

Current Clinical Evidence with the MitraClip System: What Have We Learned?

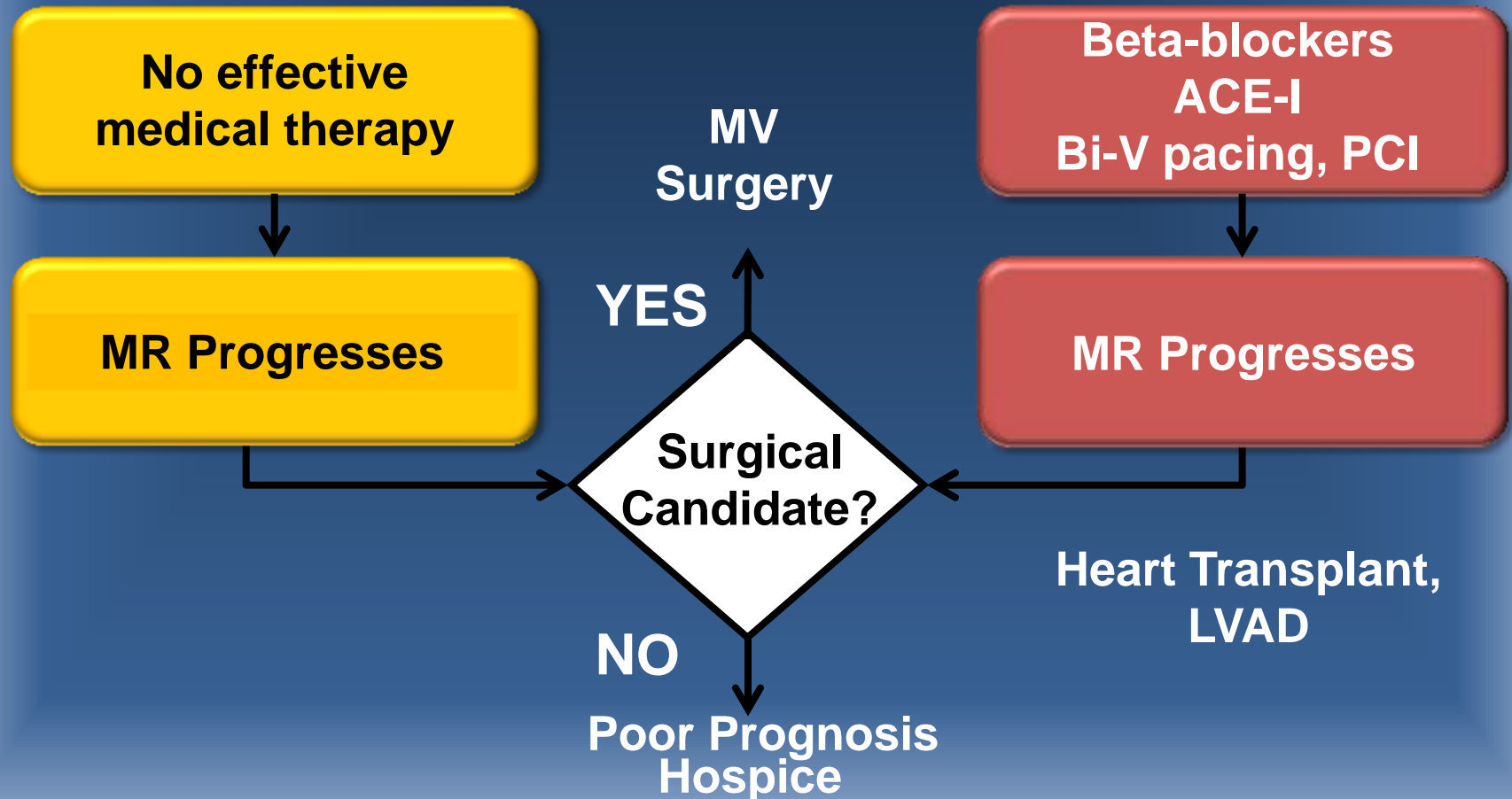
Chuck Simonton MD, FACC, FSCAI
CMO, DVP Medical Affairs
Abbott Vascular
Santa Clara, CA, USA

TCTAP 2014
Seoul, South Korea

Limited Treatment Options for Mitral Regurgitation

Degenerative MR (DMR)

Functional MR (FMR)



MitraClip[®] Clip Delivery System For Mitral Valve Repair in Patients Too High-Risk for Open Mitral Valve Surgery



Indications:

MitraClip Clip Delivery System: The MitraClip Clip Delivery System is indicated for the percutaneous reduction of significant symptomatic mitral regurgitation (MR \geq 3+) due to primary abnormality of the mitral apparatus [degenerative MR] in patients who have been determined to be at prohibitive risk for mitral valve surgery by a heart team, which includes a cardiac surgeon experienced in mitral valve surgery and a cardiologist experienced in mitral valve disease, and in whom existing comorbidities would not preclude the expected benefit from reduction of the mitral regurgitation. **Steerable Guide Catheter:** The Steerable Guide Catheter is used for introducing various cardiovascular catheters into the left side of the heart through the interatrial septum.

See Important Safety Information Within.

