

Gali SonR™ EXCELLENCE, REDEFINED

Enhanced intelligence for optimal outcomes





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Connected through life

EXCELLENCE, REDEFINED

Enhanced intelligence for optimal outcomes

At MicroPort[®], detail drives innovation. State-of-the-art technology, our defibrillators take clinical excellence to a new level and help improve patient's quality of life.

Besides being **the longest lasting 1.5 and 3T full body MRI-conditional CRT-D**, Gali SonR[™] features the world's only automatic CRT algorithm that is based on cardiac contractility, enabling it to improve clinical outcomes providing continuous and advanced patient care.¹⁻⁴

AutoMRI[™] adaptive intelligence allows Gali SonR[™] to automatically adapt to the MRI scanning environment, enabling essential therapies to provide a safe MRI pathway for your patients.²

The longest lasting CRT-D reduces the need for early replacements and associated risks^{1,5}

+

Provides a safe MRI pathway with AutoMRI[™] adaptive intelligence²

Improves clinical outcomes with individualized
therapies and frequent, adaptive CRT optimization based on cardiac contractility^{3,4}

Continuous, advanced care to ease the burden on healthcare systems⁴⁻¹¹





UNPARALLELED LONGEVITY¹

Gali SonR[™] incorporates advanced technology that withstands the test of time. Having the lowest current drain and a large battery capacity, MicroPort[®] excels in predicted longevity compared to other devices, saving patients from early replacements and alleviating the burden on healthcare systems.^{5,6}



THE LONGEST LASTING CRT-D¹

CRT-D Models

With the automatic CRT optimization system deactivated



With the automatic CRT optimization system activated



This longevity comparison has been developed using similar conditions and settings across device models and manufacturers. Settings have been extracted from the official device manuals and longevity simulators of manufacturers in order to ensure the most accurate longevity estimations and precise comparison.¹²

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A SAFE MRI PATHWAY WITH AUTOMRI™

Both patients and physicians alike desire the peace of mind and sense of control that continuous monitoring brings. AutoMRI[™] adaptive intelligence allows Gali SonR[™] to automatically adapt to the MRI scanning environment, minimising the time essential therapies are deactivated and enabling a safe MRI pathway.²

MRI workflow with AUTOMRI™



Visit.

The Health Care Professional (HCP) turns AutoMRI™ ON up to 10 days before a patient's MRI scan.



Scan.

As your patient enters the MRI scan room, the device automatically switches into asynchronous MRI mode and deactivates essential therapies.



Go.

3

Moving away from the scanner, 5 minutes after your patient leaves the MRI environment, the device switches back to the initial settings **without any HCP intervention.**

✓ Essential therapies ON ¥ Essential therapies OFF ✓ Essential therapies ON

Conventional MRI workflow



SYNCED TO INDIVIDUAL PATIENT NEEDS WITH SONR³

A third of patients do not respond to available CRT device therapies. Patients are in need of a device with an individualized, repetitive and automatic CRT optimization strategy. Gali SonR[™] offers the unique combination of a cardiac contractility sensor with an advanced and clinically proven algorithm.³⁻⁴



Contractility based³

The only device-based strategy using measurements of contractility to individualize the AV and VV timings.



Automatic & repetitive³

Because the condition of each patient is constantly changing, SonR automatically optimizes the settings and self-adjusts on a weekly basis.



Rest & exercise³

As the optimal AV delay changes depending on the patient's activity, SonR optimizes CRT settings both at rest and during exercise.

35% Risk reduction in HF hospitalization

for CRT patients optimized with SonR when compared to echo-guided optimization⁴

ADAPTIVE THERAPY THAT LEARNS AND EVOLVES WITH THE PATIENT

Gali SonR[™] mimics the natural way the heart works. It comes with therapeutic features providing a physiological response and adapts to all levels of patient activity.

Technology adapting to life rather than life adapting to technology

Phi intelligence – connected algorithms designed to work together for improved clinical outcomes



SIMULTANEOUS FLEXIBLE AUTONOMOUS Key algorithms No settings Arrhythmia can be activated interfere with detection individually or high-intensity is entirely simultaneously. exercise. autonomous whatever the settings or other

EFFICIENT

No time wasted optimizing settings to solve programming conflicts.

PARAD+[™] enables the intelligent discrimination cycle-by-cycle of arrhythmias, leading to the lowest rate of inappropriate shocks ever reported in medical literature.⁷

functions.



EFFICIENTLY MANAGES AF WHILE IMPROVING CLINICAL OUTCOMES

Gali SonR[™] has a unique combination of features that work together to help improve patient outcomes

ACCURATELY DETECTS AF

Warad[™] accurately detects and documents AF, even in cases of undersensing. It offers a unique way of detecting premature atrial contractions using a dynamic atrial window.^{13,14}



EFFECTIVELY PROTECTS PATIENTS FROM AF RISKS

PARAD+[™] sets the standard in the effective differentiation of stable and rapidly conducted AF from ventricular tachycardia (VT) using its beat-to-beat R-R long cycle search.

