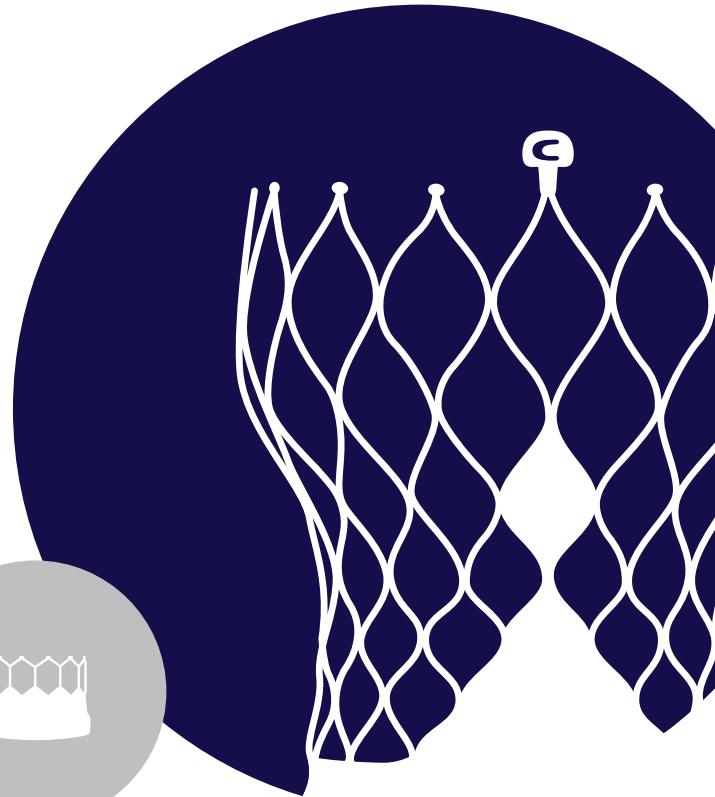
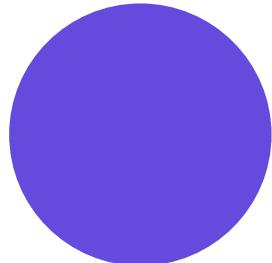
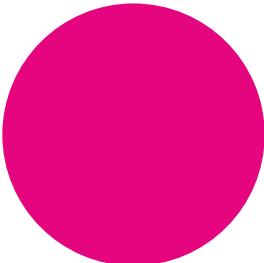


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It's not TAVI, it's Evolut<sup>TM</sup>.

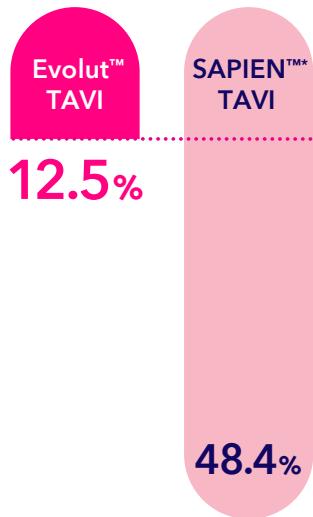
# SMART Trial

## 2-year results



Through two years,

## Evolut™ TAVI maintains superior valve performance<sup>†</sup> vs. SAPIEN™\* TAVI in small annulus patients.<sup>‡1</sup>



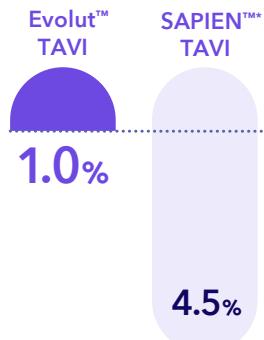
Significantly  
less BVD<sup>†</sup>  
with Evolut™ TAVI  
vs. SAPIEN™\* TAVI in small  
annulus patients.<sup>‡1</sup>  
 $p < 0.001$

Sustained excellent  
patient outcomes  
through two years<sup>1</sup>

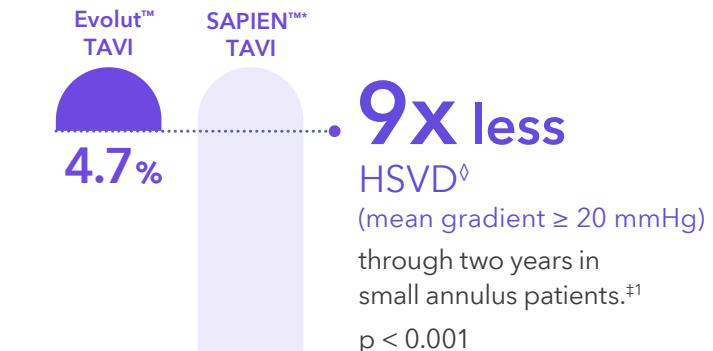
Clinical outcome composite:  
All-cause mortality, disabling stroke,  
or heart failure rehospitalization.

Evolut™ TAVI: 17.8%  
SAPIEN™\* TAVI: 17.6%,  $p = 0.97$   
Hazard ratio: 1.01 (95% CI 0.71, 1.43)

Compared to SAPIEN™\* TAVI,  
only Evolut™ TAVI delivers:



- **4.5X less** prosthetic valve thrombosis<sup>§</sup>  
through two years in small annulus patients.<sup>‡1</sup>  
 $p = 0.0048$



- **9X less** HSVD<sup>◊</sup>  
(mean gradient  $\geq 20$  mmHg)  
through two years in small annulus patients.<sup>‡1</sup>  
 $p < 0.001$

Evolut™ TAVI continues to show strong results across these key components of **valve performance**.

† Valve performance as defined as freedom from bioprosthetic valve dysfunction (BVD) through 24 months. BVD is defined as a composite including any of the following: hemodynamic structural valve dysfunction (mean gradient  $\geq 20$  mmHg), non-structural valve dysfunction (severe prosthesis-patient mismatch or  $\geq$  moderate aortic regurgitation), clinical thrombosis, endocarditis, and aortic valve reintervention.

‡ In patients with small annuli (area  $\leq 430$  mm $^2$ ) in all-comers trial, consisting of majority low surgical risk participants (52.1%).

§ Prosthetic valve thrombosis as defined as a composite of clinical and sub-clinical valve thrombosis.

◊ Hemodynamic structural valve dysfunction.

1. Herrmann H, et al. SMART 2 Year Data Update. Presented at CRT; March 2025.

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