Information contained herein for presentation outside the US only and may not be reproduced, distributed, or excerpted. Images include artists' renditions – not representative of Abbott Product, on file at Abbott Vascular. ©2014 Abbott. All rights reserved. . AP2939647-OUS Rev A. 03/14

MitraClip[®] : US Clinical Program

Surgical Candidates

EVEREST II RCT
MitraClip[®] vs. Surgery

REALISM
Continued Access
Surgical Candidates

2005-06

2007

2008

2009-12

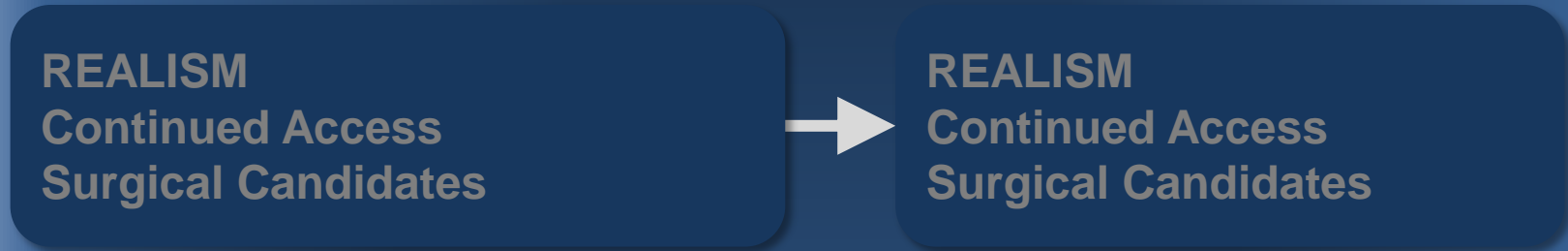
High Surgical Risk

EVEREST II
High Risk
Registry

REALISM
Continued Access
High Surgical Risk

MitraClip[®]: US Clinical Program

Surgical Candidates



2005-06	2007	2008	2009-12
---------	------	------	---------

High Surgical Risk