It protects patients from misclassification of AF in VT, the main cause of inappropriate shocks.¹⁵ 99%

best-in-class specificity¹⁵

EASE THE BURDEN ON HEALTHCARE SYSTEMS

From implantation to aftercare monitoring, Gali SonR[™] helps relieve burden on our healthcare systems. Gali SonR[™] provides clinically proven features that help avoid unscheduled visits, hospitalizations and unnecessary interventions.

Gali SonR[™] excels in predicted longevity with up to 11 years⁶

Defibrillators with a short lifespan are linked with **more frequent replacements and the associated complications**.⁵

Lowest rate of inappropriate shocks ever reported with [PARAD+]^{™7}

Inappropriate shocks are associated with a **doubling** of healthcare costs during the first year.⁸ [SONR] performs automatic AV & VV optimization, which leads to a 35% risk reduction in HF hospitalization⁴

The main cause of non-response to CRT is sub-optimal timing. However, AV & VV optimization with **echo is tedious and costly**.⁹

REMOTE MONITORING – THE SMART WAY TO MAINTAIN CLINICAL EXCELLENCE

SmartView remote monitoring system ensures continuous patient monitoring and follow-up, all while keeping the patient out of hospital and saving valuable time and resources for healthcare services.¹⁰

Automatic threshold tests for effective therapy

Our highly accurate capture management algorithms ensure regular threshold tests are automatically performed in all chambers. Accordingly, pacing outputs are adapted between follow-ups, ensuring effective therapy and optimizing the battery lifespan.¹¹

Take the worry out of technical matters, thanks to MicroPort Remote Monitoring customer service:

Ensures the patient is properly enrolled Ensures the connection is effective

Detects and acts to solve issues

References

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12.LONGEVITY COMPARISON CONDITIONS With the automatic CRT optimization system deactivated

MicroPort versus Abbott: DDD 60, 100% Ap, 100% BiVp, 2.5V @ 0.35ms for MicroPort / 0.4ms for Abbott, 500Ω, sensor OFF, 1 max shock every 9 months + 4 at implant for Abbott / 1 max shock/year for MicroPort, remote monitoring ON with daily check, 4 FU and 5 full alert reports/year for MicroPort / no additional information available for Abbott, RF telemetry ON: 2h of Bluetooth communication at implant for Abbott / 120min at implant + 15min in-clinic quarterly FU for MicroPort.

MicroPort versus Biotronik: DDD 60, 100% Ap, 100% BiVp, 2.5V @ 0.35ms for MicroPort / 0.4ms for Biotronik, 500Ω, sensor OFF, 2 max shocks/year, remote monitoring ON with 1 device message each day and 24 IEGM-online HD transmissions/year for Biotronik / with daily check, 4 FU and 5 full alert reports/year for MicroPort, RF telemetry ON: 120min at implant + 15min in-clinic quarterly FU for MicroPort / no additional information available for Biotronik. MicroPort versus Boston Scientific: DDD 60, 100% Ap. 100% BiVp, 2.5V @ 0.35ms for MicroPort / 0.4ms for Boston Scientific, 500Ω, sensor OFF, 2 max shocks/ year, remote monitoring ON with quarterly scheduled remote telemetry transmissions with daily check for Boston Scientific and MicroPort, and 5 full alert reports/year for MicroPort only, RF telemetry ON: 2h ZIP telemetry at implant and 40min annually for in-clinic FU for Boston Scientific / 120min at implant + 15min in-clinic quaterly FU for MicroPort. MicroPort versus Medtronic: DDD 60, 15% Ap, 100% BiVp, 2.5V @ 0.35ms for MicroPort / 0.4ms for Medtronic, 500Ω, sensor OFF, 2 max shocks/year, remote monitoring ON with quarterly scheduled remote telemetry transmissions with daily check for Medtronic and MicroPort, and 5 full alert reports/ year for MicroPort only, RF telemetry ON: 1h of wireless telemetry at implant and 1h of in-clinic wireless telemetry annually / 120min at implant + 15min in-clinic guarterly FU for MicroPort. With the automatic CRT optimization system activated

MicroPort versus Medtronic: DDD 60, 15% Ap, 50% RVp 100% LVp for Medtronic / 100% BiVp for MicroPort, 2.5V @ 0.35ms for MicroPort / 0.4ms for Medtronic, 500Q, sensor OFF, 2 max shocks/year, remote monitoring ON with quarterly scheduled remote telemetry transmissions with daily check for Medtronic and MicroPort, and 5 full alert reports/ year for MicroPort only, RF telemetry ON: 1h of wireless telemetry at implant and 1h of in-clinic wireless telemetry annually / 120min at implant + 15min in-clinic quarterly FU for MicroPort.

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Not available for sale or distribution in the USA. Refer to user manual supplied with the device for complete instructions for use.



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