT STATUS 04-Apr-23

Estimated Rate of Occurrence

The combined 2018 and 2021 advisories subset is composed of approximately 102,000 active pacemakers. The observed malfunction rate for this behavior is 2.2% at 5 years, and 4.0% at 7 years. The observed potential for life-threatening harm is 1 in 1,000,000 (0.0001%) at 5 years.

More than 98% of 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 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.

- 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.
- Promptly investigate any suspected indication of accelerated battery depletion, and contact Boston Scientific Technical Services for assistance as needed.
- 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.
- 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.

ORIGINAL COMMUNICATION Dec 2020 — Model 3501 Electrode Fracture

A serialized search tool to determine if a specific device is affected by this product advisory is available here: Device Lookup Tool

EMBLEM Subcutaneous Electrode

Model 3501

Model 3501 Electrode Fracture, Physician Letter, December 2020

Model 3501 Electrode Fracture Patient Letter, December 2020

This advisory discusses the performance of approximately 47,000 EMBLEM S-ICD Subcutaneous Electrodes (Model 3501). During assembly of the EMBLEM S-ICD Subcutaneous Electrode, a small amount of adhesive is applied to a 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 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.

the center-oriented distal sense conductor, eventually resulting in a fracture of the two high voltage conductors.

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

CURRENT STATUS 04-Apr-23

Estimated Rate of Occurrence

Voluntary Physician Advisory FDA Classification: Class I

The occurrence rate for EMBLEM S-ICD Subcutaneous Electrode (Model 3501) body fractures at a location just distal to the proximal sense ring is 0.30% at 69 months and the potential for life-threatening harm is 1 in 30,000 (0.0033%) at 10 years. This rate was derived by including all reports of this failure mode, whether or not the product was returned.

An enhanced version of the EMBLEM Electrode has been developed to address the risks associated with this device behavior. Based on accelerated, extreme laboratory test, the enhanced EMBLEM Electrode design has demonstrated statistical survival of the electrode body around the sense ring to 10 implant years. Contact your local Boston Scientific sales professionals for availability

- 1. 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 inoffice device checks. Instruct patients to comply with weekly remote interrogations.
- 2. Follow-up interval. Perform a system follow-up every three months via remote or in-office interrogation.
- 3. During follow-ups. For every remote or in-office follow-up:
- 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:
- 3.3.1. cardiac signals on the S-ECGs of the Primary and Secondary sensing vector look nearly identical; or 3.3.2. flatline S-ECGs in the Alternate sensing vector.
- 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. 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 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;
- patients who are unable to be reliably followed remotely or in person every three months; or
- patients who are not monitored via LATITUDE and are unable to hear beeping tones
- 7. Replacement. 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

Identifiable by serial number. Not all serial numbers are affected.

A serialized search tool to determine if a specific device is affected by this product advisory is available here: Device Lookup Tool

EMBLEM S-ICD

Models A209, A219

EMBLEM Electrical Overstress, Physician Letter, December 2020

EMBLEM Electrical Overstress, Patien Letter, December 2020

ORIGINAL COMMUNICATION Dec 2020 — EMBLEM S-ICD Electrical Overstress

Voluntary Physician Advisory FDA Classification: Class I

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).

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.

Estimated Rate of Occurrence

- 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.
- 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

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

CURRENT STATUS 04-Apr-23

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

- 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.
- 2. Follow-up interval. Perform a system follow-up every 3 months per labeling via remote or in-office interrogation.
- During follow-ups. Promptly investigate any suspected indication of accelerated battery depletion, and contact Boston Scientific Technical Services for assistance as needed.
- 4. Demonstrate beeping tones. During the next in-office follow-up visit, demonstrate the device beeper to the patient using the programmer's Test Beeper function available from the Beeper Control screen within the Utilities menu.
- For patients not monitored by LATITUDE, repeat the beeper demonstration following any MRI scan as strong magnetic fields may cause permanent loss of beeper volume: and
- Remind patients to promptly contact their physician if beeping tones are heard from their device as this may be an indication of ERI.
- 5. Evaluate risk. The potential for life-threatening harm due to accelerated depletion is greatest for:
- Patients with a history of life-threatening ventricular arrhythmias such as secondary prevention indication or previous appropriate shock for ventricular arrhythmias;
- Patients who are unable to be reliably followed remotely or in person every 3 months; or
- Patients who are not monitored via LATITUDE and are unable to hear beeping tones.
- 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.
- 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. Return explanted devices to Boston Scientific. A no cost Return Product kit is available from your local Boston Scientific representative.

