

Frontier™ II

CARDIAC
RESYNCHRONISATION
DEVICE



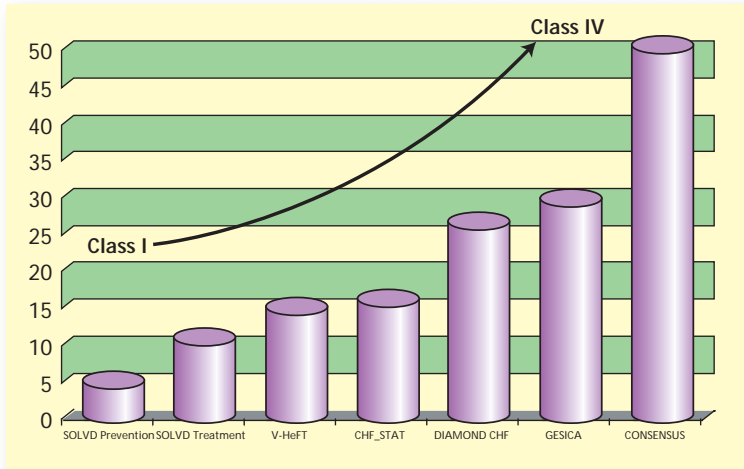
SOLUTIONS FOR YOUR
MOST CHALLENGING
HF PATIENTS



 ST. JUDE MEDICAL

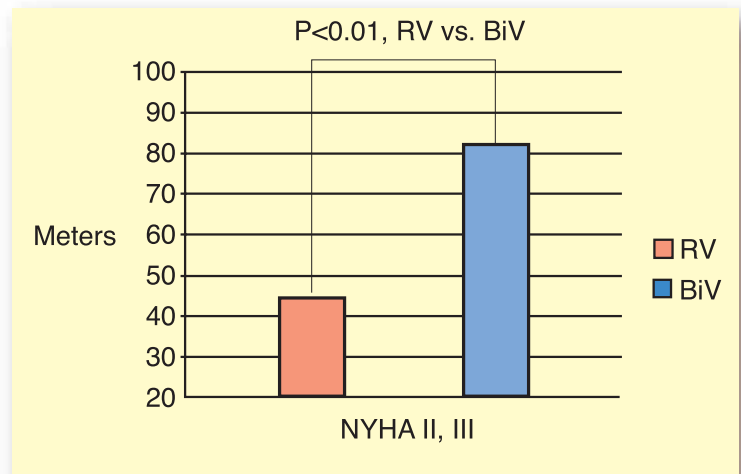
Advanced AF/HF

The Growing Problem of AF/HF Comorbidity Management



Up to 50% of patients with HF will have paroxysmal or persistent AF

BiV Pacing Produces Significant Improvements in Patients with AF



Patients in the BiV group had an 86% improvement in the six-minute walk test compared to the RV group from pre-implant to six months¹

The PAVE (Post AV Nodal Ablation Evaluation) clinical trial showed that biventricular pacing:¹

- Significantly improved cardiac function over RV pacing
- Significantly increased functional capacity
- Resulted in fewer hospitalizations and lower mortality