MitraClip[®] High Risk Cohort: Pre-specified Safety and Effectiveness Endpoints

**Safety
Endpoint**

```
graph TD; A[Safety Endpoint] --> B[30-day all-cause mortality];
```

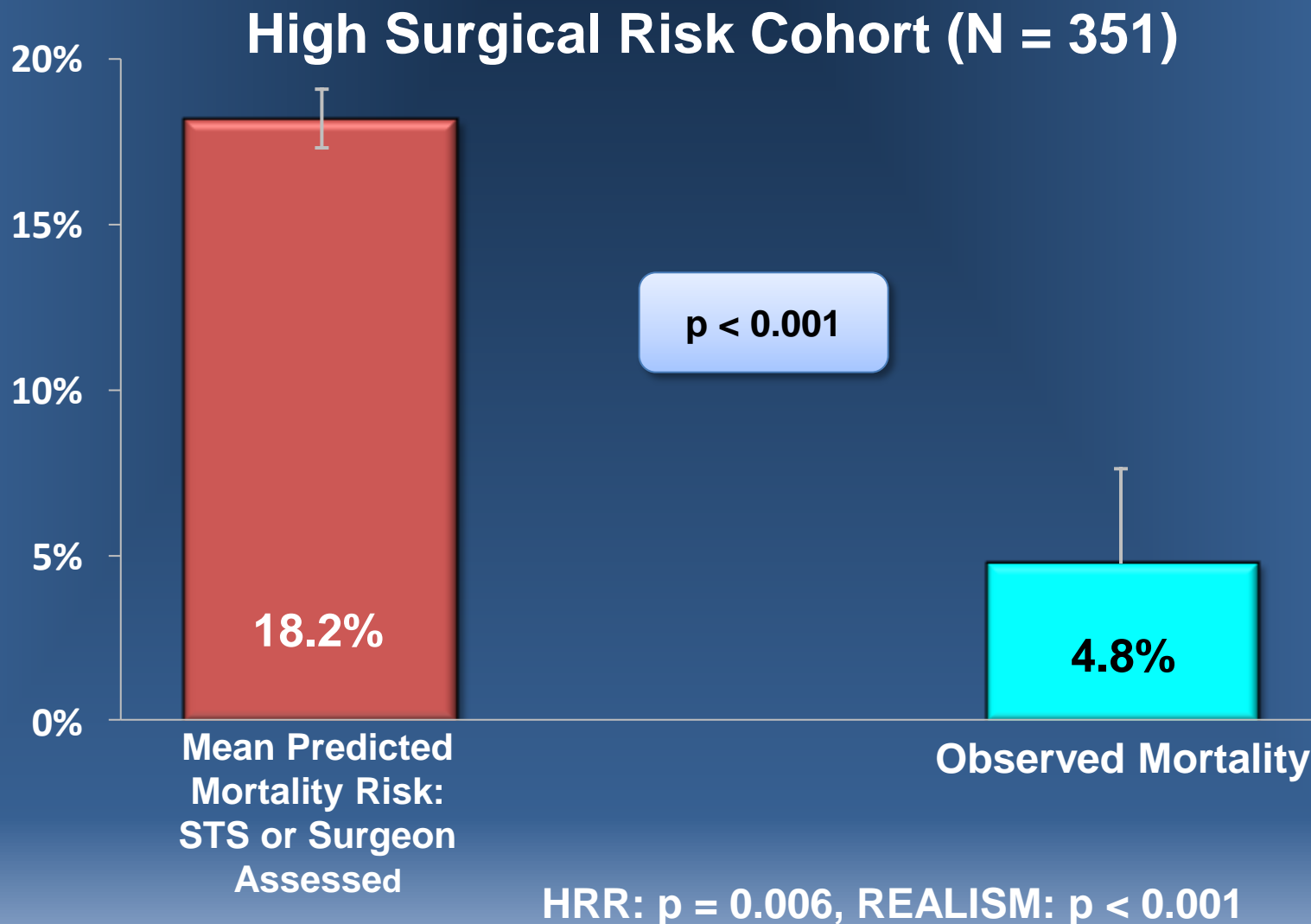
**30-day all-cause
mortality**

**Effectiveness
Endpoint**

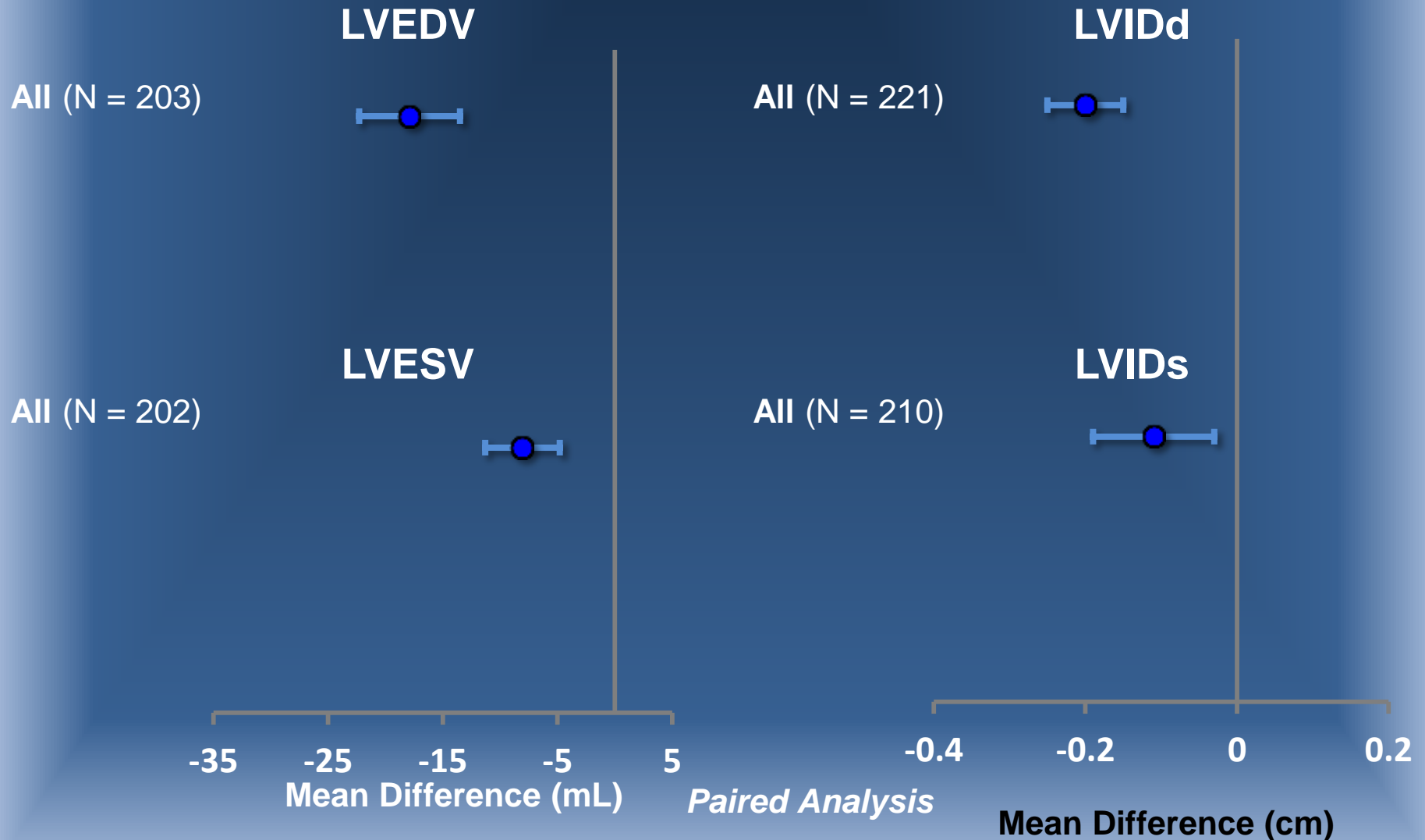
```
graph TD; C[Effectiveness Endpoint] --> D[Change in LV size from baseline to 1 year];
```

**Change in LV size
from baseline
to 1 year**

Primary Safety Endpoint: 30-Day Observed Mortality Lower than Predicted



MitraClip[®] Effectiveness: Reduction in LV Size at 1 Year



MR Severity at 1 Year by MR Severity at Discharge

Discharge		1 Year MR (%)			
MR	N=232	≤ 1+	2+	3+	4+
1+	115	54	48	13	0
2+	92	26	53	10	3
3+	23	6	7	5	5
4+	2	0	1	0	1

