Medtronic

Update to Field Safety Notice Claria MRI™ CRT-D SureScan™ and Amplia MRI™ CRT-D SureScan™ Software Update

May 2017

Medtronic reference: FA747

Dear Physician or Healthcare Professional,

In December 2016, Medtronic issued an Urgent Field Safety Notice letter regarding a device software issue that involved a specific programming sequence that may result in loss of LV pacing in all models of Claria MRITM CRT-D SureScanTM and Amplia MRITM CRT-D SureScanTM devices.

Medtronic has now obtained the necessary approvals and is ready to begin applying a programmer software update to correct the issue in the devices. In addition, as previously described in the December 2016 letter (attached), the software update also addresses a transient mode switch behavior that may occur in MRI Quadripolar CRT-D device models (Claria MRITM, Amplia MRITM and Compia MRITM).

Once installed on the programmer, an in-clinic device interrogation will update the patient's device automatically. To prevent possible recurrence of the issues, the patient must continue to be programmed only with programmers that have this update. The loss of LV pacing issue will still occur if the specific programming sequence described in the original advisory letter is performed using a programmer not updated with SW034 Software Version 8.2.

Directions on how to apply this update to patient devices and to verify that devices are operating correctly can be found in Appendix A. If you have any questions, or if we can be of further assistance, please contact your local Medtronic Representative at.

Sincerely,

Mohamad El Khatib Business Manager - CRHF

Appendices:

A: Directions on how to apply the software update

B: December 2016 Field Safety Notice

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Appendix A

Q1. How do clinics apply this software update to each patient's device?

For Claria MRI™ and Amplia MRI™ devices or Quadripolar models of Compia MRI™ CRT-D SureScan™ devices, once SW034 Software Version 8.2 has been installed on the programmer, each patient's device will automatically be updated during device interrogation by an updated programmer.

As long as a programmer with SW034 Software Version 8.2 is used at each subsequent in-clinic session, the device will not be susceptible to the issues. If a non-updated programmer is used for programming, the loss of LV pacing issue described in the December 2016 advisory may be re-introduced by the programming sequence described in the letter.

If an electrical reset occurs in a device (which will clear the update), the update will automatically be re-installed during interrogation of the device with an updated programmer.

Note: The device update can only be installed via interrogation by an updated Medtronic programmer containing SW034 Software Version 8.2.

Q2. How can I verify whether a patient's device has been updated?

To verify that all Claria MRI™ and Amplia MRI™ devices or Quadripolar models of Compia MRI™ devices have successfully received the update:

ON A PROGRAMMER:

- Generate a Strip Chart, Full Size or PDF printout of the Parameters screen
- Verify the Software Version indicates "SW034 Software Version 8.2" (see arrows Figure 1a and 1b)

If the software model does not indicate SW034 Software Version 8.2, the patient's device will need to be interrogated with a programmer that has been installed with the updated software.

Figure 1a: Strip Chart Printout showing updated Software Version in the upper right corner

Test9 Device: CRTD MRI DR Serial Number:		Date of Visit: SW034 Software Version 8.2 (3.1) Copyright © Medtronic, Inc. 2016			
Patie	nt Information Report	Page 1			
Patient Identification					
Patient ID Date of Birth					
History					
VT/VF Slowest VT Atrial Status Heart Failure Activity Level EF, on					
Physician Information					
Physician Phone Hospital					
Last Update					

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Figure 1b: Full Page Printout showing updated Software Version in the lower left corner.

Device: CRTD MRI DR Patient:			Serial Num			Date of V			
			ID:			Physiciar	n:		_
									-
Pacing Summary									_
Mode	Rates			CRT					
Mode VVI	Lower	65 bpm		AdaptivCRT V. Pacing	Nonadaptive CRT RV				
Pacing Details	Atrial	RV	LV						
Amplitude Pulse Width		6.00 V 1.50 ms							
Capture Management		Adaptive							
Amplitude Margin		2.0 X							
Min. Adapted Amplitude		2.00 V							
Acute Phase Remaining		120 days							
Sensitivity	0.30 mV	0.30 mV							
Pace Polarity		Bipolar							
Sense Polarity	Bipolar	Bipolar							
Refractory/Blanking				Δrrhythm	ia Interventions				
PVAB Interval	150 ms			V. Sense F		Off			-
PVAB Method	Partial			V. Rate St		Off			
A. Blank Post AS	100 ms								
V. Blank Post VP	240 ms			Post Shock	k Pacing				-
V. Blank Post VS	120 ms			V. Ampliti			6 V		
				V. Pulse			1.50 ms		
					or first 25 beats por	st shock			
				Post VT/VI	Shock Pacing		Off		
				Additiona	I Features				
				Rate Drop		Off			-
				Sleep		Off			
				MRI SureS	can	Off			
Device Information									
Device Medtro	onic	CRTD MRI D)R						-
Device Configuration ID: 1-	0-0								
	.2 (3.1)							Parameters	

Q3. If a patient's device has previously shown evidence of loss of LV pacing due to the issue described in the December 2016 advisory, how can I verify a Claria MRITM or Amplia MRITM device is operating correctly post-software update?

Interrogation with a programmer that has been updated to SW034 Software Version 8.2 will restore LV pacing. To confirm that LV pacing has been restored, view the ECG and EGM morphology waveforms.

The histogram LV and BiV pacing percentages will begin to update as soon as LV pacing is restored, but it will take some time for enough events to accumulate to materially impact the values in the Histogram Report. The Report will show appropriate LV and BiV pacing percentages at the next remote or in-office follow-up.

Note: To prevent possible recurrence of the issues, the patient must continue to be programmed only with programmers that have this update. The loss of LV pacing issue will still occur if the specific programming sequence described in the original advisory letter is performed using a programmer not updated with SW034 Software Version 8.2.