The road to significant, safe, and sustained blood pressure reductions1-4

Symplicity Spyral™ renal denervation system

2010

Failed to demonstrate superiority of the Symplicity

RDN system over a sham procedure and medical

therapy in reducing office and ambulatory blood

pressure at six months in patients with severe,

resistant hypertension.

2015

Spyral HTN-OFF MED trial Sham-controlled randomized controlled trial (RCT), proving

efficacy in the absence of

Spyral HTN-ON MED trial

proving efficacy in context of background medication¹

antihypertensive medication³

Prospective, sham-controlled RCT

Global SYMPLICITY Registry (GSR)^{†,2}

Prospective observational study, documenting real-world acute and long-term safety, effectiveness, and durability of the Symplicity system in

SPYRAL clinical program begins

2014

Our commitment to developing a safe, novel, and effective renal denervation (RDN) system never wavered - even with detours along the way. When others gave up, we remained dedicated to:

• Redesigning our clinical studies

- Refining how to perform the procedure
- Advancing our technology

Ardian acquisition

By acquiring the Ardian Symplicity™ renal denervation system, we got to work applying our expertise to further develop a catheter-based procedure for uncontrolled hypertension patients.

Learning from the past to inform our future

While we did not meet the primary endpoint of our HTN-3 trial, it showed: • A significant difference in nighttime blood

- pressure (a "high-risk" zone) between the RDN group and the sham group (p = 0.015). We also met our safety endpoint. These milestones signaled the promising impact of RDN and incentivized us to continue our research and design.6 • Through patient journaling, we saw ~40%
- of patients had their medications changed during the study. Because of this, we made sure future studies included a plasma/urine draw to understand medication variance.7

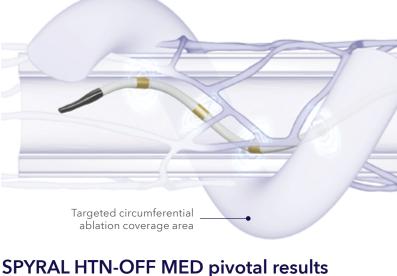
combining ablations of the main and branch renal arteries – where the majority of renal nerves converge – resulted in greater and more consistent pre-clinical effects.8-10 Preclinical results may not be indicative of clinical

Peer-reviewed preclinical research showed that

performance.

into a spiral shape. Today, the Symplicity Spyral system provides 360-degree ablations, resulting in significant, sustained, and safe blood pressure reductions. 1-4,11 Results may vary.

With these learnings, we redesigned our catheter



Significant blood pressure reductions in the absence of medication at 3 months.3

Clinical evidence expansion begins

and SPYRAL HTN-ON MED trials indicated low

over 3,300 patients

incidence of procedural related and clinical adverse events. 0.4% major adverse event rate

at composite endpoint⁴

Excellent safety profile

Pooled data from the SPYRAL HTN-OFF MFD

SPYRAL HTN-OFF MED³ SPYRAL HTN-ON MED4

Average baseline office systolic blood pressure (SBP) for both RDN and sham arms in both trials = 163 mmHg Office SBP (mmHg) n = 156n = 150**RDN** Sham

Pivotal Trial

Absence of antihypertensive

medications

Office SBP (mmHg) n = 199n = 126

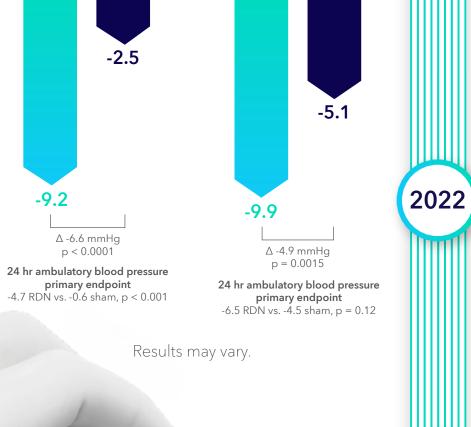
Sham

RDN

Full Cohort

Presence of antihypertensive

medications



2023

FDA approval

of the Symplicity

Spyral system

2021

2020

Spyral system GSR expansion[†]

2,000 patients added

SPYRAL AFFIRM Global Clinical Post-approval Study

Single-arm interventional study, evaluating the long-

term safety, efficacy, and durability of the Symplicity

SPYRAL HTN-ON MED results

Significant blood pressure reductions with

20% lower medication burden at 6 months with RDN (2.9 RDN vs. 3.5 sham, p = 0.04).⁴

2020;395(10234):1444–1451.

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5. Bhatt DL, Kandzari DE, O'Neill WW, et al. A controlled trial renal denervation for resistant hypertension. *N Engl J Med.* April 10, 2014;370(15):1393–1401.

6. Kario K, Bhatt DL, Brar S, Cohen SA, Fahy M, Bakris GL. Effect of Catheter-Based Renal Denervation on Morning and Nocturnal Blood Pressure: Insights From SYMPLICITY HTN-3 and SYMPLICITY HTN-Japan. *Hypertension*. December 2015;66(6):1130-1137.