- 34% - MR increased from discharge
- 66% - MR improved or same as discharge

Paired Analysis

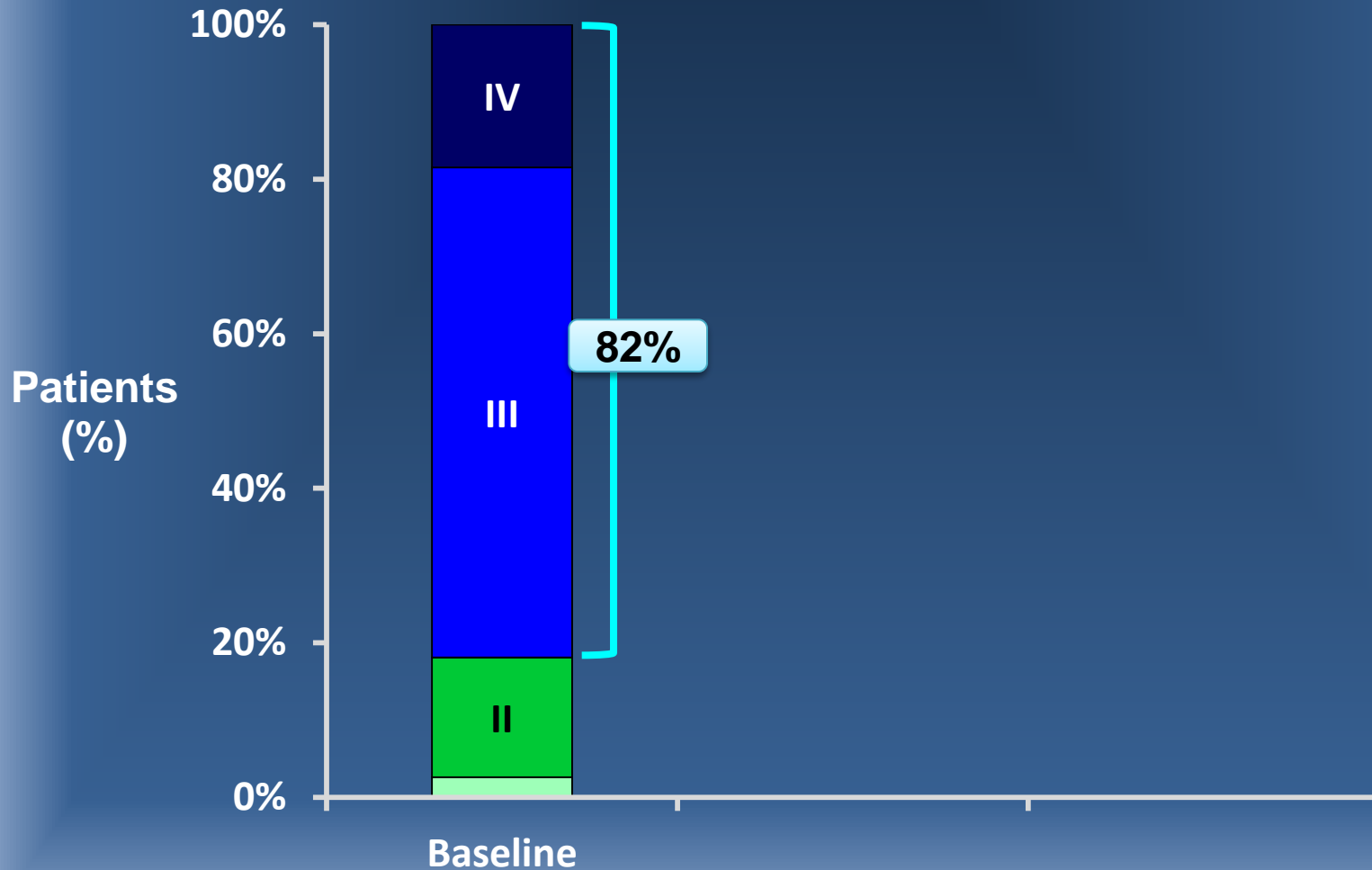
84% of Patients Treated With MitraClip Experienced Durable Results

Discharge		1 Year MR (%)			
MR	N=232	≤ 1+	2+	3+	4+
1+	115	54	48	13	0
2+	92	26	53	10	3
3+	23	6	7	5	5
4+	2	0	1	0	1

- 34% - MR increased from discharge
- 66% - MR improved or same as discharge
- **84% - 1+/2+ at 1 year**

