

TAKE THE GUESSWORK OUT OF HEART FAILURE MANAGEMENT

The CardioMEMS™ HF System provides the actionable data you need to empower intelligent remote monitoring.





THE GROWING PROBLEM OF HEART FAILURE

Heart failure is a serious disease with major implications in the U.S.

EVERY HEART FAILURE HOSPITALIZATION INCREASES YOUR PATIENT'S RISK FOR DEATH'



6.2 MILLION

people have heart failure²



1 IN 9 DEATHS

each year from heart failure³



\$30.7 BILLION

annual cost of heart failure4

EARLY INSIGHT WITH

THE CARDIOMEMS™ HF SYSTEM

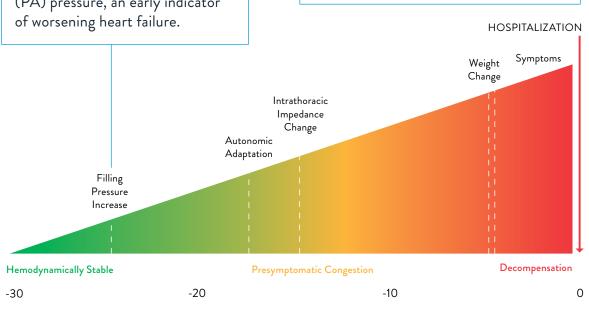
Take action as filling pressures rise—weeks before decompensation.

Proactive and Actionable

Real-time remote monitoring shows changes in pulmonary artery (PA) pressure, an early indicator of worsening heart failure.

Reactive and Inexact

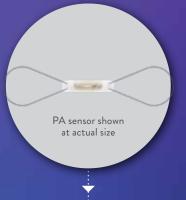
Care teams have traditionally had to rely on physical markers, such as weight, blood pressure and symptoms.



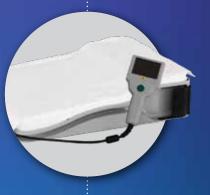
Time Preceding Hospitalization (Days)

HOW THE CARDIOMEMS™ HF SYSTEM WORKS

Empowers care teams to proactively manage heart failure.



The PA sensor is inserted via right heart catheterization.



Patient takes daily sensor reading from the comfort of their home.



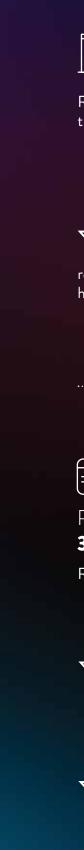
Data wirelessly transmitted to
Merlin.net™ Patient Care Network,
a secure website that easily presents
PA pressure data to inform proactive
treatment modifications.



Clinician reviews data and contacts patient, as necessary.

LEADING THE WAY IN HEART FAILURE MANAGEMENT

As the heart failure remote monitoring system with the most clinical evidence, the CardioMEMS™ HF System has proven to be much more than just a predictor of impending hospitalizations.





Reduction in hospitalizations for both types of heart failure and the ONLY management tool proven for HFpEF patients:

60% 57% 54%

reduction in HFpEF hospitalizations⁵

reduction in heart failure hospitalizations⁵



REDUCTIONS IN 30-DAY READMISSIONS

Reducing the need for readmissions:



REDUCTION IN MORTALITY

Reducing the overall mortality rate:

30%



STAYING HOME—AND OUT OF THE HOSPITAL

The CardioMEMS™ HF System is the personalized approach your patients deserve. It helps them stay out of the hospital and reconnect with their lives, by restoring the ability to engage in simple day-to-day activities.





Remote monitoring makes it possible to manage patients while decreasing frequency of clinic appointments.

You can send customizable messages about lifestyle or medication changes to patients via the myCardioMEMs app.

DO YOU HAVE PATIENTS WHO CAN BENEFIT?

The CardioMEMS HF System is indicated for patients with:

- NYHA Class III heart failure,8 and
- One heart failure hospitalization in the last 12 months⁸

Patients who most commonly receive the CardioMEMS HF System:

- Are on GDMT and have fluid volumes that are hard to know or measure
- Have HFpEF or HFrEF
- Would benefit from remote monitoring because they live far from a clinic

MAKING HEART FAILURE MORE THAN MANAGEABLE.

Learn more about the CardioMEMS™ HF System by visiting Cardiovascular. Abbott/CardioMEMS.

- 1. Setoguchi S, et al. Repeated hospitalizations predict mortality in the community population with heart failure. Am Heart J. 2007;154(2):260-266.
- 2. Virano SS, Alonso A, Benjamin EJ, et al. Heart disease and stroke statistics—2020 update: a report from the American Heart Association. Circulation. 2020;141:e139-e596.
- Mozzafarian paper: Mozzafarian D, Benjamin EJ, Go AS, et al. on behalf of the American Heart Association Statistics Committee and Stroke Statistics Subcommittee.
 Heart disease and stroke statistics—2016 update: a report from the American Heart Association. Circulation. 2016;133:e38-e360.
 Centers for Disease Control and Prevention (CDC) Heart Failure Fact Sheet. https://www.cdc.gov/dhdsp/data_statistics/fact_sheets/fs_heart_failure.htm (accessed
- 5. Shavelle D., et al. Lower rates of heart failure and all-cause hospitalizations during pulmonary artery pressure-guided therapy for ambulatory heart failure. Circulation: Heart Failure. Advance online publication. https://doi.org/10.1161/CIRCHEARTFAILURE.119.006863
- 6. Adamson, et al. Pulmonary artery pressure-guided heart failure management reduces 30-day readmissions. Circulation: Heart Failure. 2016;115.002600.
 7. Abraham J, et al. Association of ambulatory hemodynamic monitoring with clinical outcomes in a concurrent matched cohort analysis. JAMA Cardiology. 2019-4(6)-556-563
- 8. Abraham WT, Adamson PB, Bourge RC, et al. Wireless pulmonary artery haemodynamic monitoring in chronic heart failure: a randomized controlled trial. The Lancet. 2011;377(9766):658-666.

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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

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 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.

myCardioMEMS™ Mobile App Limitations: Patients must use their own Apple[†] or Android[†] mobile device to receive and transmit information to the myCardioMEMS™ mobile app. To do so the device must be powered on, app must be installed and data coverage (cellular or Wi-Fi[‡]) available. The myCardioMEMS™ app can provide notification of medication adjustments and reminders, requests for lab work and acknowledgment that the PA pressure readings have been received. However there are many internal and external factors that can hinder, delay, or prevent acquisition and delivery of the notifications and patient information as intended by the clinician. These factors include: patient environment, data services, mobile device operating system and settings, clinic environment, schedule/ configuration changes, or data processing.

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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