Identifiable by serial number. Not all serial numbers are affected.

A serialized search tool to determine if a specific device is affected by this product advisory is available here: **Device Lookup Tool**

EMBLEM S-ICD Models A209, A219

EMBLEM Premature Depletion, Physician Letter, August 2019

EMBLEM Premature Depletion, Patien Letter, August 2019

EMBLEM Premature Battery Depletion Physician Letter Update, December 2020

EMBLEM Premature Depletion, Patier Letter Update, December 2020

EMBLEM Premature Battery Depletio Physician Letter Update, February 2022

EMBLEM Premature Depletion, Patie Letter Update, February 2022

ORIGINAL COMMUNICATION Aug 2019 and Dec 2020 — EMBLEM S-ICD Premature Depletion

Voluntary Physician Advisory

FDA Classification August 2019: Class II

DA Classification December 2020: Class II

In August 2019, a physician communication discussed a subset of EMBLEM™ Subcutaneous Implantable 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.

In December 2020, the advisory population was expanded to a total of approximately 42,000 distributed EMBLEM S-ICDs with an elevated likelihood of a low voltage capacitor causing accelerated battery depletion. This behavior can be detected if an unexpected decrease in remaining battery capacity is observed between remote/in-clinic follow-ups. 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.

The most common clinical outcome associated with this device behavior is early replacement. In August 2018 Boston Scientific transitioned S-ICDs to an alternative low voltage capacitor. All EMBLEM S-ICDs with the original low voltage capacitor are included in either the original or the expanded advisory population and none are available for implantation

Estimated Rate of Occurrence

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.

• 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 vears.

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

CURRENT STATUS 04-Apr-23

The existing Battery Depletion (BD) alert has been enhanced to enable detection of hydrogen-induced accelerated battery depletion in Model A209 and A219 EMBLEM S-ICDs. Affected devices must be interrogated by a programmer with updated software.

Estimated Rate of Occurrence

Because the 5-year malfunction rate for the August 2019 and December 2020 populations has converged, a single malfunction rate is reported for the combined populations. There are approximately 28,000 active worldwide devices.

The malfunction rate is 10.5% at 5 years, 23.9% at 6 years, and 31.7% at 7 years. The projected potential for lifethreatening harm is approximately 1 in 140,000 at 5 years.

There have been zero deaths associated with this behavior. There have been zero malfunctions for this behavior in devices manufactured with contemporary low-voltage capacitors.

CURRENT RECOMMENDATION 04-Apr-23

Recommendations for countries where enhanced BD alert software upgrade is available. Contact your local Boston Scientific sales representative to determine availability of software in your country.

- 1. Programmer Software Upgrade. Confirm programmers at your center have been upgraded.
- Model 3300 LATITUDE Programmers are supported with Model 3877 v1.03 application
- Model 3200 EMBLEM Programmers are supported with Model 2877 v4.09 application
- 2. Next Follow-up. Boston Scientific continues to recommend 3-month follow-ups per labeling. Bearing in mind the risk versus benefits of in-person visits in the setting of the global COVID-19 pandemic, consider an in-person visit at the next scheduled follow-up, so the enhanced BD alert can be enabled in each affected device.
- When an EMBLEM S-ICD is first interrogated by an upgraded programmer, an S-ICD software update will be performed. Per labeling, monitor the patient and have external defibrillation equipment available as tachycardia therapy is suspended during a S-ICD software update.
- If a BD alert occurs, follow screen prompts and contact Technical Services. Using device data, Technical Services can provide a replacement interval.
- 3. Update Records. For each patient with an affected EMBLEM S-ICD, append their medical record with this letter to maintain awareness of this topic for the remaining service life of the device.

