



A Novel Extravascular Temporary Pacing Lead System

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Disclosures

Martin Burke, DO

Stockholder:

AtaCor Medical

Speaking Honoraria and Research Support:

Boston Scientific

Biosense Webster

Consultant:

Abbott

Boston Scientific

AtaCor Medical

Disclosures

Gary Gershony, MD

I have the following relevant relationships as it pertains to this presentation:

Minor Shareholder: AtaCor Medical

Scientific Advisory Board: AtaCor Medical

Current Approaches to Temporary Pacing

Existing methods used to treat transitory cardiac arrhythmias are associated with numerous disadvantages.¹⁻³

TRANSVENOUS PACING

- Fluoroscopic imaging requirements may delay therapy
- Bedrest restrictions can lengthen recovery time and increase procedure costs
- Intra- and post-operative complications are common³

EXTERNAL (TRANSCUTANEOUS) PACING

- Ineffective
- Cutaneous electrodes stimulate skeletal muscle, causing significant patient discomfort²
- Intended for emergent situations

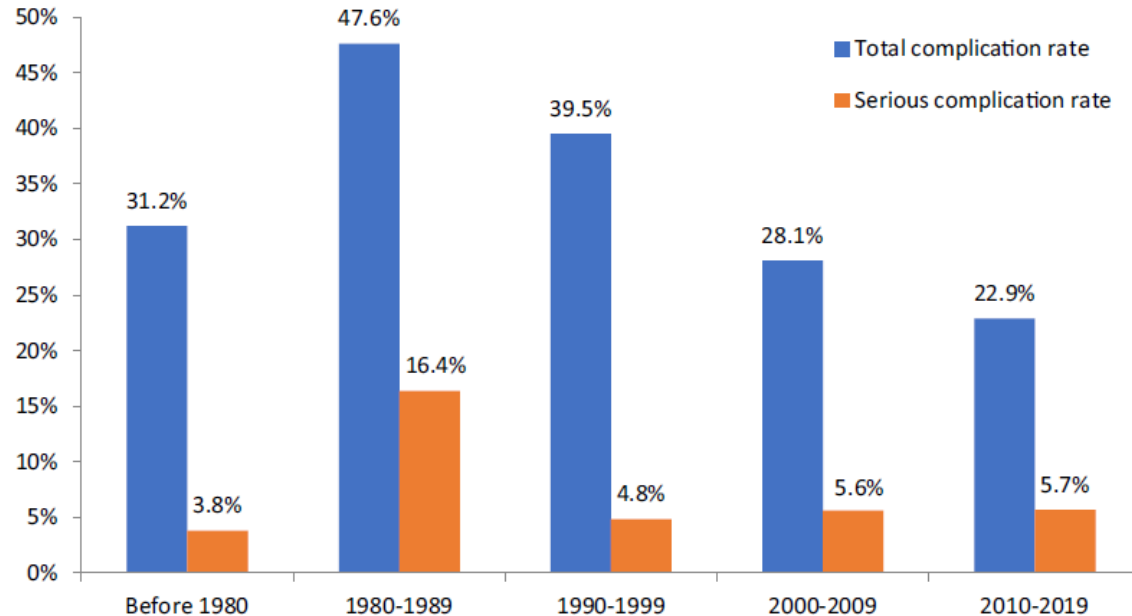
1. López AJ, Villuendas SR, García GC, et al. Temporary pacemakers: current use and complications. *Rev Esp Cardiol.* 2004;57:1045-1052.

2. Doukky R, Bargout R, Kelly RF, Calvin JE. Using transcutaneous cardiac pacing to best advantage: How to ensure successful capture and avoid complications. *J Crit Illn.* 2003;18(5):219-225.

3. Tjong, F. V. Y., U. W. de Ruijter, N. E. G. Beurskens and R. E. Knops. "A comprehensive scoping review on transvenous temporary pacing therapy." *Neth Heart J.* 2019 Oct;27(10):462-47

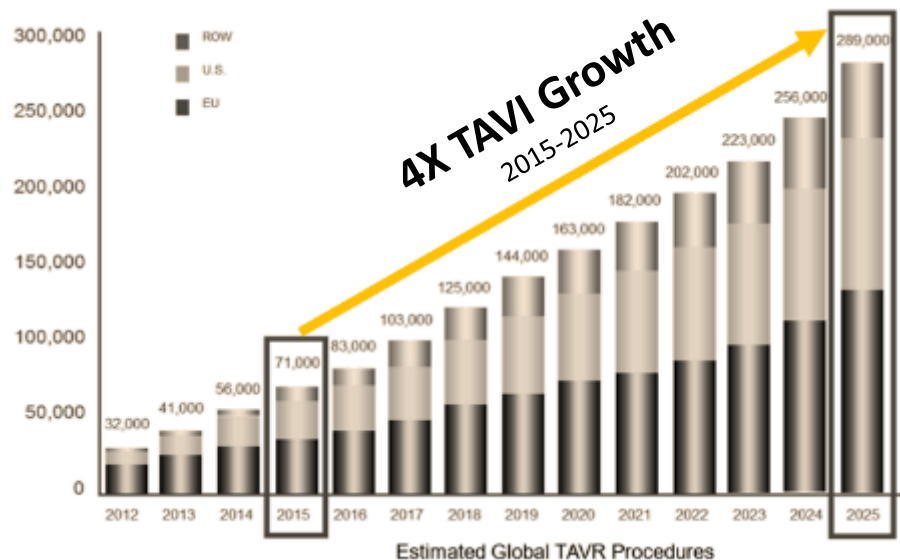
Temporary Pacing Complication Rates

Comprehensive Literature Review, Tjong, F.V.Y. et al.