AF
25%
DDD
49%
right
70
lead
9
T
U

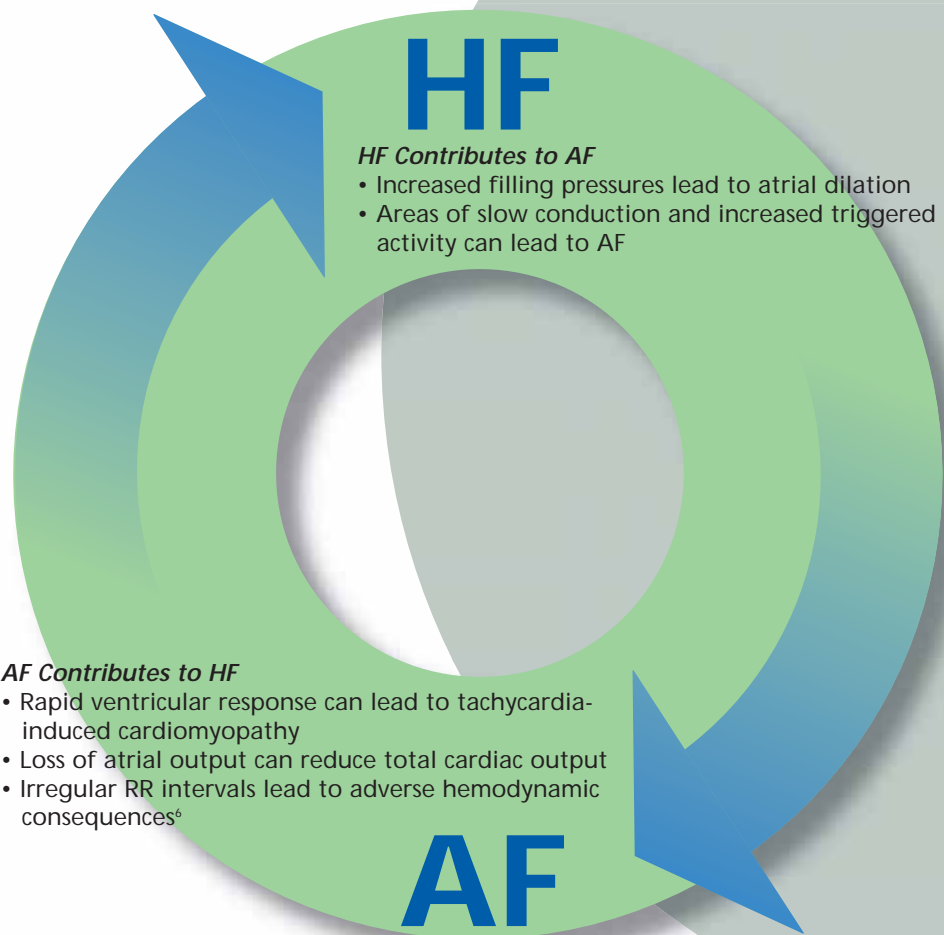
Management

Clinically Proven AF Suppression™ Algorithm

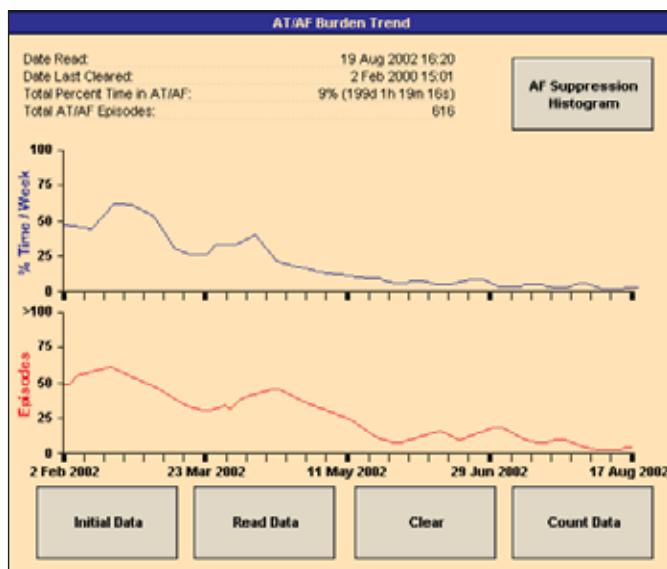
The Frontier™ II device is the only CRT-P with the clinically proven AF Suppression™ algorithm, which has been shown to reduce AF burden regardless of lead placement.^{2,3}

Clinical Proof for the Suppression™ Algorithm

- 50% reduction in AF burden compared with DR pacing alone.²
- 50% reduction in AF burden with traditional atrial lead placement.³
- 70% reduction in AF burden when the atrial lead was placed septally.³
- 97% of patients tolerated the algorithm well.⁴
- The AF Suppression algorithm can be safely used in HF patients.⁵



Advanced Diagnostics for Better Patient Management



AT/AF Burden Trend

A full suite of AF diagnostics for fast, accurate diagnosis:

- AT/AF Burden Trend
- AT/AF or AMS Log and Histogram
- AT/AF or AMS Stored EGM Triggers
- AF Suppression Histogram
- Far Field Protection

The latest technology to support ventricular rate control:

- AMS Base Rate
- Ventricular Triggered Modes

Easy Implant, Easy Follow-Up

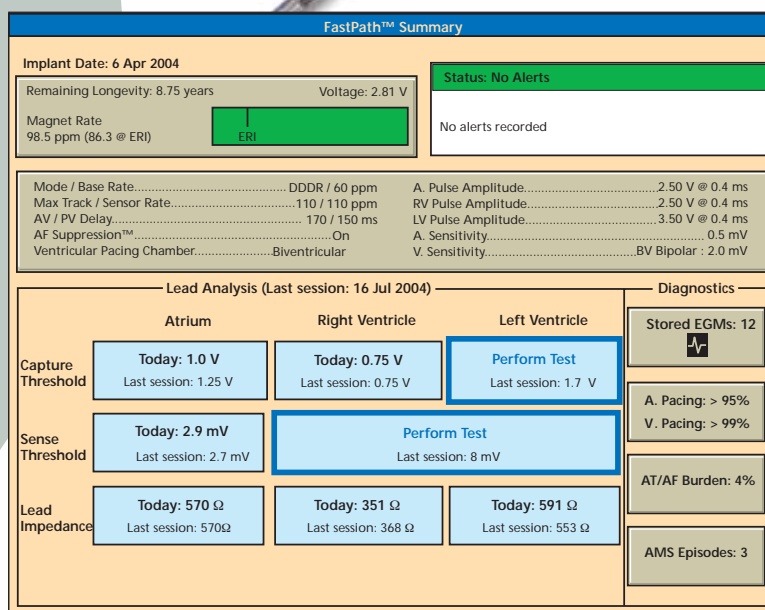
The QuickSite™ Leads

- **95.5%** implant success rate⁷
- **<1%** dislodgement rate⁷
- Unipolar and bipolar versions available
- Over-the-wire or stylet-driven approach
- Compatible with Apeel™ CS delivery system



Fast, Easy Follow-Up

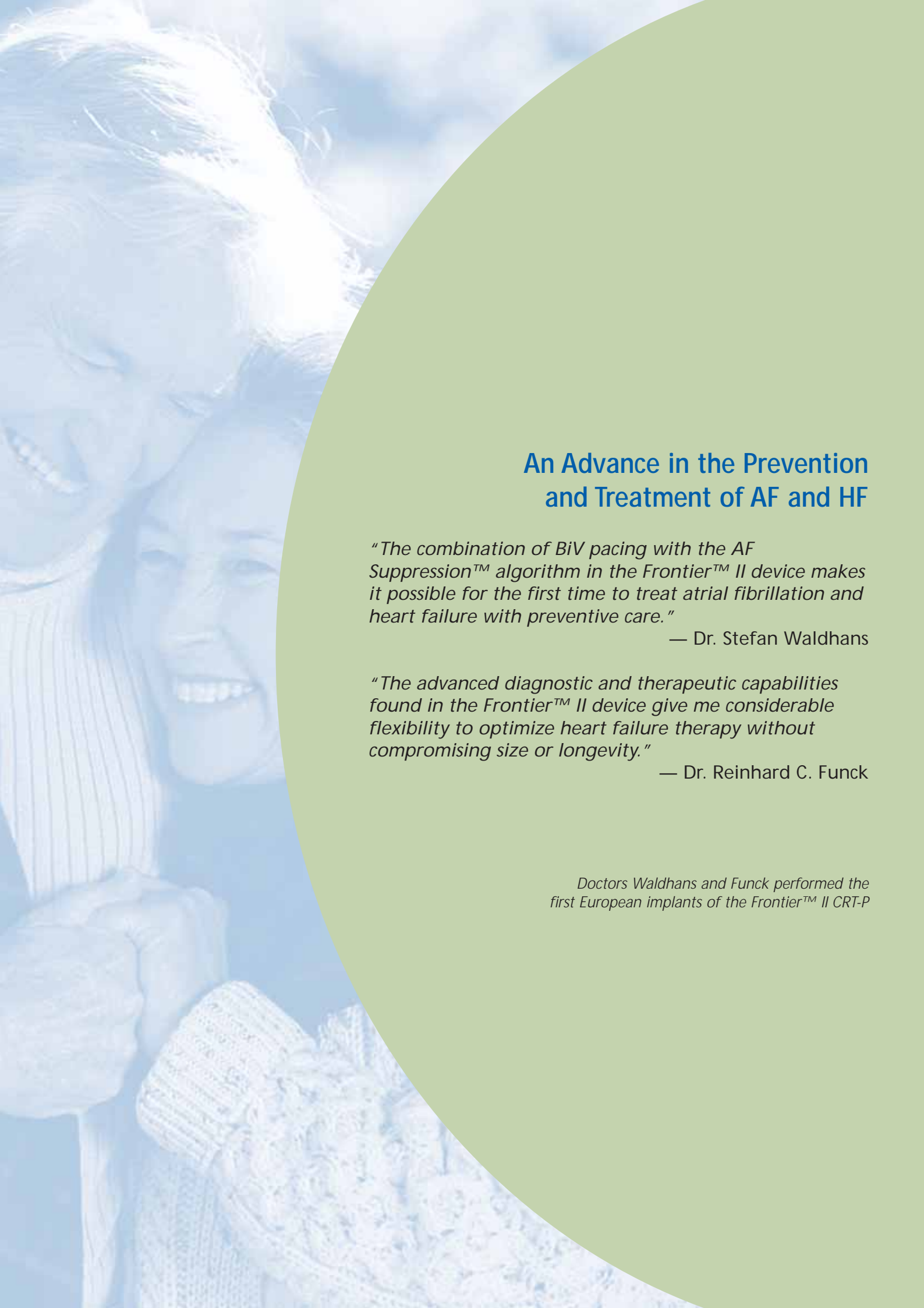
Faster clinical follow-ups and easier screen navigation are made possible by one touch access to and from the summary screen.



