Abbott

YOU PLAY A VITAL ROLE IN YOUR HEART FAILURE PATIENTS' FUTURE

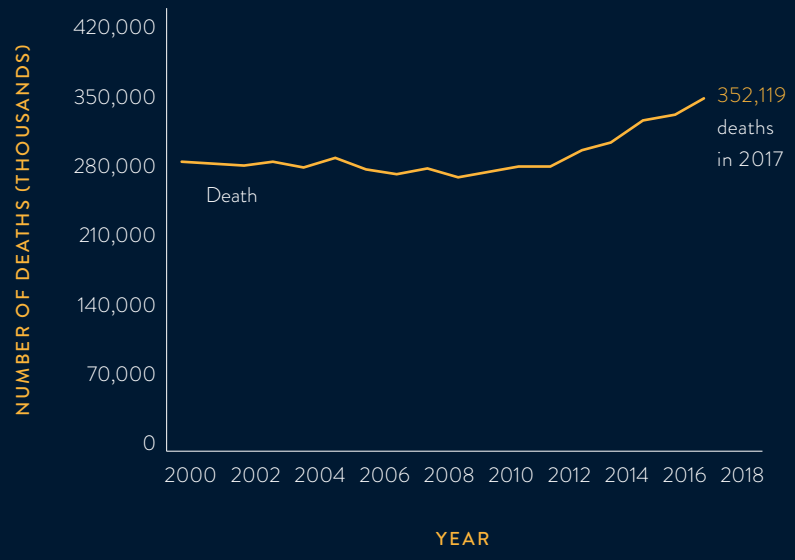
Identifying patients who may benefit from HeartMate 3™ LVAD Therapy

FEATURING
THE LATEST DATA FROM THE MOMENTUM 3 TRIAL

HEART FAILURE IS **A SERIOUS DISEASE**

- 6.5 million adults in the United States have heart failure[1]
- Approximately 600,000 have advanced heart failure (estimated 10%)[2]
- Patients hospitalized for heart failure die within 2.5 years[3]
- Heart failure contributes to over 350,000 deaths each year in the United States[4]

DEATHS FROM HEART FAILURE ARE ON THE RISE[4]



MYTH: DEATHS FROM HEART FAILURE HAVE BEEN DECLINING

FACT: NUMBER OF DEATHS CONTRIBUTED BY HEART FAILURE HAS **INCREASED 24%** IN RECENT YEARS (2011–2017)[4]

WHEN TO REFER FOR AN ADVANCED HEART FAILURE EVALUATION[5]

ANY of the following should trigger a referral to an advanced heart failure specialist:

I IV inotropes

N NYHA IIIB/IV or persistently elevated natriuretic peptides

E End-organ dysfunction (Cr > 1.8 mg/dL or BUN > 43 mg/dL)

E Ejection fraction ≤ 35%

D Defibrillator shocks

H Hospitalizations > 1

E Edema (or elevated PA pressure) despite escalating diuretics

L Low blood pressure, high heart rate

P Prognostic medication — progressive intolerance or down-titration GDMT

ADDITIONAL PATIENT CONSIDERATIONS

- Cardiac resynchronization therapy non-responder
- Limited physical activity or impaired quality of life

