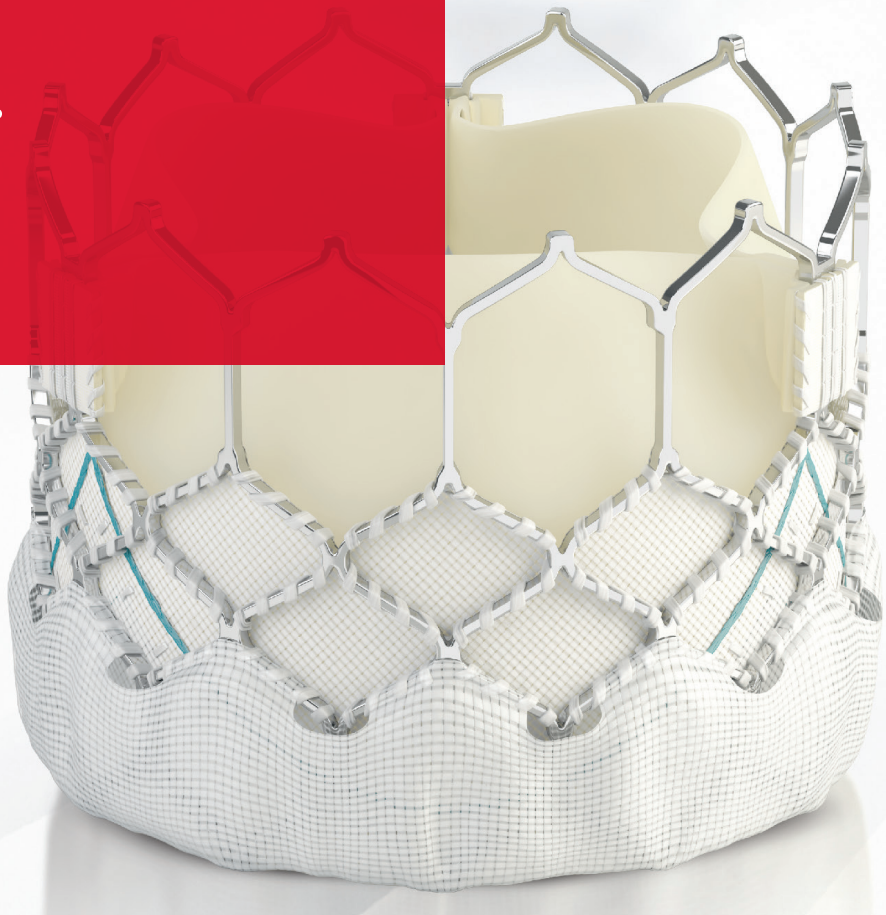
Edwards SAPIEN 3 Valve

The SAPIEN 3 TAVI Advantage

Simple.
Predictable.
Proven.



Edwards

The SAPIEN 3 TAVI Advantage

The clear choice for your patients and your TAVI program

Simple
Advanced valve and system designed to simplify procedures

Predictable
Consistent deployment and performance

Proven
Unprecedented evidence for outcomes that matter

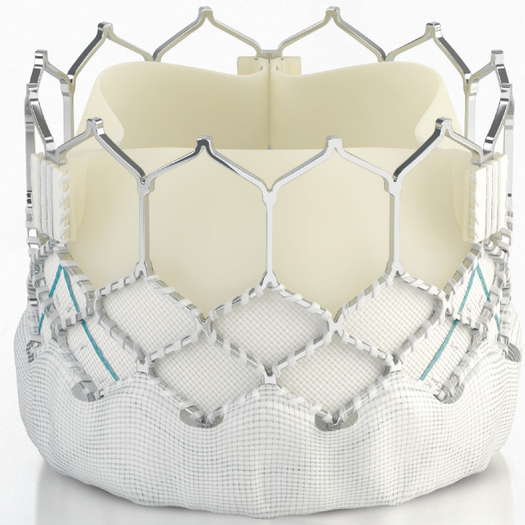
See the clinical difference

1.1%
All-cause mortality[1*]

1.0%
Disabling stroke[1*]

75% Lower than surgery[1]

Backed by landmark clinical evidence, the SAPIEN 3 transcatheter heart valve is designed to minimise the risk of complications, providing a proven clinical experience for your patients and your evolving TAVI program.