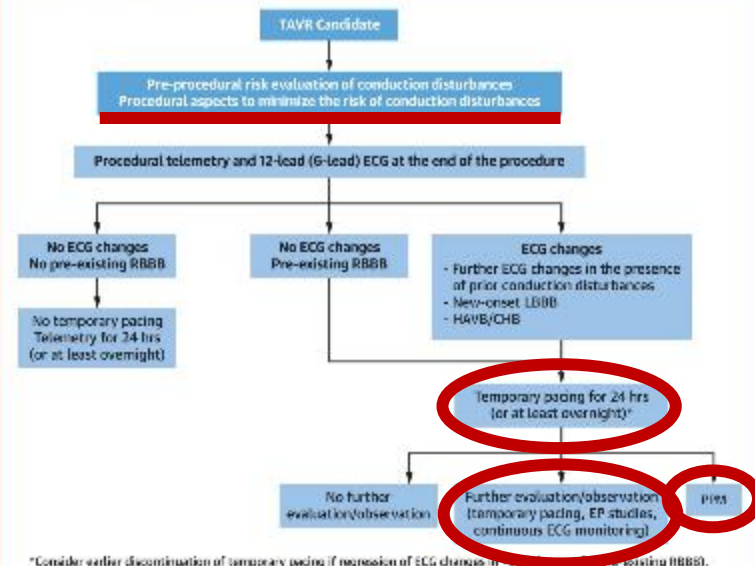


Tjong, F. V. Y., et al. (2019). Neth Heart J. 2019 Oct;27(10):462-473

As TAVI Grows, Need for Pacing Grows



CENTRAL ILLUSTRATION: Strategy Algorithm Proposal for the Management of Patients With Conduction Disturbances Post-Transcatheter Aortic Valve Replacement



Rodés-Cabau, J. et al. J Am Coll Cardiol. 2019;74(8):1086-106.

Pacing After TAVI

Data Demonstrate Need for Interim Pacing Solution



DEVICES

Conduction recovery following pacemaker implantation after transcatheter aortic valve replacement

Rachel M. Kaplan MD, Ajay Yadlapati MD, Eric P. Cantey MD, Rod S. Passman MD, MSCE, Mark Gajjar MD, Bradley P. Knight MD, Ranya Sweis MD, Mark J. Ricciardi MD, Duc T. Pham MD ... [See all authors](#) v

First published: 13 December 2018 | <https://doi.org/10.1111/pace.13579> | Cited by: 1

RESULTS:

13.1% of patients received a PPM after within 10 days after TAVR.

CONCLUSION:

"Fewer than half of patients who receive a new PPM following TAVR are pacemaker dependent at early follow-up (<30 days). The use of self-expanding valves and post-balloon dilation are associated with a markedly increased risk of PPM dependency."

DECEMBER, 2018



Archives of Cardiovascular Diseases Supplements

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Evolution of conduction disturbances induced by transcatheter aortic valve implantation, and implication in their management

M. Echivard ¹, A. B. A. Olivier ¹, A. Luc ², H. Blangy ¹, L. Freysz ¹, T. Foliguet ², P. Maureira ³, N. Sadoul ²

RESULTS:

16.2% of patients received a PPM after after TAVR.

CONCLUSION:

"Specific situations of conduction disturbance lead to different prognosis and should be managed specifically. After 3 months most patients implanted with PPM have recovered a spontaneous AV conduction, with a low ventricular pacing rate."