Resynchronisation Without Compromise

BiV Therapy Assurance with Advanced Resynchronisation Technologies

- Independently programmable RV and LV amplitudes and pulse widths
- Programmable V-V timing with an option to choose which chamber is paced first
- Negative AV/PV Hysteresis automatically monitors for intrinsic conduction and shortens the AV delay when needed
- DDT/R Modes trigger pacing to promote BiV pacing
- AMS Base Rate to allow increased rates during AT/AF and promote BiV pacing



An Advance in the Prevention and Treatment of AF and HF

“The combination of BiV pacing with the AF Suppression™ algorithm in the Frontier™ II device makes it possible for the first time to treat atrial fibrillation and heart failure with preventive care.”

— Dr. Stefan Waldhans

“The advanced diagnostic and therapeutic capabilities found in the Frontier™ II device give me considerable flexibility to optimize heart failure therapy without compromising size or longevity.”

— Dr. Reinhard C. Funck

Doctors Waldhans and Funck performed the first European implants of the Frontier™ II CRT-P

Complete Solutions for CRT Success

The Frontier™ II CRT-P, QuickSite™ lead and St. Jude Medical's advanced delivery tools are part of a complete CRT solution designed to be all you need for faster, easier implantation and excellent patient care.

Apeel™ CS Catheter Delivery System

- Speeds coronary sinus access
- Make difficult cases easier with multiple curvature angles



Atlas™ + HF CRT-D

- World's highest output cardiac resynchronisation therapy device
- Advanced Bi-V features
- Unmatched flexibility in DFT management



Frontier™ II CRT-P

- Latest advances in comorbidity management
- Designed to enhance patients' lives while avoiding the deleterious effects of RV pacing



Epic™ + HF CRT-D

- World's smallest 30J delivered CRT-D
- Advanced Bi-V features
- Unmatched flexibility in DFT management

QuickSite™ Leads

- Designed for faster, easier implantation and superior performance
- S-shaped distal tip for excellent stability



¹Doshi R. Post AV Node Ablation Evaluation (PAVE); Presented at the Late Breaking Clinical Trials, American College of Cardiology Annual Scientific Sessions, New Orleans, Louisiana USA, 2004

²Carlson M, Ip J, et al. A New Pacemaker Algorithm for the Treatment of Atrial Fibrillation; Results of the Atrial Dynamic Overdrive Pacing Trial (ADOPT). J Am Coll Cardiol 2003; 42: 627-33.

³de Voogt W. Prevention of Atrial Fibrillation by Overdrive Atrial Septum Stimulation (OASES study). Presented at the Late Breaking Trials NASPE 2003.

⁴Attuel P, CMC LeChesnay CMC; Mabo P, CHU Rennes; Defaye P, CHU Grenoble; Lolslet P, Binet D, CH Cherbourg; and the INOVA Study Group. Quality of Life in Permanently Paced AF Patients. The INOVA Study; Europace 2003 abstract.

⁵Schuchert A, Paul V, Boulogne E, Carlson M on behalf of the Adopt-A Investigators. Effect of Atrial Overdrive Pacing on the Onset of Heart Failure in Pacemaker Patients. Presented at ESC CONGRESS 2004, Munich, Germany.

⁶Wilkoff BL, Cook JR, Epstein AE, et al. Dual-chamber pacing or ventricular backup pacing in patients with an implantable defibrillator: the Dual Chamber and VVI Implantable Defibrillator (DAVID) trial. JAMA. 2002; 288:3115-3123.

⁷Beau S et al. Initial Clinical Experience with the Quicksite™ Left Heart Lead for CRT. Journal of Cardiac Failure 2004; 10 (suppl.): S85 (abstract #250).



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E1483EN Printed in Belgium 11044.0
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