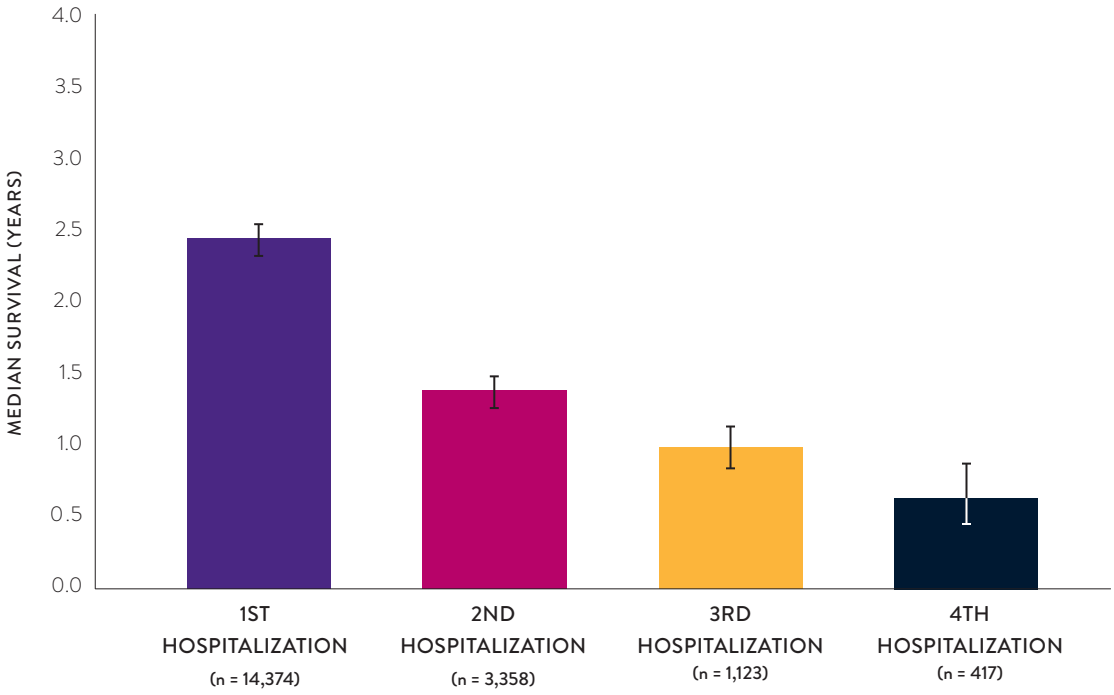
HEARTMATE 3™ LVAD PATIENT PROFILE:

- NYHA Class IIIB/IV
- Hospitalizations
- Escalating diuretics with persistent congestion
- Progressive intolerance to beta blockers, ACE and ARBs

ACE = angiotensin-converting enzyme, ARB = angiotensin receptor blocker, BUN = blood urea nitrogen, Cr = creatinine, GDMT = guideline-directed medical treatment, IV = intravenous, NYHA = New York Heart Association, PA = pulmonary artery.

EVERY HEART FAILURE HOSPITALIZATION INCREASES YOUR PATIENTS' RISK FOR DEATH[3]

Repeat hospitalizations are associated with decreased survival of less than 2 years[3]

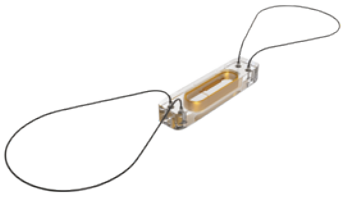


WHAT ARE THE PATIENT CONSEQUENCES OF LATE REFERRALS FOR ADVANCED THERAPIES?

- Patient decline
- Pain and suffering, family strain
- Cost to the system (readmissions)
- Poor outcomes
- Too late for therapy (death)

DID YOU KNOW?