* The PARTNER II Trial intermediate-risk cohort 30-day unadjusted clinical event rates for TAVI with the SAPIEN 3 valve, AT population (n=1077).

1. Thourani V, et al. Transcatheter aortic valve replacement versus surgical valve replacement in intermediate-risk patients: A propensity score analysis. Lancet. 2016;387:2218-2225.

Simple

Reduced procedural complexity with simplified access, delivery, and deployment.

Low-Profile Sheath

14F/5.5mm* access without sheath exchanges

*For valve sizes 20, 23, and 26mm.

Controlled Articulation

The only commercially available transcatheter heart valve to offer controlled articulation

Predictable

First-time deployment accuracy[1]

>99% Positioned in the intended location

96.6% No, trace or mild PVL[2]
No severe PVL

1. The PARTNER II Trial intermediate-risk cohort 30-day unadjusted clinical event rates for TAVI with the SAPIEN 3 valve, AT population (n=1077).
2. Kodali S, Thourani VH, White J, et al. Early clinical and echocardiographic outcomes after SAPIEN 3 transcatheter aortic valve replacement in inoperable, high-risk and intermediate-risk patients with aortic stenosis. Eur Heart J. 2016. Jul 21;37(28):2252-62.

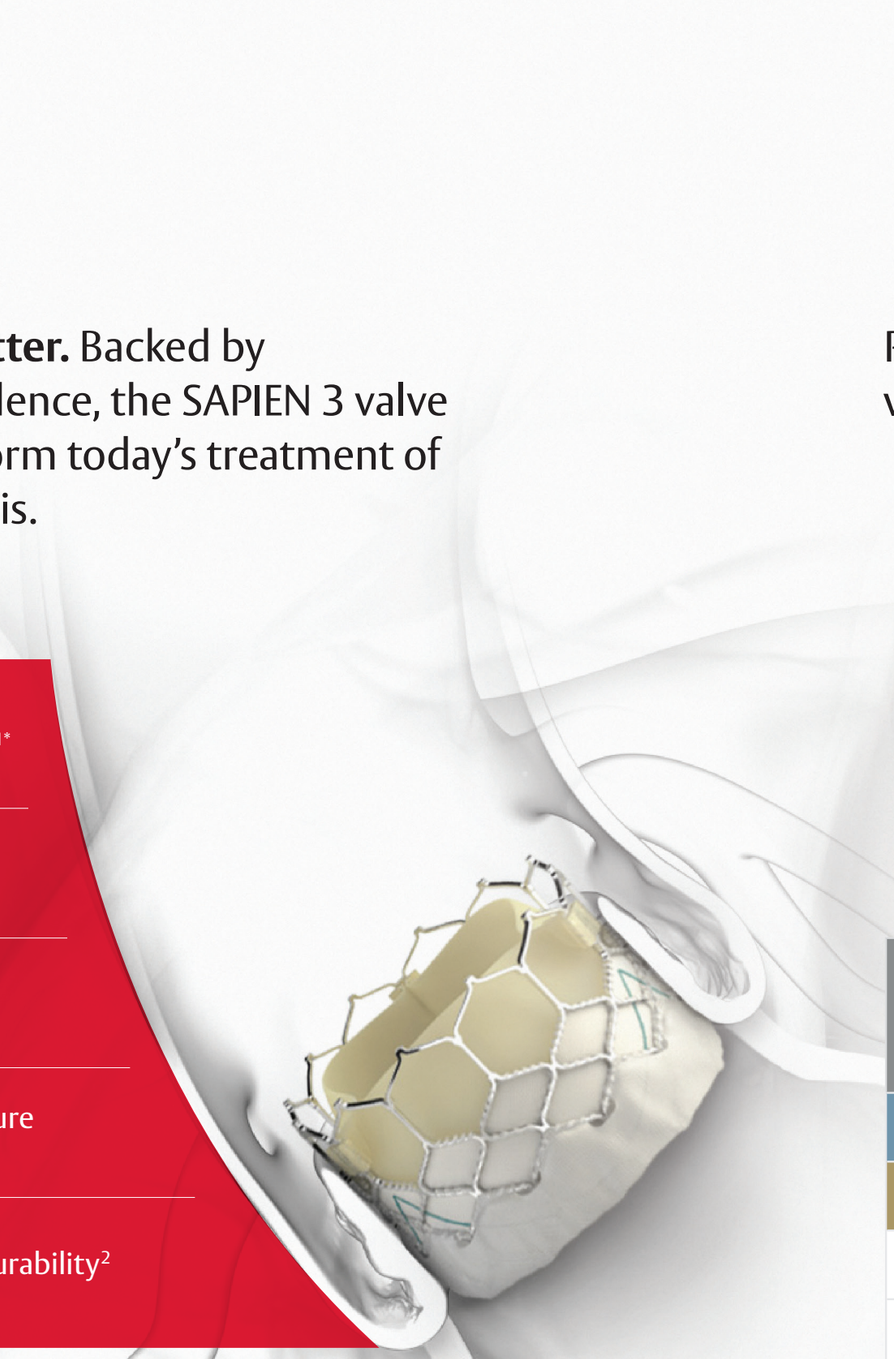
Proven

Outcomes that matter. Backed by unprecedented evidence, the SAPIEN 3 valve continues to transform today's treatment of severe aortic stenosis.

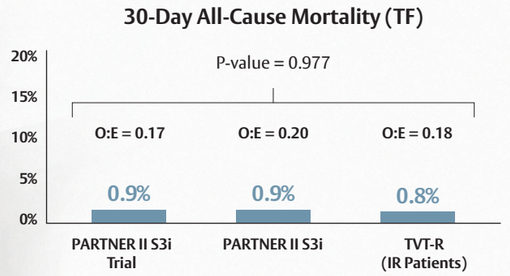
1.1% All-cause mortality[1*]

1.0% Disabling stroke[1*]

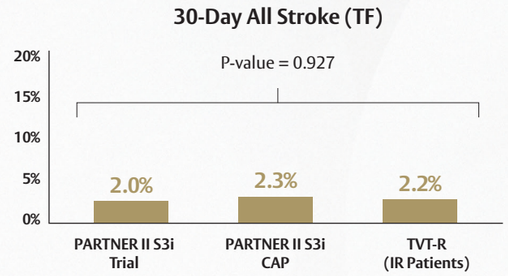