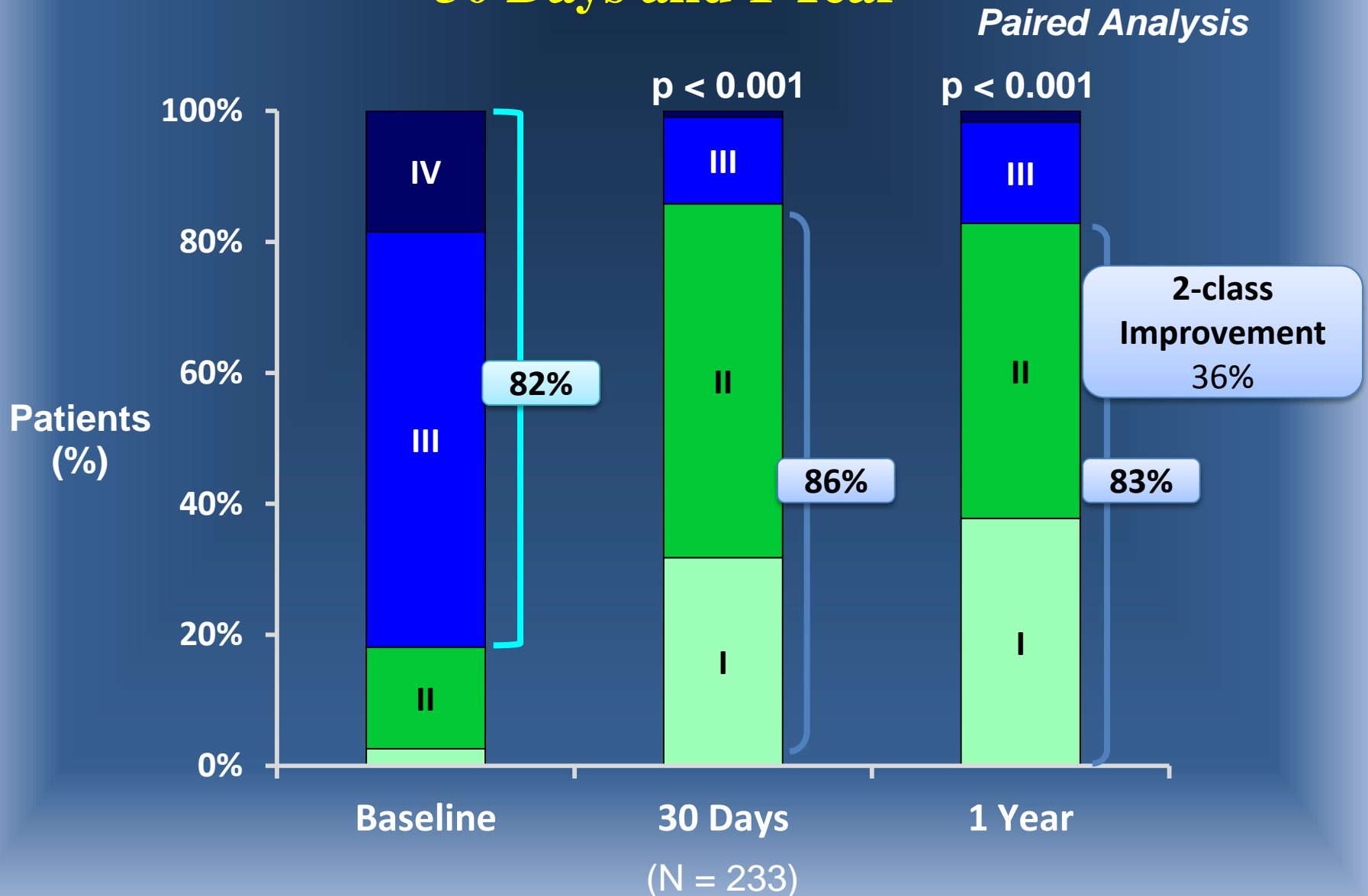
Paired Analysis

Improved NYHA Class Symptoms at 30 Days and 1 Year *Paired Analysis*



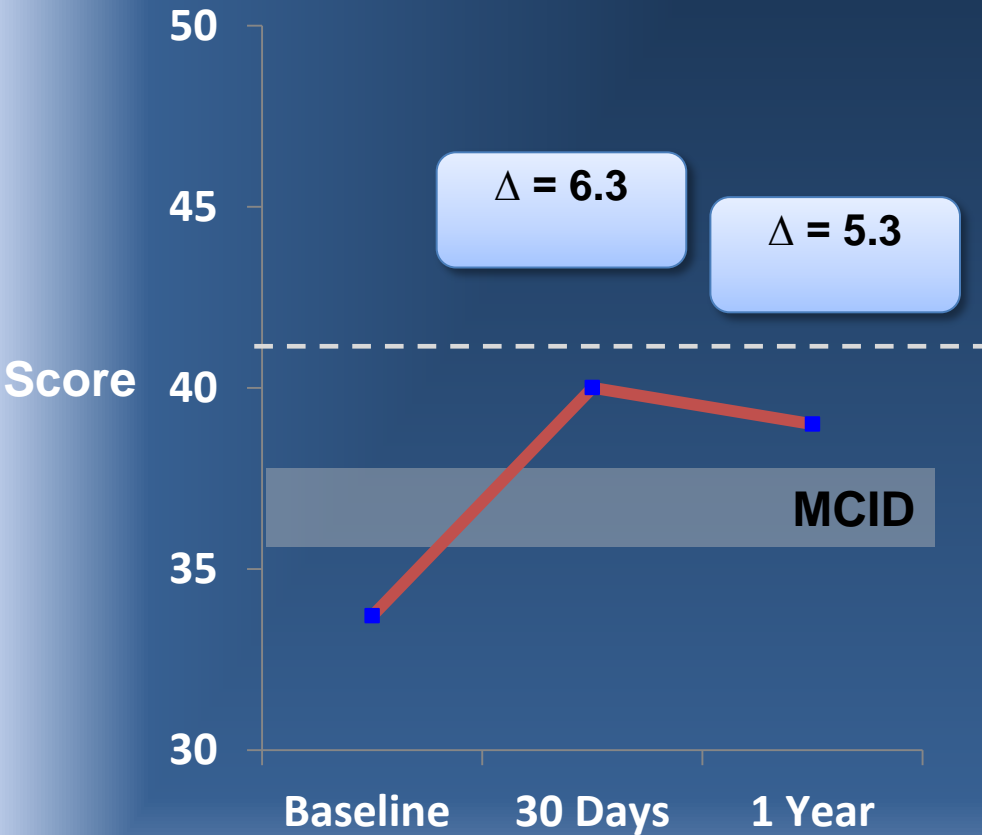
(N = 233)