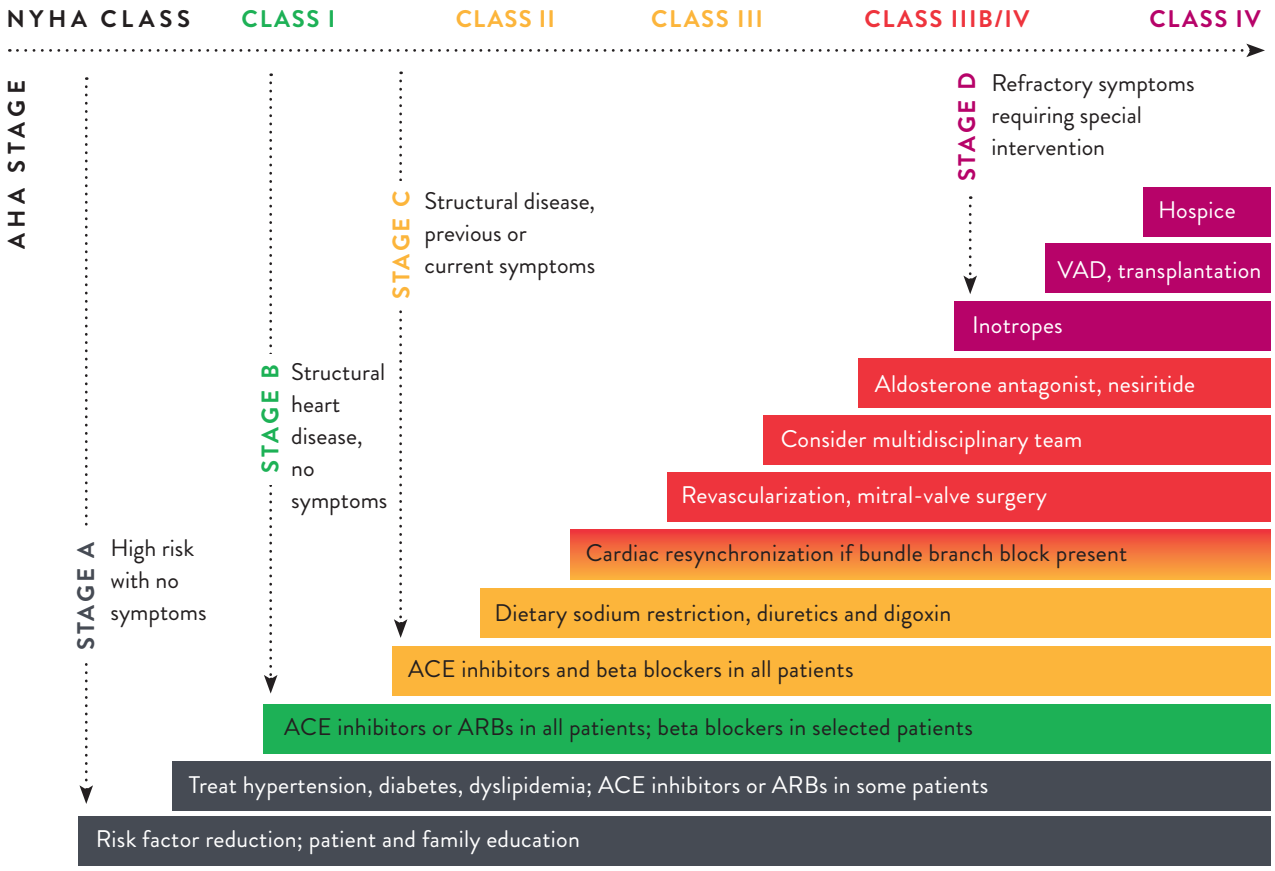
Heart failure hospitalizations can be decreased by 58% by monitoring PA pressures remotely with the CardioMEMS™ HF System[6]



HEART FAILURE IS A COMPLEX, PROGRESSIVE DISEASE THAT IS DIFFICULT TO MANAGE

Proactively identify your patient's heart failure progression and their available treatment options

STAGES OF HEART FAILURE AND TREATMENT OPTIONS[7]



MYTH: LEFT VENTRICULAR ASSIST DEVICES (LVADS) ARE A LAST RESORT OPTION

FACT: LVAD THERAPY CAN BE CONSIDERED BEFORE INOTROPES

AHA = American Heart Association, VAD = ventricular assist device.

HeartMate 3™ LVAD is indicated for NYHA Class IIIB/IV heart failure (INTERMACS‡ Registry 1–6).

HEARTMATE 3™ LVAD HAS SET THE STANDARD IN HEART FAILURE LVAD THERAPY

HeartMate 3™ LVAD
with Full MagLev™
Flow Technology

- **THE HIGHEST PUBLISHED SURVIVAL RATE** for any LVAD in a randomized controlled trial[8-10**]
- **IMMEDIATE, SIGNIFICANT AND SUSTAINED IMPROVEMENTS** in functional capacity and quality of life[8]
- **EXCELLENT SAFETY PROFILE** with the lowest published adverse events[8,9,11-13]

Based on published data from multicenter experience and separate studies, which may involve different patient populations and other variables.
Not a head-to-head comparison. Data presented for informational purposes only.

