

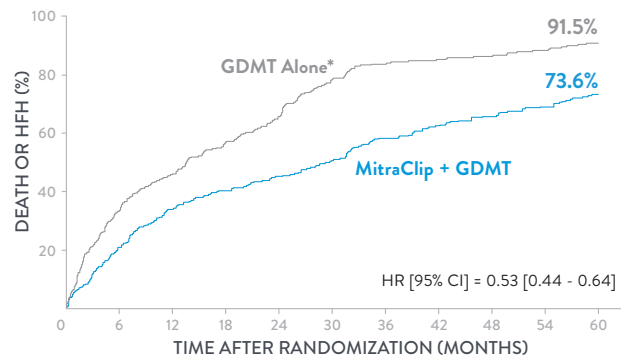
DEMONSTRATED OUTCOMES. LIFE CHANGING INTERVENTION.



MitraClip™ TEER is proven to be an intervention that delivers improvements and clinically relevant outcomes in appropriately selected MR patients. Treating MR can change the clinical trajectory for patients, moving beyond symptom control to outcome improvement. More than 300,000 patients¹ have been treated with MitraClip TEER worldwide, with benefits observed in randomized trials now replicated in contemporary real-world practice.

PATIENTS LIVE LONGER, LESS BURDENED²

MitraClip™ + GDMT patients benefited from a **47% RELATIVE RISK REDUCTION** in HFH/ Death versus GDMT-alone.²

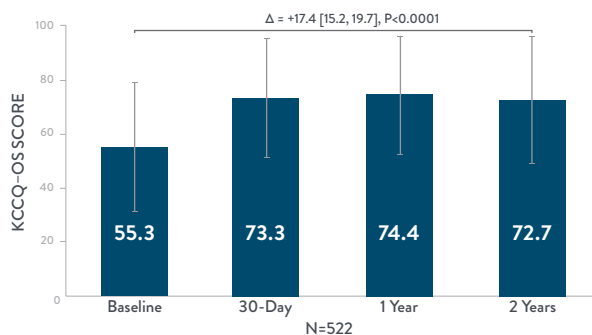


*Includes crossover patients (GDMT only patients that were allowed to crossover to MitraClip after 24 months)

SUSTAINED IMPROVEMENT IN QUALITY OF LIFE

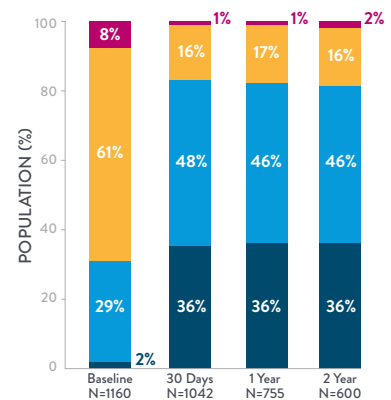
Real-world experience from EXPAND G4 Study shows that treating appropriately selected patients with MitraClip TEER translates into sustained functional and clinical benefit.

17 POINT IMPROVEMENT IN KCCQ-OS SCORE FROM BASELINE TO 2 YEARS WITH MITRACLIP TEER³



82%
OF PATIENTS
ACHIEVED NYHA
CLASS I/II AT
2 YEARS WITH
MITRACLIP TEER³

Functional Class:
■ NYHA I ■ NYHA III
■ NYHA II ■ NYHA IV



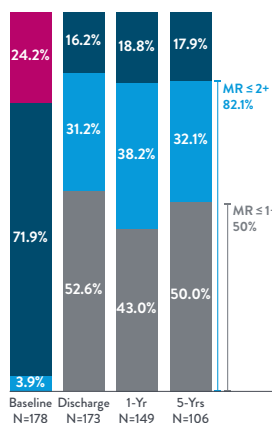
NOTE: Data not from head-to-head studies. Data differences depicted between these trials may not be directly comparable, statistically significant, or clinically meaningful due to differences in trial protocols, endpoints, and/or patient populations. Data provided for informational purposes only.

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.

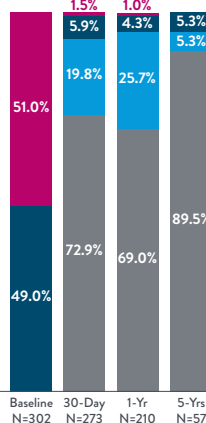
ENGINEERED FOR LIFE

DURABLE AND SUSTAINED MR REDUCTION UP TO FIVE YEARS

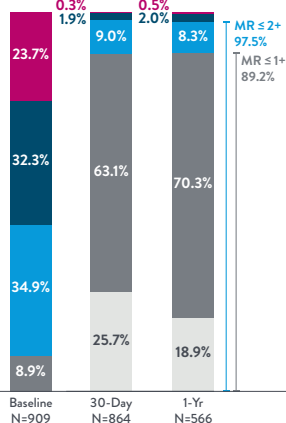
EVEREST II^{4,7}



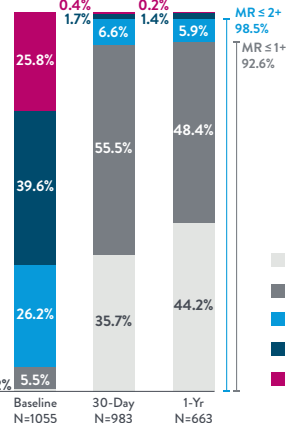
COAPT TRIAL²



EXPAND STUDY⁵



EXPAND G4 STUDY⁶



93%
MR ≤ 1

AT ONE YEAR⁶

None/Trace
Mild (MR 1+)
Moderate (MR 2+)
Moderate to Severe (MR 3+)
Severe (MR 4+)

EVEREST II: MR data categorized as Mild (including none/trace), Moderate, and Moderate to Severe (including severe)

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.

REFERENCES:

1. Data on file at Abbott
2. 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/NEJMOA2300213.
3. De Marco 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. EVEREST II Randomized Controlled Trial (RCT). Five Year Final Report Nov 2014. Data on File at Abbott.
5. Kar S, von Bardeleben RS, Rottbauer W, et al. Contemporary outcomes following transcatheter edge-to-edge repair: 1-year results from the EXPAND study. J Am Coll Cardiol Interv. 2023;16(5):589-602. doi:10.1016/j.jcin.2023.01.0101.
6. von Bardeleben RS, Mahoney P, Morse MA, et al. 1-year outcomes with fourth-generation mitral valve transcatheter edge-to-edge repair from the EXPAND G4 study. J Am Coll Cardiol Interv. 2023;16(21):2600-2610. doi:10.1016/j.jcin.2023.09.029.
7. Feldman T, et al. Randomized Comparison of Percutaneous Repair and Surgery for Mitral Regurgitation: 5-Year Results of EVEREST II. JACC. 2015;66(25):2844-54.

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)

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.

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.

Abbott

3200 Lakeside Dr., Santa Clara, CA 95054 USA
™ Indicates a trademark of the Abbott group of companies

www.structuralheart.abbott

©2026 Abbott. All rights reserved. MAT-2676636 v1.0 | Item approved for Global use.

