Abbott

PROGRESS BEYOND THE EXPECTED

OPTIMIZING PATIENT OUTCOMES WITH
ABBOTT'S INFINITY™ DBS SYSTEM

WITH ABBOTT'S DIRECTIONAL STIMULATION, PATIENTS BENEFIT FROM*:

- A broader programming range[1]
- More therapeutic options with fewer side effects[1]
- Lower therapeutic current requirements[1]
- Sustained outcomes[1,7§§]

Both patients and physicians who participated in the PROGRESS study also **preferred directional therapy** with Abbott DBS over conventional stimulation.[1§§§]

YOU WANT THE MOST EFFECTIVE SYMPTOM CONTROL FOR YOUR PATIENTS WITH MOVEMENT DISORDERS.

GREATER RELIEF.
FEWER SIDE EFFECTS.[1,2]

IT'S THAT SIMPLE

The superiority of Abbott's directional stimulation* lies in creating more distance between the minimal energy required to achieve beneficial symptom relief and the limit at which sustained side effects appear (therapeutic window (TW)), therefore expanding and extending programming possibilities.

ABBOTT'S INFINITY™ DBS SYSTEM

with directional stimulation offers optimal symptom relief with minimal side effects in a proven therapy that's remarkably precise and streamlined.[1-4]**

IN THE LARGEST STUDY OF DIRECTIONAL DBS,

90.6%

(183/202)

OF SUBJECTS HAD A WIDER THERAPEUTIC WINDOW WITH DIRECTIONAL STIMULATION

COMPARED TO CONVENTIONAL STIMULATION[1,5]

DBS = DEEP BRAIN STIMULATION

ABBOTT'S DIRECTIONAL DIFFERENCE

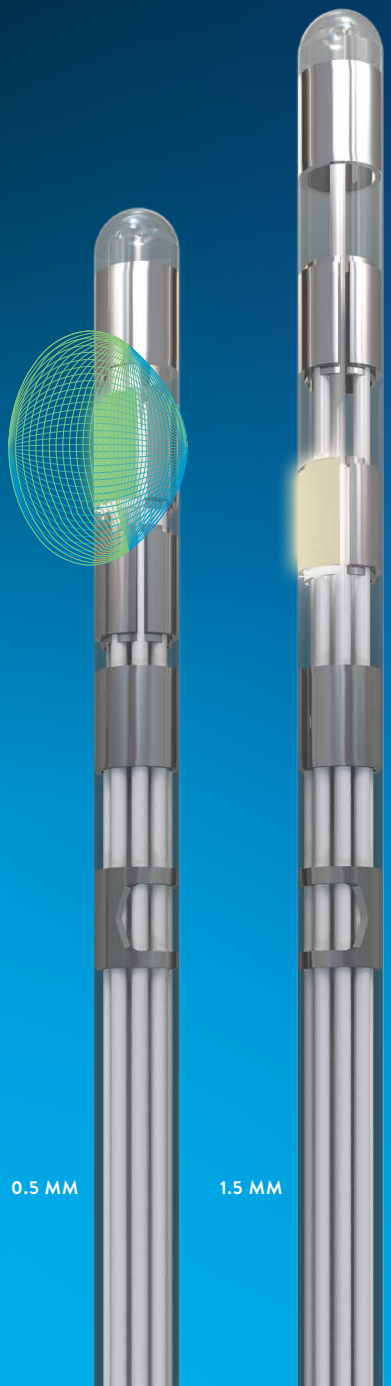
The Abbott Infinity™ DBS System features segmented directional leads with Single Segment Activation (SSA), enabling more efficient recruitment of neural tissue and enhancing the significance of the directional effect.[2]

By prioritizing the ability to stimulate through a single contact with SSA, Abbott's directional leads can allow for more efficient energy use and precise targeting to achieve symptom relief in patients, so they receive greater benefit with limited side effects.[1,2,6]

SSA PRODUCED
A WIDER TW IN

86.6%

OF SUBJECTS
(175/202)[1*,***]



SIMPLIFIED OPTIMIZATION

Abbott's upgradeability ensures that you — and your patients — have continued access to the newest advancements and integrated advantages like simplified functional directional programming with Informity™ programming software, expanded therapy options with complex field shaping from MultiStim™ software and low pulse width to continually optimize patient therapy.

Gain greater control over your patient's treatment with the streamlined programming and precise therapy offered only by the Abbott Infinity™ DBS System with directional stimulation.

The Abbott Infinity™ DBS System is MR Conditional, keeping options open for future diagnostic tests.†

STREAMLINED USER EXPERIENCE

In addition to delivering optimal symptom relief, the Abbott Infinity™ DBS System is:

- **Designed for seamless and sustained patient care** — Featuring a recharge-free implantable pulse generator, Abbott's Infinity™ DBS System removes the worry and burden that comes with a rechargeable device, giving patients back the 11 days per year they would spend charging other devices.††

- **Optimized for advancements** — Upgradeable via a secure Bluetooth® wireless technology connection, Abbott enables access to future innovations††† without surgery.

- **Built for real-world programming** — Evaluate gait changes on a truly wireless platform that allows patients to walk around the exam room or down a hallway. The Abbott Infinity DBS System removes typical proximity restrictions§ and offers a discreet and personalized programming experience for patients, using a familiar Apple‡ iOS‡ device with an intuitive touch screen.