THE HEARTMATE 3™ LVAD SYSTEM

Patients are able to live full, active lives

HeartMate 3™ LVAD

Connected to the left side of the heart and moves oxygenated blood from the left ventricle to the rest of the body

Batteries

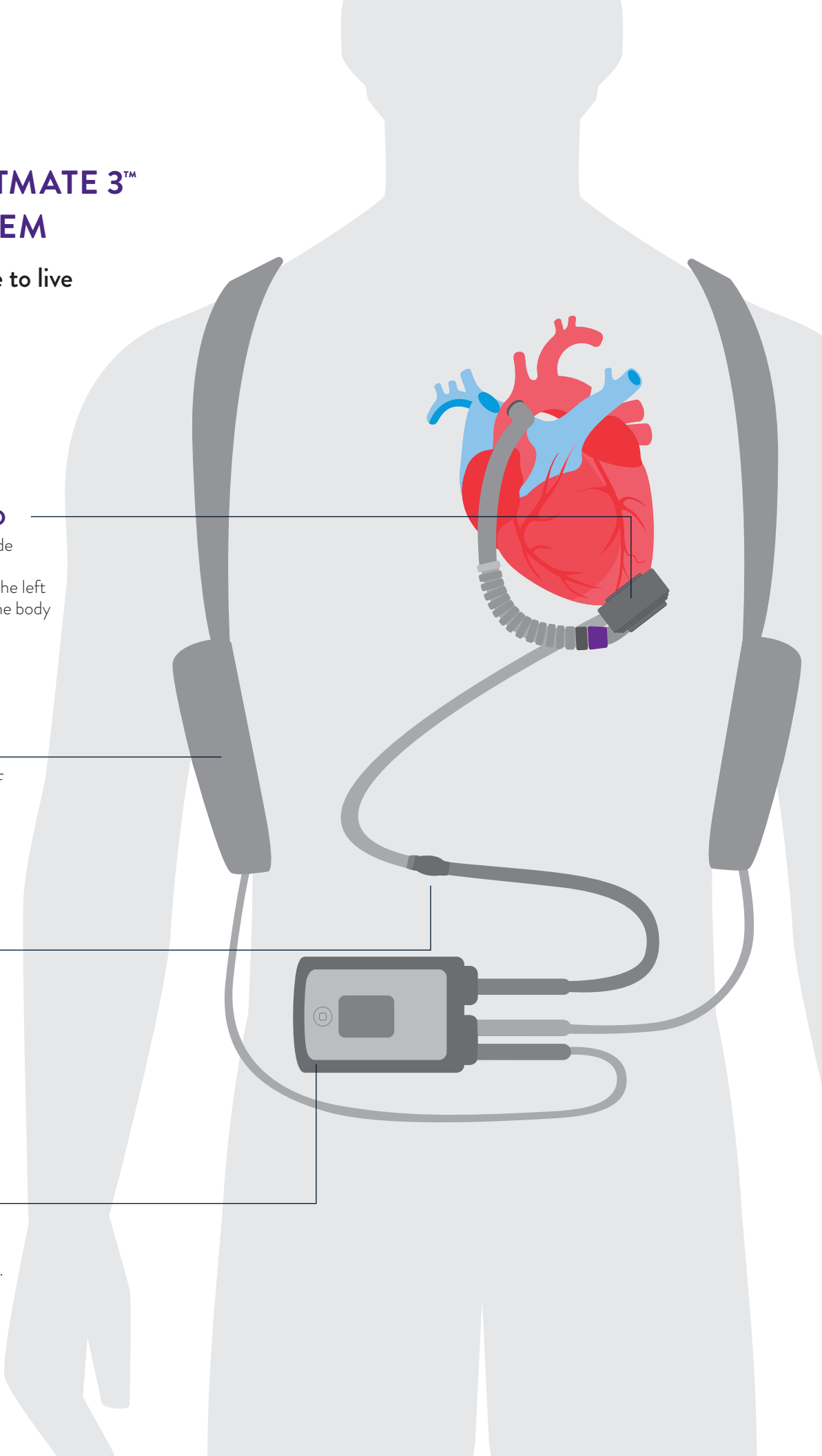
Provide up to 17 hours of uninterrupted power