Improved NYHA Class Symptoms at 30 Days and 1 Year

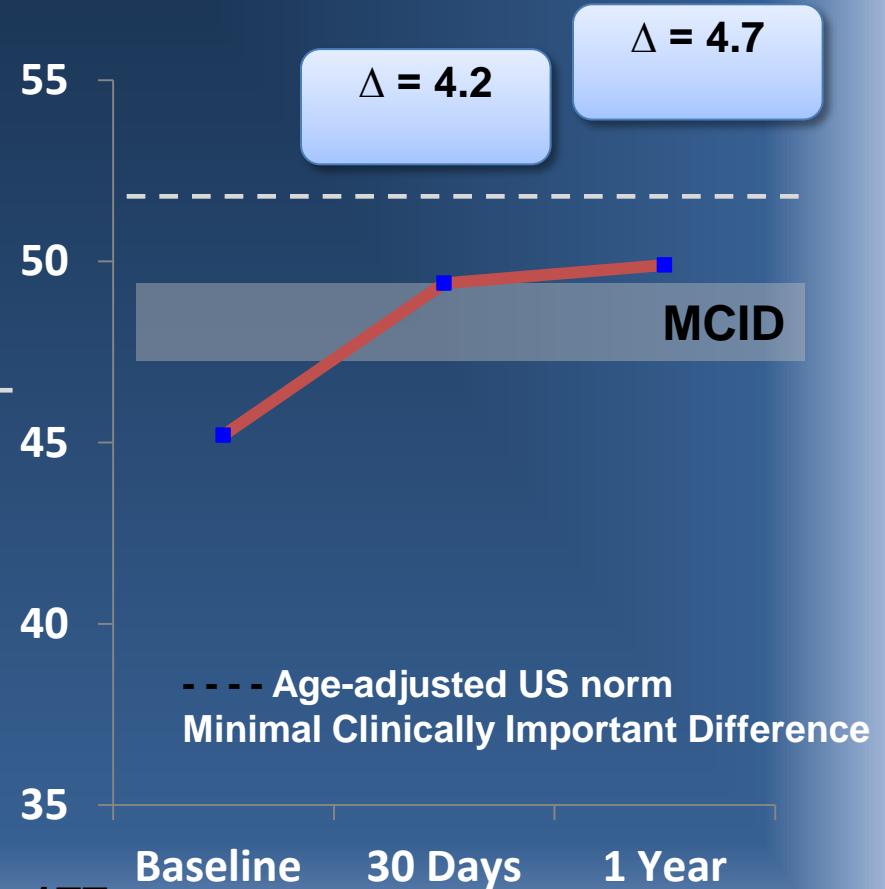


Improved Quality of Life (SF36) at 30 Days and 1 Year

Physical Component Score



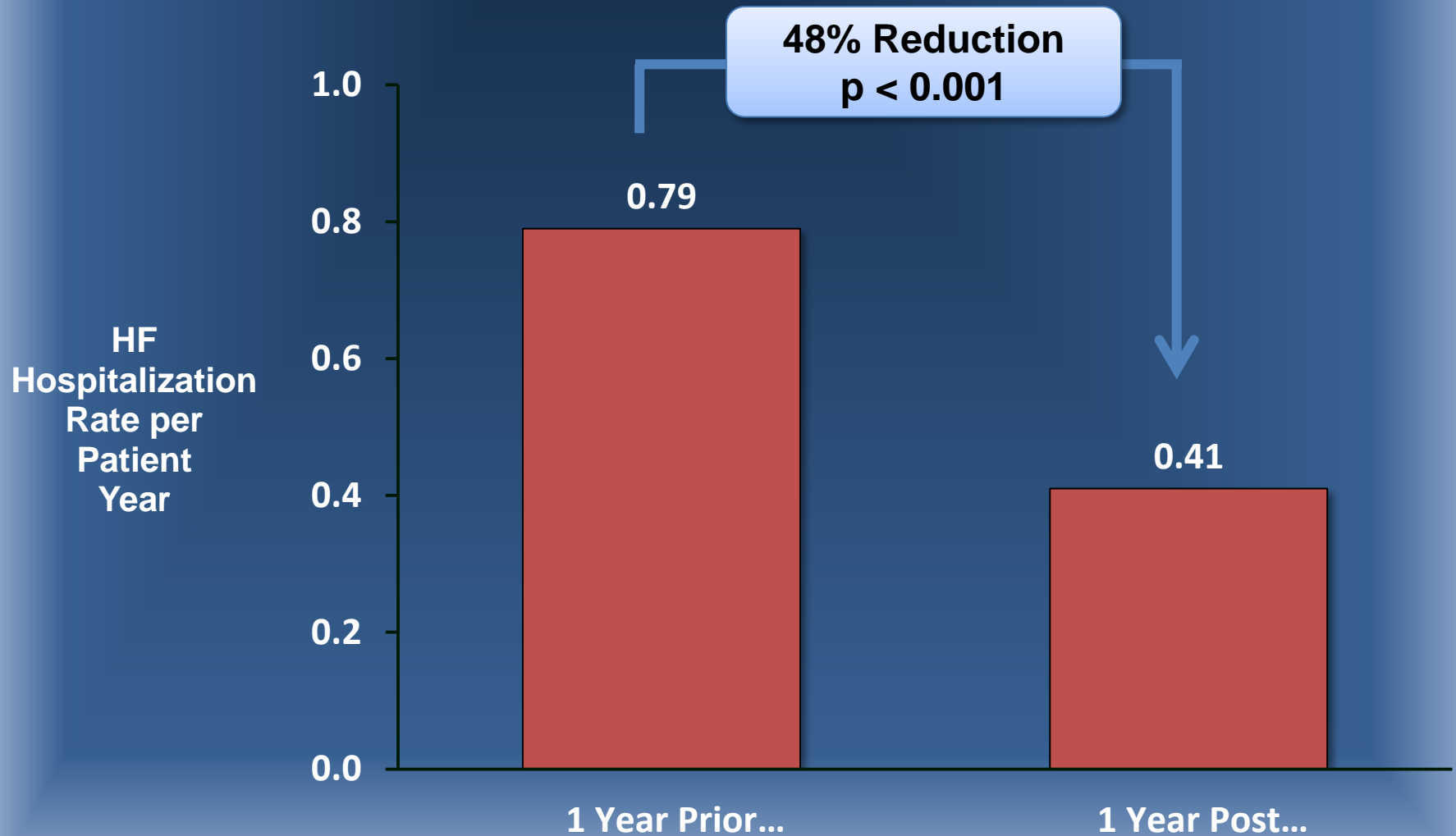
Mental Component Score



N = 177

Significant Reduction in HF Hospitalization Rate

All Treated

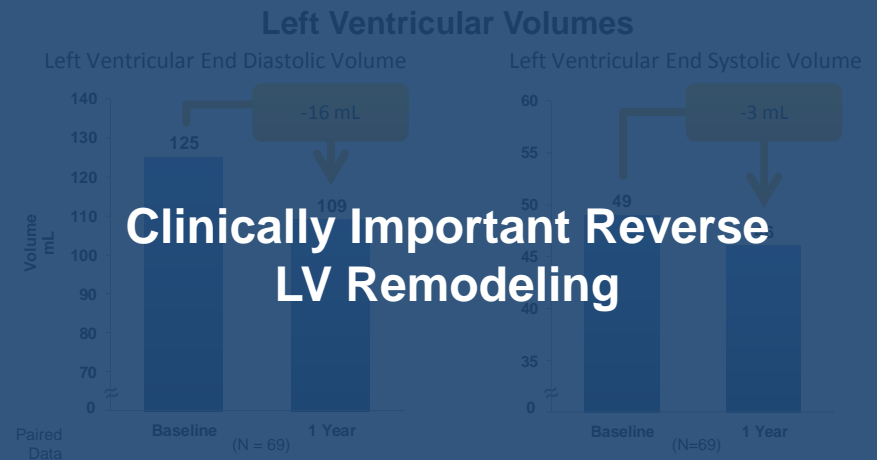
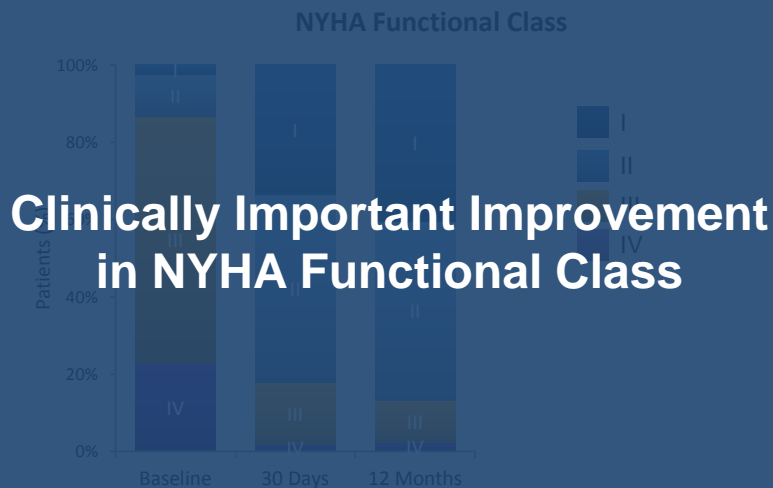