- Low new permanent pacemaker rates[1*]
- Designed to allow future coronary access
- Excellent long-term durability[2]



Propensity-matched analysis confirms the SAPIEN 3 valve clinical performance in a real-world population[3]



	PARTNER II S3i Trial	PARTNER II S3i	TVT-R (IR Patients)
STS	5.19	4.47	4.44
# Pts.	652	652	1956
# Sites	51	60	453



	5.19	4.47	4.44
	652	652	1956
	51	60	453

30-Day Clinical Outcomes – Propensity-Matched TF Cohort	PARTNER II S3i Trial N = 652 *(2014)*	PARTNER II S3i CAP N = 652 *(2015-2016)*	TVT Registry (IR Patients) N = 1,956 *(2015-2017)*
All-Cause Mortality (%)	**0.9**	**0.9**	**0.8**
All Stroke (%)	**2.0**	**2.3**	**2.2**
New Pacemaker (%)	11.1	12.0[4]	10.2[4]
Major Vasc. Comps. (%)	6.9	5.8[4]	4.0[4]
Length of stay (Median [IQR])	3.0 [2,4]	2.0[4] [2,3]	2.0[4] [2,3]
PVL Moderate/Severe (%)	4.6	4.3[4]	1.3[4]

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1. Thourani V, et al. Transcatheter aortic valve replacement versus surgical valve replacement in intermediate-risk patients: A propensity score analysis. Lancet. 2016;387:2218-2225.
2. Douglas, et al. Longitudinal Hemodynamics of Transcatheter and Surgical Aortic Valves in the PARTNER Trial. JAMA Cardiology 2017.
3. Tuzcu, E. Real World Outcomes of TAVR with the SAPIEN-3 Valve in Intermediate Risk Patients: Comparison of Data from the TVT Registry with PARTNER S3 Studies. Presented at EuroPCR 2018, 22 May 2018. Paris, France .
4. Site reported and unadjudicated.

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