Modular driveline

Facilitates simple replacement of externalized portion

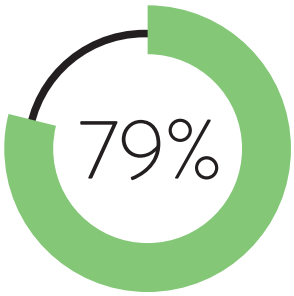
Pocket controller

Powers and controls the LVAD and is small enough to fit in a pocket. Includes emergency backup battery

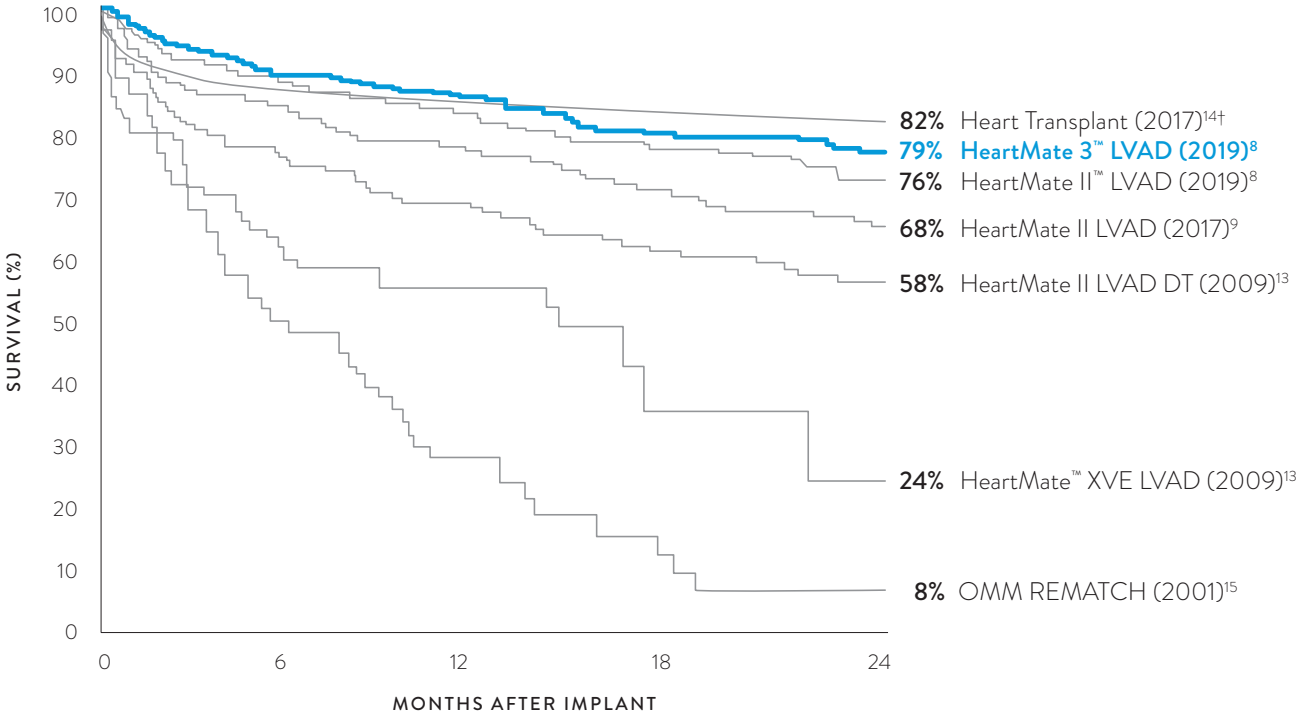


HEARTMATE 3™ LVAD HAS THE HIGHEST PUBLISHED SURVIVAL RATE AT 2 YEARS FOR LVAD THERAPY[8-10**]