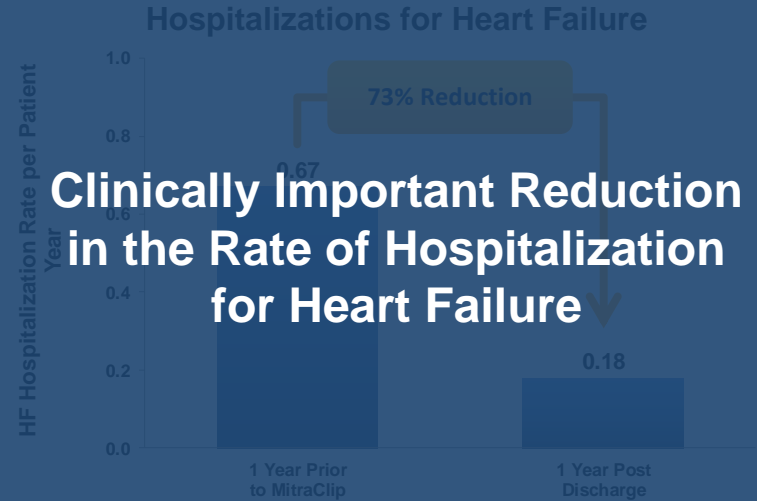
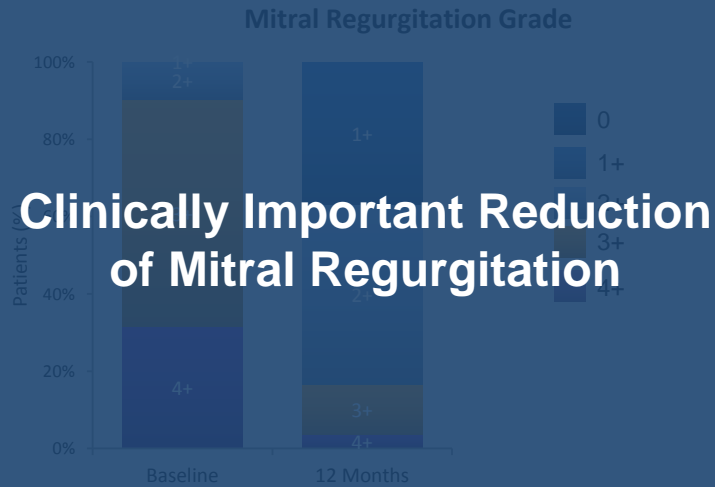


MitraClip[®] Outcomes in Prohibitive Risk DMR

Ted Feldman, MD
on behalf of the EVEREST II Investigators

TCT 2013
San Francisco, CA

Prohibitive Surgical Risk DMR Cohort (n=127)



Source: MitraClip® Clip Delivery System Instructions for Use.
See important safety information referenced within.

