

REDUCED HEART FAILURE HOSPITALIZATION. IMPROVED QUALITY OF LIFE.



MitraClip™ TEER, used alongside guideline-directed medical therapy, has shown to reduce heart failure hospitalizations, improve survival, and lower overall disease burden. Benefits are seen early and sustained over time, with patients experiencing durable symptom relief and meaningful improvements in functional status and quality of life that align with long-term reductions in heart failure events.

HEART FAILURE HOSPITALIZATIONS REDUCTION ACROSS MULTIPLE STUDIES AND IN REAL-WORLD SETTING

COAPT™ TRIAL¹

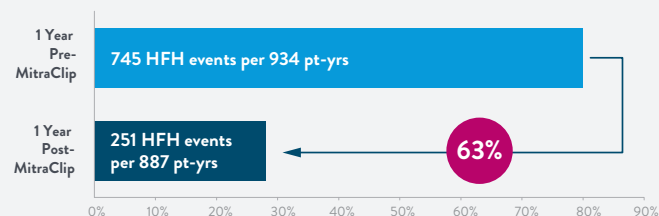


47%

RELATIVE RISK REDUCTION IN
HEART FAILURE HOSPITALIZATION
AT 5 YEARS VERSUS GDMT-ALONE¹

EXPAND STUDY²

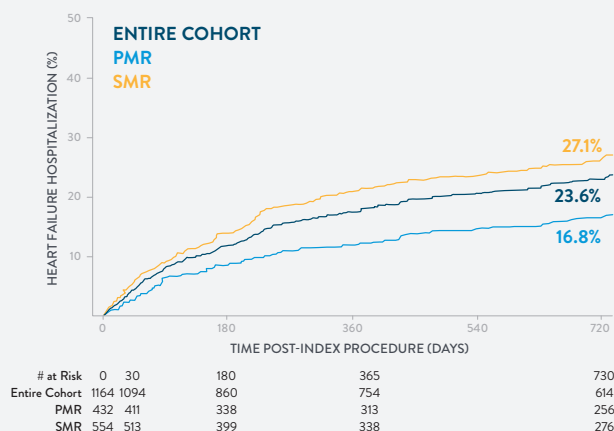
63% REDUCTION IN HF HOSPITALIZATION
RATE 1 YEAR PRE-POST MITRACLIP*



* Paired analysis of relative risk (RR) on annualized rate of events per patient year (p<0.001)

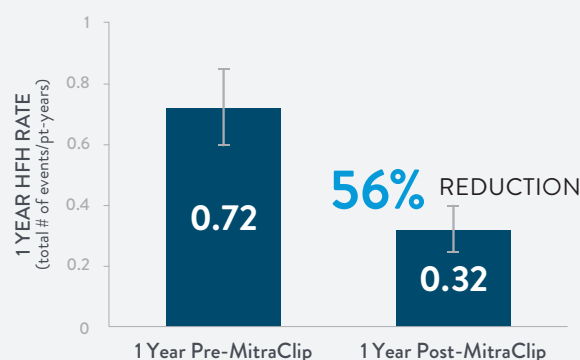
EXPAND G4 STUDY³

Consistent heart failure hospitalizations at 2 years in the real-world compared to controlled clinical trials



EXPANdEd STUDIES⁴

Atrial SMR patients can also benefit from a significant reduction in heart failure hospitalization⁴



NOTE: Data not from head-to-head studies. Data differences depicted between these trials may not be directly comparable, statistically significant, or clinically meaningful due to differences in trial protocols, endpoints, and/or patient populations. Data provided for informational purposes only.

For U.S. audience, see Important Safety Information referenced within. For audiences outside of the U.S., always check the regulatory status of the device in your region.

ENGINEERED FOR LIFE

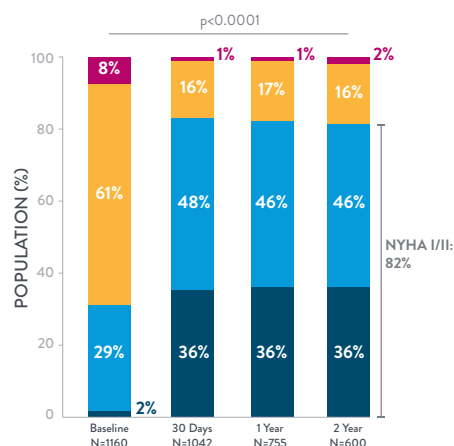
LARGE AND SUSTAINED IMPROVEMENT IN FUNCTIONAL STATUS AND QUALITY OF LIFE FOLLOWING MITRACLIP TEER PROCEDURE