In the MOMENTUM 3 trial, the largest LVAD randomized controlled trial ever conducted,*** the HeartMate 3™ LVAD demonstrated **79% survival at two years**



HEARTMATE 3 LVAD 2-YEAR SURVIVAL RIVALS THAT OF HEART TRANSPLANT[14†]



DT = Destination Therapy, OMM = Optimal Medical Management. Based on published data from multicenter experience and separate studies, which may involve different patient populations and other variables. Not a head-to-head comparison. Data presented for informational purposes only. Please refer to the HeartMate II and HeartMate 3 LVAD Instructions for Use about indications, contraindications, adverse events, warnings and precautions.

HEARTMATE 3™ LVAD PROVIDES IMMEDIATE, SIGNIFICANT AND SUSTAINED IMPROVEMENTS IN FUNCTIONAL CAPACITY AND QUALITY OF LIFE[8]

24 MONTHS
(n = 275)

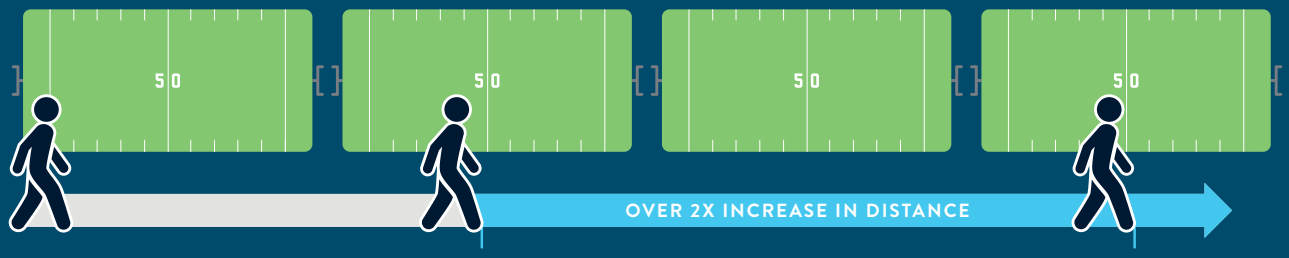
79% OF PATIENTS improved from NYHA Class IIIB/IV at baseline to NYHA Class I/II by 6 months, with sustained improvement in **80% OF PATIENTS** through 2 years (P < 0.0001)[8,16]

KCCQ SCORE
(+5 POINT IS MEANINGFUL)

QUALITY OF LIFE score improved significantly and was sustained at 2 years[8]

KCCQ = Kansas City Cardiomyopathy Questionnaire

SIGNIFICANT INCREASE IN 6-MINUTE WALK DISTANCE[8]



Note: One football field = 91 m (100 yards).

136 m
(approx. 149 yards)
at baseline (n = 471)

323 m
(approx. 353 yards)
at 24 months (n = 211)

MYTH: PATIENTS CAN'T LIVE AN ACTIVE LIFE WITH AN LVAD

FACT: LVAD STUDY SHOWS SIGNIFICANT IMPROVEMENT IN PATIENT QUALITY OF LIFE AND FUNCTIONAL STATUS WITH THE HEARTMATE 3™ LVAD[8]

HEARTMATE 3™ LVAD HAS THE LOWEST PUBLISHED HEMOCOMPATIBILITY-RELATED ADVERSE EVENT RATES OF ANY LVAD[8-10,17**††]

10%
STROKE[8]

1%
THROMBOSIS[8]

SIGNIFICANT REDUCTION IN HOSPITAL READMISSIONS,
with 48 fewer days (median) spent in the hospital over 2 years (compared to the HeartMate II™ LVAD)[8]

MYTH: LVAD ADVERSE EVENTS HAVE NOT IMPROVED

FACT: ADVERSE EVENTS FOR LVAD THERAPY HAVE BEEN SIGNIFICANTLY REDUCED WITH NEWER GENERATION TECHNOLOGIES, SUCH AS THE HEARTMATE 3™ LVAD[8-10,17**††]

Based on published data from multicenter experience and separate studies, which may involve different patient populations and other variables. Not a head-to-head comparison. Data presented for informational purposes only.