7. Kandzari DE, Karjo K. Mahfoud F, et al. The SPYRAL HTN Global Clinical Trial Program: Rationale and design for studies of renal denervation in the absence (SPYRAL HTN OFF-MED) and presence (SPYRAL HTN ON-MED) of antihypertensive medications. *Am Heart J.* January 2016;171(1):82–91.

2. Mahfoud F, et al. Outcomes following radiofrequency renal denervation according to antihyptensive medications: subgroup analysis of the Global SYMPLICITY Registry DEFINE. EuroPCR 2023.

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† Includes Symplicity Spryal and Flex catheters.

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medications. Am Heart J. January 2016; 171(1):82–91.

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9. García-Touchard A, Sañudo JR. Renal denervation. Importance of knowledge of sympathetic nervous system anatomy in refining the technique. Rev Esp Cardiol (Engl Ed). July 2019;72(7):531–534.

10. Mompeo B, Maranillo E, García-Touchard A, Larkin T, Sañudo J. The gross anatomy of the renal sympathetic nerves revisted. Clin Anat. July 2016;29(5):660-664.

11. Coates P, Tunev S, Trudel J, Hettrick DA. Time, Temperature, Power, and Impedance Considerations for Radiofrequency Catheter Renal Denervation. Cardiovasc Revasc Med. September 2022;42:171-177.

The Symplicity Spyral[™] renal denervation system is indicated to reduce blood pressure as an adjunctive treatment in patients with hypertension in whom lifestyle modifications and antihypertensive medications do not adequately control blood pressure.

The Symplicity Spyral system is contraindicated in patients with any of the following conditions: • Renal artery diameter < 3 mm or > 8 mm • Renal artery fibromuscular dysplasia (FMD) • Stented renal artery (< 3 months prior to RDN procedure) • Renal artery aneurysm • Renal artery diameter stenosis > 50% • Pregnancy • Presence of abnormal kidney (or secreting

adrenal) tumor • Iliac/femoral artery stenosis precluding insertion of the catheter. A thorough understanding of the technical principles, clinical applications, and risks associated

The safety and efficacy of the Symplicity Spyral system has not been established in patients with isolated systolic hypertension or in patients with prior renal artery interventions including renal stents, renal angioplasty, or prior renal denervation. The Symplicity Spyral system has not yet been studied in patients who are breastfeeding, under the age of 18, or with secondary hypertension. • Avoid treatment with the Symplicity Spyral™ catheter within 5 mm of any diseased area or stent. • Implantable pacemakers (IPGs) and implantable cardioverter defibrillators (ICDs) or other active implants may be adversely affected by RF ablation. Refer to the implantable device's Instructions for Use. • The patient's heart rate may drop during the

perforation • Arterial spasm or stenosis • Arterio-enteric fistula • AV fistula • Bleeding $\bullet \ \mathsf{Blood} \ \mathsf{clots} \ \mathsf{or} \ \mathsf{embolism} \ \bullet \ \mathsf{Bruising} \ \bullet \ \mathsf{Cardiopulmonary} \ \mathsf{arrest} \ \bullet \ \mathsf{Complications} \ \mathsf{associated} \ \mathsf{with}$

Potential Adverse Events

medications commonly utilized during the procedure, such as narcotics, anxiolytics, or other pain or anti-vasospasm medications • Death • Deep vein thrombosis • Edema • Electrolyte imbalance • Heart rhythm disturbances, including bradycardia • Hematoma • Hematoma – retroperitoneal • Hematuria • Hypertension • Hypotension (may cause end organ hypoperfusion) • Infection • Kidney damage including renal failure or perforation • Myocardial infarction • Nausea or vomiting • Pain or discomfort • Peripheral ischemia • Pulmonary embolism • Proteinuria • Pseudoaneurysm • Radiocontrast nephropathy • Renal artery aneurysm • Skin burns from failure of the dispersive electrode pad • Stroke • Other potential adverse events that are unforeseen at this time. Please reference appropriate product Instructions for Use and User Manual for more information regarding indications, contraindications, warnings, precautions, and potential adverse events.

Potential adverse events associated with use of the renal denervation device or the

interventional procedures include, but are not limited to, the following conditions: • Allergic reaction to contrast • Arterial damage, including injury from energy application, dissection, or

CAUTION: Federal (USA) law restricts this device to sale by or on the order of a physician.

For further information, please call and/or consult Medtronic at 800-633-8766 or the Medtronic website at medtronic.com

with vascular access techniques and percutaneous transluminal catheterization in renal arteries is necessary before using this device

ablation procedure. • Proper pain medication should be administered at least 10 min before ablating renal nerves. **Medtronic**

Medtronic LifeLine Customer Support Tel: 707.525.0111

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Product Services