POINT IMPROVEMENT IN KCCQ-OS SCORE AT 2-YEARS, MAINTAINED FROM +18 POINT IMPROVEMENT AT 30 DAYS³

NYHA FUNCTIONAL STATUS

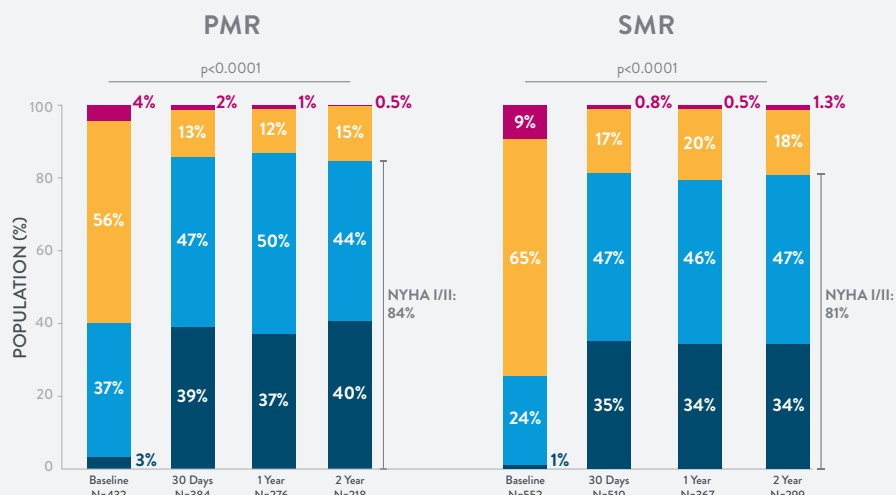
82% in NYHA Class I/II at 2 years, maintained from 84% at 30 days³



Functional Class:



NYHA FUNCTIONAL STATUS BY MR ETIOLOGY³



REFERENCES:

1. Stone GW, et al. Five-Year Follow-up after Transcatheter Repair of Secondary Mitral Regurgitation. N Engl J Med. March 5, 2023. DOI: 10.1056/NEJM0A2300213.
2. Kar S. Core-Lab Adjudicated Contemporary Clinical Outcomes at 1 Year with MitraClip™ (NTR/XTR) System from Global EXPAND Study. Data presented at TCT 2020.
3. DeMarco F, et al. Two-Year Outcomes with the MitraClip G4 System: Results from the EXPAND G4 Study. Data presented at PCR London Valves 2025
4. Ricciardi M. Clipping Strategies and Outcomes in Atrial SMR Patients treated with the MitraClip System – The EXPANDED Studies. Data presented at NewYork Valves 2025.

For U.S. audiences only,

Rx Only. Important Safety Information

MITRACLIP™ CLIP DELIVERY SYSTEM

Indications for Use

The MitraClip™ G5 System is indicated for the percutaneous reduction of significant symptomatic mitral regurgitation (MR ≥ 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.

The MitraClip™ G5 System, when used with maximally tolerated guideline-directed medical therapy (GDMT), is indicated for the treatment of symptomatic, moderate-to-severe or severe secondary (or functional) mitral regurgitation (MR; MR ≥ Grade III per American Society of Echocardiography criteria) in patients with a left ventricular ejection fraction (LVEF) ≥ 20% and ≤ 50%, and a left ventricular end systolic dimension (LVESD) ≤ 70 mm whose symptoms and MR severity persist despite maximally tolerated GDMT as determined by a multidisciplinary heart team experienced in the evaluation and treatment of heart failure and mitral valve disease.

Contraindications

The MitraClip™ G5 System is contraindicated for use in patients with the following conditions:

- Intolerance, including allergy or untreatable hypersensitivity, to procedural anticoagulation
- Untreatable hypersensitivity to Implant components (nickel-titanium alloy, cobalt-chromium alloy)
- Active endocarditis or other active infection of the mitral valve

Potential Complications and Adverse Events

The following events have been identified as possible complications of the MitraClip™ G5 procedure: Allergic reactions or hypersensitivity to latex, contrast agent, anaesthesia, device materials, and drug reactions to anticoagulation, or antiplatelet drugs, additional treatment/surgery from device-related complications, atrial septal defect, bleeding, blood disorders (including coagulopathy, hemolysis, and Heparin Induced Thrombocytopenia (HIT)), Cardiac arrhythmias (including conduction disorders, atrial arrhythmias, ventricular arrhythmias), Cardiac ischemic conditions (including myocardial infarction, myocardial ischemia, unstable angina, and stable angina), Cardiac perforation, Cardiac tamponade, chest pain, death, Dyspnea, Edema, Embolization (device or components of the device), Endocarditis, fever or hyperthermia, Fluoroscopy and Transesophageal echocardiogram (TEE) -related complications: Skin injury or tissue changes due to exposure to ionizing radiation, Esophageal irritation, Esophageal perforation, Gastrointestinal bleeding, Hypotension / hypertension; Infection including: Septicemia; Mitral valve complications, which may complicate or prevent later surgical repair, including: Chordal entanglement / rupture, Single leaflet device attachment (SLDA), dislodgement of previously implanted devices, tissue damage, mitral valve stenosis, worsening, persistent or residual regurgitation, nausea or vomiting, pain, Pericardial effusion, stroke / cerebrovascular accident (CVA) and transient ischemic attack (TIA), system organ failure: cardio-respiratory arrest, worsening heart failure, Pulmonary congestion, Respiratory dysfunction or failure or atelectasis, Renal insufficiency or failure, Shock (including cardiogenic and anaphylactic), Thrombosis, Vascular access complications which may require additional intervention, including: wound dehiscence, bleeding of the access site, Arteriovenous fistula, pseudoaneurysm, aneurysm, dissection, perforation (rupture), vascular occlusion, Embolism (air, thrombus), Peripheral nerve injury, Venous thrombosis (including deep vein thrombosis) and thromboembolism (including pulmonary embolism)

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CAUTION: Product(s) intended for use by or under the direction of a physician. Prior to use, reference to the Instructions for Use inside the product carton (when available), or at www.eifu.abbott for more detailed information on Indications, Contraindications, Warnings, Precautions, and Adverse Events. Illustrations are artist's representations only and should not be considered as engineering drawings or photographs. Photo(s) on file at Abbott.

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