YOU PLAY A VITAL ROLE IN YOUR HEART FAILURE PATIENTS' FUTURE

TAKE THESE FOUR STEPS:

1. Recognize the symptoms of advanced heart failure
2. Help patients understand their symptoms and advanced treatment options earlier
3. Refer early enough to an advanced heart failure specialist for better outcomes
4. Co-manage patients (shared care) for improved patient care

THEIR FUTURE STARTS WITH YOU

By referring for the HeartMate 3™ LVAD,
you can go above and beyond to make a meaningful
difference in your patients' lives.

EMPOWERING THE TRANSFORMATION OF HEART FAILURE

From treatment to ongoing patient management, Abbott is committed to working with you to transform heart failure and improve more patient lives.

**For a continuous-flow LVAD in a randomized controlled trial.

***Ongoing evaluation of more than 2,000 patients on short- and long-term therapy of devices in the U.S.[8,11-14]

†82% 2-year survival for adult heart transplant patients between 2009 and 2015.[9]

††Key adverse events include pump thrombosis, stroke and gastrointestinal bleeding.

1. Benjamin EJ, et al. American Heart Association Statistics Committee and Stroke Statistics Subcommittee. Heart Disease and Stroke Statistics-2017 Update: A Report From the American Heart Association. *Circulation*. 2017;135(10):e146-e603.
2. American Heart Association. Advanced Heart Failure Web site. https://www.heart.org/en/health-topics/heart-failure/living-with-heart-failure-and-managing-advanced-hf/advanced-heart-failure. Accessed June 12, 2019.
3. Setoguchi S, et al. Repeated hospitalizations predict mortality in the community population with heart failure. *Am Heart J*. 2007;154(2):260-266.
4. Sidney S, Go A, Jaffe M. Association between aging of the US population and heart disease mortality from 2011 to 2017. *JAMA Card*. 2019;E1-E7.
5. Yancy CW, Januzzi JL Jr, Allen LA, Butler J, Davis LL, Fonarow GC, et al. 2017 ACC Expert Consensus Decision Pathway for Optimization of Heart Failure Treatment: Answers to 10 Pivotal Issues About Heart Failure With Reduced Ejection Fraction: A Report of the American College of Cardiology Task Force on Expert Consensus Decision Pathways. *J Am Coll Cardiol*. 2018;71(2):201-230.
6. Shavelle DM, Desai AS, Abraham WT, et al. Pulmonary Artery Pressure-Guided Therapy for Ambulatory Heart Failure Patients in Clinical Practice: 1-Year Outcomes from the CardioMEMS Post Approval Study. Presented at: ACC; March 17, 2019.
7. Jessup M, Brozena S. Heart Failure. *N Engl J Med*. 2003; 348:2007-2018.
8. Mehra MR, Uriel N, Naka Y, et al. A Fully Magnetically Levitated Ventricular Assist Device-Final Report. *N Engl J Med*. 2019;380:1618-1627.
9. Rogers JG, Pagani FD, Tatooles AJ, et al. Intrapericardial Left Ventricular Assist Device for Advanced Heart Failure. *N Engl J Med*. 2017;376:451-460.
10. Markham DW. Two-year Outcomes in the ENDURANCE Supplemental Trial. Presented at: American Heart Association (AHA) Annual Meeting; November 10, 2018; Chicago, IL.
11. Starling RC, Estep JD, Horstmanshof DA, et al. Risk Assessment and Comparative Effectiveness of Left Ventricular Assist Device and Medical Management in Ambulatory Heart Failure Patients: The ROADMAP Study 2-Year Results. *J Am Coll Cardiol HF*. 2017;5:518-527.
12. Jorde UP, Kushwaha SS, Tatooles A J, et al. Results of the destination therapy post-food and drug administration approval study with a continuous flow left ventricular assist device: a prospective study using the INTERMACS registry (Interagency Registry for Mechanically Assisted Circulatory Support). *J Am Coll Cardiol*. 2014;63:1751-1757.
13. Slaughter MS, Rogers JG, Milano CA, et al. Advanced heart failure treated with continuous-flow left ventricular assist device. *N Engl J Med*. 2009;361:2241-2251.
14. Khush KK, Cherikh WS, Chambers DC, et al. The International Thoracic Organ Transplant Registry of the International Society for Heart and Lung Transplantation: Thirty-fifth Adult Heart Transplant Report-2018; Focus Theme: Multiorgan Transplantation. *J Heart Lung Transplant*. 2018;37:1155-1168.
15. Rose EA, Gelijns AC, Moskowitz AJ, et al. Long-term use of a left ventricular assist device for end-stage heart failure. *N Engl J Med*. 2001;345(20):1435-1443.
16. Mehra MR. A Fully Magnetically Levitated Left Ventricular Assist Device-Final Report for the MOMENTUM 3 Trial. American College of Cardiology (ACC) Annual Meeting; March 17, 2019; New Orleans, LA.
17. Uriel N. Long-Term Burden of Hemocompatibility Related Adverse Events in the MOMENTUM 3 Trial: Final Analysis of the 1028 Patient Cohort. The International Society for Heart & Lung Transplantation (ISHLT) Annual Meeting; April 4, 2019; Orlando, FL.