Contact your Abbott representative today to learn more about this groundbreaking therapy.

*When compared to conventional stimulation.
**Abbott DBS therapy has demonstrated safety and effectiveness out to 5 years.[3,4]
****Post hoc* analysis.
†Within approved parameters.
††Based on 16 waking hours per day and recharging data (expected 30 minutes a day) from Boston Scientific‡. Vercise Gevia† Information for Prescribers. U.S. 92152385-03.
†††Upon regulatory approval.
§Due to radiofrequency telemetry communication requirements from Medtronic† Communicator 8880T2 Technical Manual 2019-02-01 M963100A010 Rev B and Boston Scientific‡ Vercise‡ Deep Brain Stimulation Physician Manual 92093580-02 2018-06.
§§Over the course of 12 months.
§§§When compared sequentially.

1. Schnitzler A, Mir P, Brodsky M, Verhagen L, Groppa S, Alvarez R, Evans A. Directional versus Omnidirectional Deep Brain Stimulation for Parkinson's Disease: Results of a multi-center, prospective, blinded crossover study. Poster presented at: International Congress of Parkinson's Disease and Movement Disorders; September 2019; Nice, France.
2. Butson C, Venkatesan L. Comparison of Neural Activation Between Standard Cylindrical and Novel Segmented Electrode Designs. Poster presented at: Movement Disorder Society; 2014; Stockholm, Sweden.
3. Abbott. Data on File. Parkinson's Disease Interim Report C-06-04. 2014. n = 98.
4. Abbott. Data on File. Essential Tremor Interim Report C-06-03. 2014. n = 52.
5. Abbott. Data on File. PROGRESS Largest Study Memo. SJM-INF-0419-0314.
6. Rebelo P, Green AI, Aziz Tz, Kent A, Schafer D, Venkatesan L, Cheeran B. Thalamic Directional Deep Brain Stimulation for Tremor: Spend less, get more. *Brain Stimulation*. 2018. https://doi.org/10.1016/j.brs.2017.12.015.
7. Schnitzler A, Mir P, Brodsky M, Verhagen L, Groppa S, Defresne F, Karst E, Cheeran B, Vesper J. Directional versus Omnidirectional Deep Brain Stimulation for Parkinson's Disease: 12-month results from a multi-center, prospective, blinded crossover study. Poster presented at: International Congress of Parkinson's Disease and Movement Disorders; September 2019; Nice, France.

Rx Only

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 for use. The system is intended to be used with leads and associated extensions that are compatible with the system.

Indications for Use: U.S.: Bilateral stimulation of the subthalamic nucleus (STN) and internal globus pallidus (GPi) as an adjunctive therapy to reduce some of the symptoms of advanced levodopa-responsive Parkinson's disease that are not adequately controlled by medications, and unilateral or bilateral stimulation of the ventral intermediate nucleus (VIM) of the thalamus for the suppression of disabling upper extremity tremor in adult essential tremor patients whose tremor is not adequately controlled by medications and where the tremor constitutes a significant functional disability.
International: Unilateral or bilateral stimulation of the thalamus, internal globus pallidus (GPi), or subthalamic nucleus (STN) in patients with levodopa-responsive Parkinson's disease, unilateral or bilateral stimulation of the ventral intermediate nucleus (VIM) of the thalamus for the management of disabling tremor, and unilateral or bilateral stimulation of the internal globus pallidus (GPi) or the subthalamic nucleus (STN) for the management of intractable, chronic dystonia, including primary and secondary dystonia, for patients who are at least 7 years old.

Contraindications: U.S.: Patients who are unable to operate the system or for whom test stimulation is unsuccessful. Diathermy, electroshock therapy, and transcranial magnetic stimulation (TMS) are contraindicated for patients with a deep brain stimulation system.
International: Patients who are unable to operate the system or for whom test stimulation is unsuccessful. Diathermy is contraindicated for patients with a deep brain stimulation system. Magnetic resonance imaging is contraindicated in certain countries.

Warnings/Precautions: Return of symptoms due to abrupt cessation of stimulation (rebound effect), excessive or low frequency stimulation, risk of depression and suicide, implanted cardiac systems or other active implantable devices, magnetic resonance imaging (MRI), electromagnetic interference (EMI), proximity to electrosurgery devices and high-output ultrasonics and lithotripsy, ultrasonic scanning equipment, external defibrillators, and therapeutic radiation, therapeutic magnets, radiofrequency sources, explosive or flammable gases, theft detectors and metal screening devices, activities requiring excessive twisting or stretching, operation of machinery and equipment, pregnancy, and case damage. Patients who are poor surgical risks, with multiple illnesses, or with active general infections should not be implanted.

Adverse Effects: Loss of therapeutic benefit or decreased therapeutic response, painful stimulation, persistent pain around the implanted parts (e.g., along the extension path in the neck), worsening of motor impairment, paresis, dystonia, sensory disturbance or impairment, speech or language impairment, and cognitive impairment. Surgical risks include intracranial hemorrhage, stroke, paralysis, and death. Other complications may include seizures and infection. The Instructions for Use must be reviewed for detailed disclosure.

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