Follow-up Recommendations:

- 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.
- 2. Follow-up interval. Perform a system follow-up every 3 months per labeling via remote or in-office interrogation.
- 3. During follow-ups. Promptly investigate any suspected indication of accelerated battery depletion, and contact Boston Scientific Technical Services for assistance as needed.
- 4. Demonstrate beeping tones. During the next in-office follow-up visit, demonstrate the device beeper to the patient using the programmer's Test Beeper function available from the Beeper Control screen within the Utilities menu.
- For patients not monitored by LATITUDE, repeat the beeper demonstration following any MRI scan as strong magnetic fields may cause permanent loss of beeper volume; and
- Remind patients to promptly contact their physician if beeping tones are heard from their device as this may be an indication of ERI.
- 5. Evaluate risk. The potential for life-threatening harm due to accelerated depletion is greatest for:
- Patients with a history of life-threatening ventricular arrhythmias such as secondary prevention indication or previous appropriate shock for ventricular arrhythmias;
- 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.
- 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.
- Return explanted devices to Boston Scientific. A no cost Return Product kit is available from your local Boston Scientific representative.

Identifiable by serial number. Not all serial numbers are affected.

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

S-ICD Model 1010

SQ-RX 1010 Shortened Replacement Time, Physician Letter, November

2018

SQ-RX 1010 Shortened Replacement Time, Patient Letter, November 2018

ORIGINAL COMMUNICATION November 2018 — SQ-RX 1010 Shortened Replacement Time

Voluntary Physician Advisory FDA Classification: Unclassified

This advisory discusses the potential for a shortened replacement interval after a Charge Time (CT) / Battery Depletion (BD) alert has occurred or after the battery status reaches Elective Replacement Indicator (ERI) in the first-generation Subcutaneous Implantable Cardioverter Defibrillator (S-ICD) system's SQ-RX™ Model 1010 Pulse Generator (PG).

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.

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 Battery 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 messages. 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 least 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, the 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 04-Apr-23

Estimated Rate of Occurrence as of October 2018

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 04-Apr-23

• 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;
- During the next follow-up visit, demonstrate the beeper by applying a magnet over the PG to elicit beeping tones; and
- Remind patients to promptly contact their physician if beeping tones are heard from their PG as this may be an indication of a CT / BD alert or ERI.
- Append the patient's medical record with this letter to maintain awareness of this topic for the remaining service life of their PG
- <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 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
- <u>CT / BD Alerts.</u> Promptly investigate any beeping tones, CT alerts, or BD alerts and report them to Boston Scientific 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 determine a recommended replacement interval. Note: CT / BD Alerts appearing before or after ERI should always be reported to Technical Services for evaluation

ORIGINAL COMMUNICATION December 2017 — Minute Ventilation Signal Oversensing

with certain Boston Scientific pacemaker and cardiac resynchronization therapy pacemaker systems (pacemakers).

behavior may occur with any manufacturer's pacing lead system, but Boston Scientific has determined it to be more likely for affected Boston Scientific pacemakers using Medtronic or Abbott/St. Jude (Abbott) leads implanted in either

The MV sensor in Boston Scientific pacemakers can be used for RightRate™ (rate adaptive pacing), Respiratory

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

Engineering analysis and testing, as well as evaluation of post-market surveillance data, demonstrates an elevated

potential for oversensing of the MV sensor signal in certain pacemaker systems connected to Medtronic or Abbott

pacing leads. Although all leads evaluated in simulated testing environments comply with appropriate connector standards, we have discovered subtle differences amongst lead manufacturers in the surface finish of the lead

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

technical description of the Boston Scientific's MV sensor, please refer to Appendix A in the December 2017

MV sensor signal is appropriately filtered and therefore is not detected by the pacemaker or displayed on electrograms (EGMs). However, intermittency related to the lead or pacemaker-lead connection has the potential to

Rate Trend, or AP Scan. When the RA/RV pacing leads and lead terminal connections are operating as intended, the

MV sensor signal oversensing may cause pre-syncope or syncope due to periods of pacing inhibition. This MV

This advisory discusses intermittent oversensing of the Minute Ventilation (MV) sensor signal

Voluntary Physician Advisory

the right atrium (RA) or right ventricle (RV).

A serialized search tool to determine if a specific device is affected by this product advisory is available here: Device Lookup Tool

VALITUDE CRT-P Models U125, U128

VISIONIST CRT-P Models U225, U226, U228

ACCOLADE Pacemaker

Models L300, L301, L310, L311, L321

PROPONENT Pacemaker

Models L200, L201, L209, L210, L211 L221, L231

ESSENTIO Pacemaker

I 131

ALTRUA 2 Pacemaker

Models S701, S702, S722

Estimated Rate of Occurrence

impedance test measurements.