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Rx Only

Important Safety Information

Brief Summary: Prior to using these devices, please review the Instructions for Use for a complete listing of indications, contraindications, warnings, precautions, potential adverse events and directions for use.

CardioMEMS™ HF System Indications and Usage: The CardioMEMS HF System is indicated for wirelessly measuring and monitoring pulmonary artery (PA) pressure and heart rate in New York Heart Association (NYHA) Class III heart failure (HF) patients who have been hospitalized for heart failure in the previous year. The hemodynamic data are used by physicians for heart failure management and with the goal of reducing heart failure hospitalizations.

CardioMEMS HF System Contraindications: The CardioMEMS HF System is contraindicated for patients with an inability to take dual antiplatelet or anticoagulants for one-month post implant.

CardioMEMS HF System Potential Adverse Events: Potential adverse events associated with the implantation procedure include, but are not limited to, the following: Infection, Arrhythmias, Bleeding, Hematoma, Thrombus, Myocardial infarction, Transient ischemic attack, Stroke, Death, and Device embolization.

HeartMate 3™ LVAS Indications: The HeartMate 3™ Left Ventricular Assist System is indicated for providing short- and long-term mechanical circulatory support (e.g., as bridge to transplant or myocardial recovery, or destination therapy) in patients with advanced refractory left ventricular heart failure.

HeartMate 3 LVAS Contraindications: The HeartMate 3 Left Ventricular Assist System is contraindicated for patients who cannot tolerate, or who are allergic to, anticoagulation therapy.

HeartMate 3 LVAS Adverse Events: Adverse events that may be associated with the use of the HeartMate 3 Left Ventricular Assist System are: death, bleeding, cardiac arrhythmia, localized infection, right heart failure, respiratory failure, device malfunctions, driveline infection, renal dysfunction, sepsis, stroke, other neurological event (not stroke-related), hepatic dysfunction, psychiatric episode, venous thromboembolism, hypertension, arterial non-central nervous system (CNS) thromboembolism, pericardial fluid collection, pump pocket or pseudo pocket infection, myocardial infarction, wound dehiscence, hemolysis (not associated with suspected device thrombosis) or device thrombosis.

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Item approved for U.S. use only.

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