Worldwide Clinical Experience

Study	Population	n
EVEREST I (Feasibility)	Non-randomized	55
EVEREST II (Pivotal)	Pre-randomization	60
EVEREST II (Pivotal)	Non-randomized patients (High Risk Study)	78
EVEREST II (Pivotal)	Randomized patients	279 184 clip
REALISM (Continued Access)	Patients	965
US Commercial Patients	Patients	151
COAPT RCT	Randomized patients	46
COAPT RCT	Pre-Randomized patients	25
World Wide Commercial Use	Patients	11,456
Total		13,020 +95 surgery

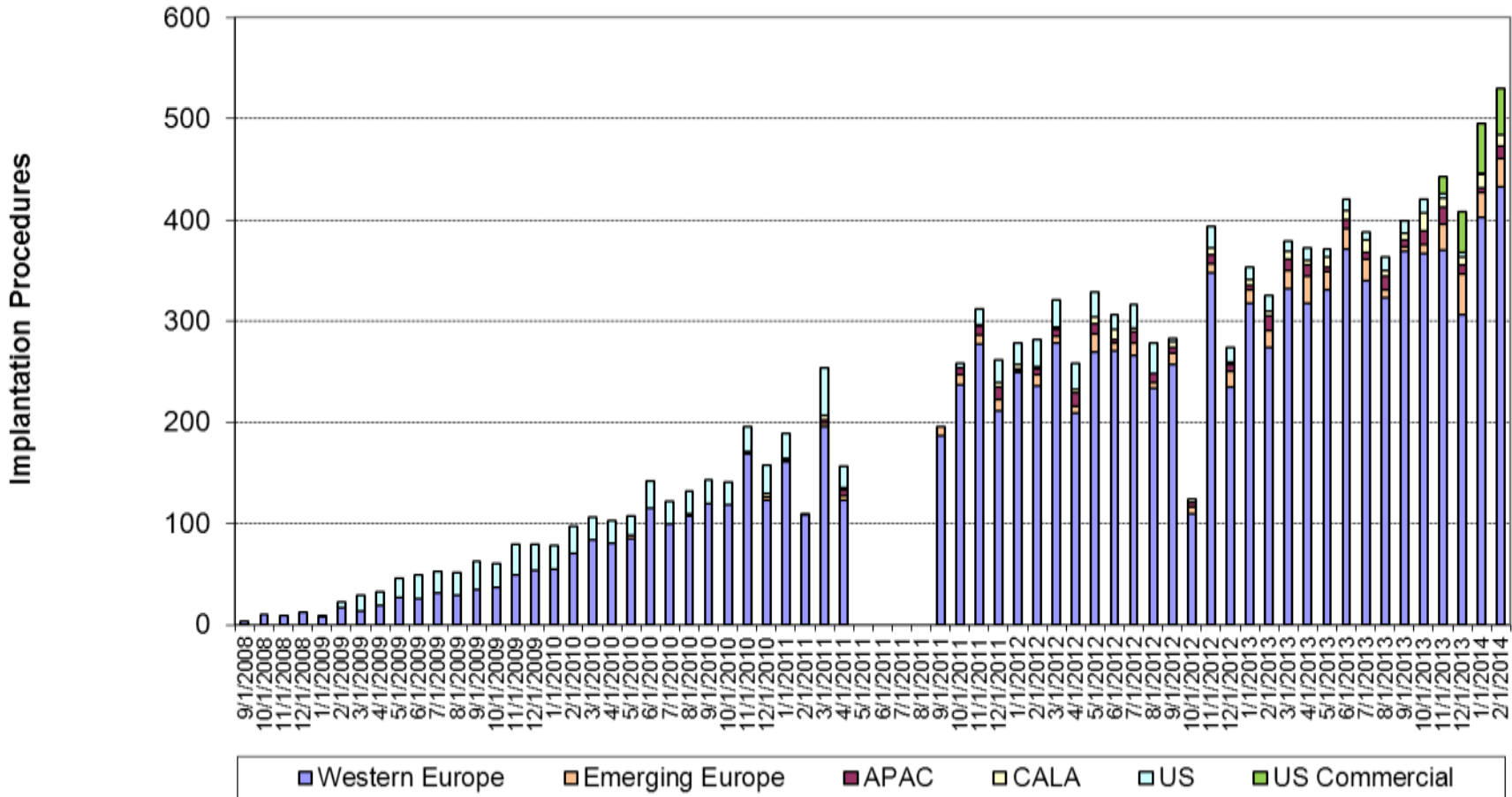
*Data as of 2/28/2014

Source: Abbott Vascular Data on File.

Information contained herein for presentation outside the US only and may not be reproduced, distributed, or excerpted. Images include artists' renditions – not representative of Abbott Product, on file at Abbott Vascular. ©2014 Abbott. All rights reserved. . AP2939647-OUS Rev A. 03/14

Global MitraClip Procedures

World Wide Experience MitraClip Procedures



*Data as of 2/28/2014. Sources: Apollo System; Case Observation Forms. This includes all submitted and reviewed procedures, including successful and unsuccessful procedures as reported in Apollo.

RESHAPE-HF European Trial

- 800 FMR patients with severe heart failure
- Commercial post market
- Randomized to medical management
- Primary endpoint - HF hospitalization and death composite
- Enrollment ongoing

Source: RESHAPE-HF Clinical Investigation Plan 12-513

COAPT North American Trial

- 430 heart failure patients with FMR deemed not appropriate for surgery
- Randomized to medical management
- Primary endpoint - HF hospitalization rates
- Primary Data Analysis – expected ~ 2017

Source: COAPT Clinical Investigation Plan 11-512

MitraClip[®] : Conclusions

1. Patients with severe MR (3+/4+) who are at prohibitive risk for surgery represent a significant unmet clinical need
2. MitraClip[®] clinical studies show that the procedure is safe and effective in these patients
3. The documented improvement in left ventricular dimensions, symptoms, QOL, and HF hospitalizations is consistent across DMR and FMR patients and durable in surviving patients
4. Worldwide MitraClip[®] procedural volume continues to grow, and is now included in both ESC and ACC/AHA Practice Guidelines