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.

following RA/RV pacing leads4

Affected pacemaker systems connected to the Probability of Injury Probability of Life Threatening Harm at 5 years 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) | 0.0000008 (1 in 1,250,000) All pacing leads combined⁵ 0.00008 (1 in 12,500) 0.000002 (1 in 500,000)

Minute Ventialtion Signal Oversensi Physician Letter, December 2017

Minute Ventialtion Signal Oversensing Patient Letter, December 2017

Minute Ventialtion Signal Oversensin Update letter, January 2019

URRENT STATUS 04-Apr-23

Software has been developed that eliminates the risk of pacing inhibition due to Minute Ventilation (MV) sensor signal oversensing in pacemakers and cardiac resynchronization therapy pacemaker (CRT-P) systems. The software includes a Signal Artifact Monitor (SAM) which further expands our proprietary suite of Safety Architecture automatic self-diagnostics. Once programmers are upgraded with this software, the SAM is automatically enabled whenever the MV sensor is enabled and continuously monitors electrograms for MV sensor signal artifacts. If MV artifacts are detected, the SAM either switches to the right ventricular vector or disables the MV sensor in approximately one second thus eliminating the risk of pacing inhibition due to MV sensor signal oversensing. Contact your local Boston Scientific sales representative to find out if this software is available in your country.

CURRENT RECOMMENDATION 04-Apr-23

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.

Programmer	Software Model	Software Version
Model 3120 ZOOM Programmer	2869	2.06
Model 3300 LATITUDE Programmer	3869	1.05

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

Identifiable by serial number. Not all serial numbers are affected

A serialized search tool to determine if a specific device is affected by this product advisory is available here: **Device Lookup Tool**

VALITUDE CRT-P

Models U125, U128

VISIONIST CRT-P

Models U225, U226, U228

RESONATE CRT-D

Models G424, G425, G426, G428, G437, G447, G448, G524, G525, G526, G528, G537, G547,

VIGILANT CRT-D

Models G224, G225, G228, G237, G247, G248

MOMENTUM CRT-D

Models G124, G125, G126, G128, G138

CHARISMA CRT-D

G337, G347, G348

AUTOGEN CRT-D

Models G172, G173, G175, G177, G179

DYNAGEN CRT-D

Models G150, G151, G156, G158

INOGEN CRT-D

Models G140, G141, G146, G148

ORIGEN CRT-D

Models G050, G051, G056, G058

CRT Positive LV Offset and TPP Interaction, Physician Letter, Dec 2017

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

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

ORIGINAL COMMUNICATION December 2017 — CRT Positive LV Offset and TPP Interaction

Voluntary Physician Advisory FDA Classification: Unclassified

This advisory discusses unintended asynchronous biventricular (BiV) pacing behavior when tracking elevated atrial intrinsic rhythms in certain Boston Scientific Cardiac Resynchronization Therapy (CRT) pacemakers (CRT-Ps) and defibrillators (CRT-Ds). Repeated detection of this unintended asynchronous BiV pacing behavior may result in the implanted device reverting to a permanent Safety Mode (Safety Core™) status thus requiring early replacement. The unintended asynchronous BiV pacing behavior can only occur when an infrequent combination of parameters are programmed, specifically:

• Left Ventricular (LV) Offset programmed to a positive value which exceeds the Atrial Blank after Ventricular Pace (A-Blank after V-Pace) interval; and

Tracking Preference = ON (nominal).

Observed Rate

Of the 60,500 CRT devices distributed worldwide, Boston Scientific estimates approximately 300 CRT devices are programmed with the combination of parameters which may lead to this device behavior. There have been two confirmed instances of early device replacement due to this device behavior (0.7%). Of the two cases, a single patient death occurred due to complications related to the replacement procedure.

CURRENT STATUS 04-Apr-23

Confirmed Malfunctions (worldwide)

There have been five confirmed instances of early device replacement due to this device behavior.

CURRENT RECOMMENDATION 04-Apr-23

Software is available in most countries to addresses the rare potential for early replacement due to permanent Safety Mode status. The software imposes an interactive limit which prevents programming the device into a susceptible manner. Affected devices interrogated by an updated programmer are no longer susceptible to this issue.

Programmer	Device Therapy	Software Model	Software Version
Model 3120 ZOOM Programmer	CRT-Ps	2869	2.06
Model 3300 LATITUDE Programmer	CRT-Ps	3869	1.05
Model 3120 ZOOM Programmer	CRT-Ds	2868	4.07
Model 3300 LATITUDE Programmer	CRT-Ds	3868	1.07

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

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

Device Lookup Tool

COGNIS

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

TELIGEN VR

Models E102/E103/F102/F103

TELIGEN DR

Models E110/E111/F110/F111

<u>Low Voltage Capacitor 2014 Physician</u> <u>Letter, Sep 17, 2014</u>

<u>Low Voltage Capacitor 2014 Patient</u> <u>Letter, Sep 17, 2014</u>

Low Voltage Capacitor 2013 Physician Letter, Aug 29, 2013

ORIGINAL COMMUNICATION Aug 2013 and Sep 2014 — Low Voltage Capacitor

Voluntary Physician Advisory

FDA Classification August 2013: Class II

FDA Classification September 2014: Class II

In August 2013, a physician communication discussed a subset of COGNIS CRT-Ds and TELIGEN ICDs that had experienced an increased rate of premature battery depletion due to compromised performance of a low voltage (LV) 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 update.

The performance of an LV capacitor may be compromised in some devices after two or more years of implant time, which will increase battery use and may eventually initiate one or more Safety Architecture alerts and patient-audible beeping.

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.

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.

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 04-Apr-23

Estimated Rate of Occurrence as of January 2022

- COGNIS CRT-D and TELIGEN ICD advisory population The rate of occurrence is 2.8% at 60 months, 5.8% at 72 months, 8.6% at 84 months, 10.9% at 96 months, 12.2% at 108 months, and 12.9% at 120 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, 2.4% at 72 months, 3.9% at 84 months, 5.2% at 96 months, 6.0% at 108 months, and 6.2% at 120 months . Since notifying customers of this behavior in September 2014 and improving the Safety Architecture voltage alert, the portion of malfunctions with compromised therapy is approximately 2.2%. 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 1.1% at 60 months, 2.0% at 72 months, 3.0% at 84 months, 3.8% at 96 months, 4.3% at 108 months, and 4.5% at 120 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 2,500,000 (0.00004%) at 60 months.

CURRENT RECOMMENDATION 04-Apr-23

Updated Software

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".

Additional Recommendations

- After a device has been upgraded with new software, Boston Scientific recommends normal device monitoring as described in device labeling.
- Device replacement is not recommended for advisory devices displaying normal behavior.
- Promptly investigate alerts, device beeping, and unanticipated replacement indicator messages
- 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.

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

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:

product advisory is available he Device Lookup Tool

This advisory is limited to those models listed below implanted subpectorally.

Voluntary Physician Advisory FDA Classification: Class II

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.

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 against a rib during contraction of the pectoralis muscle. A weakened header bond may alter lead impedance and introduce noise that may inhibit pacing therapy or initiate inappropriate tachy therapy. Additional mechanical stress applied to a weakened bond may eventually cause header connection wires to fracture, resulting in loss of therapy.

COGNIS

Models

N106/N107/N108/N118/N119 P106/P107/P108

TELIGEN VR

Models E102/F102

TELIGEN DR

Models E110/E111/F110/F111

Subpectoral Implant 2009
Physician Letter, Dec 01, 2009

Subpectoral Implant 2009 Patient Letter, Dec 01, 2009 A weakened header bond can result in one or more of the following device behaviors:

- Significant changes in measured lead impedance
- Noise on real-time or stored electrograms
- Intermittent inhibition of pacing
- Inappropriate anti-tachy pacing or shock therapy
- Loss of pacing therapy
- Loss of anti-tachy pacing and shock therapy

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.

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.

The following factors may also impact the risk of failure if implanted in a subpectoral location:

- Exact location of the patient's ribs relative to the device
- Body size and/or muscle mass of the patient (risk may increase for larger/muscular patients)
- Activity level and/or occupation of the patient (risk may increase for more active patients)

CURRENT STATUS 04-Apr-23

Reported events (worldwide)

106 reports have been received worldwide of subpectoral implants with weakened header bonds. An estimated 10% 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.

CURRENT RECOMMENDATION 04-Apr-23

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 review
 of associated electrograms and other device data via in-clinic or remote interrogation.
- Where available, consider using the LATITUDE® Patient Management System to facilitate remote device checks between in-clinic follow-ups.

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

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ALTRUA

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