JANUARY, 2019

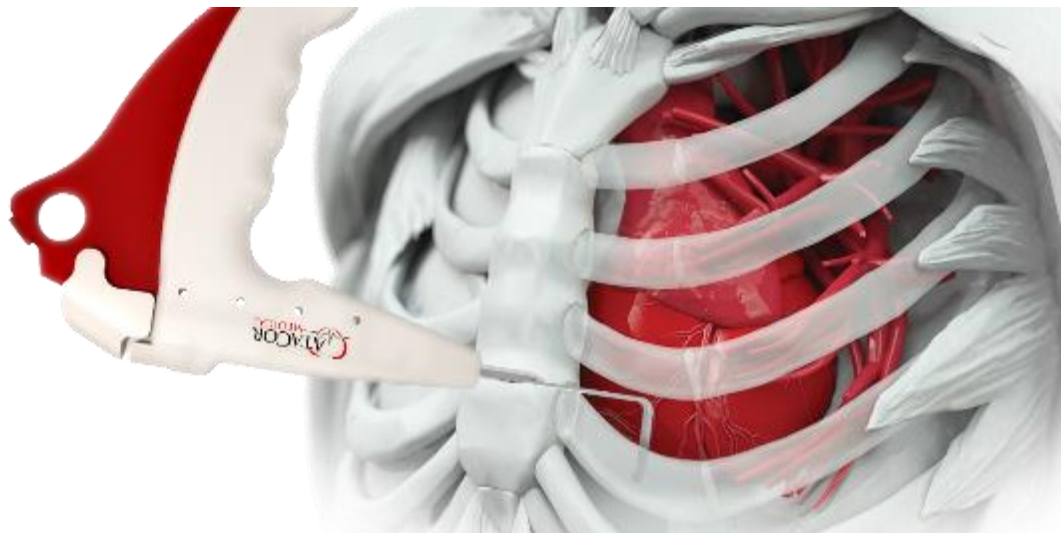
Novel Extravascular Pacing Under Development

EXTRAVASCULAR (EV) PACING

Pacing lead inserted parasternally over the right ventricle

DESIGNED FOR:

- Efficient deployment w/o advanced catheter skills
- Rapid initiation of pacing suitable for emergency situations
- Avoidance of cardiovascular complications
- Positional stability, even while patients are mobile



EXTRAVASCULAR TEMPORARY PACING LEAD SYSTEM WITH PARASTERNAL ACCESS
(AtaCor Medical, Inc.; San Clemente, CA)

CAUTION - Investigational device. Limited by Federal law (USA) to investigational use. Exclusively for clinical investigation.

Extravascular Pacing Lead Insertion (Animation)



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Case Example

First in Human Study, AtaCor Medical, Inc.



Loading the lead into the delivery tool



Delivery tool tips inserted through a 2-3 cm skin incision



Placement of delivery tool tips through the intercostal muscle to access the mediastinum



Removal of the delivery tool



Fixation of the lead

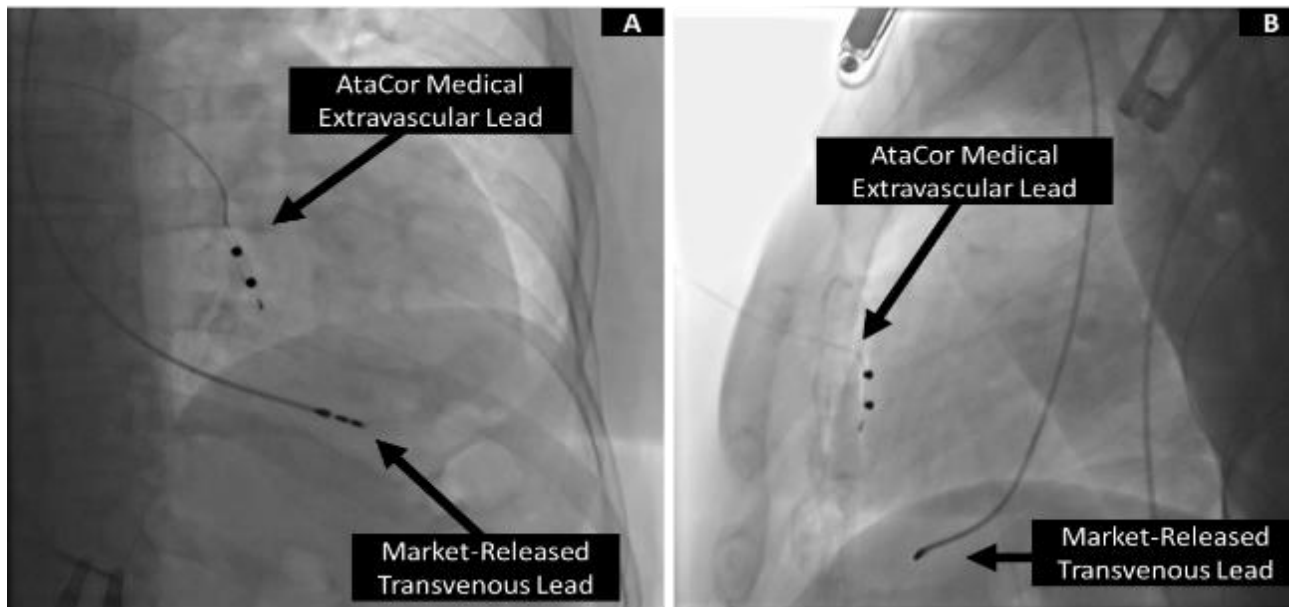


Connection to an external pacing device

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Example Images

First in Human Study, AtaCor Medical, Inc.



EXAMPLE EXTRAVASCULAR LEAD IN AP (A) AND LATERAL (B) VIEWS

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Three Pilot Studies Support Feasibility¹⁻³

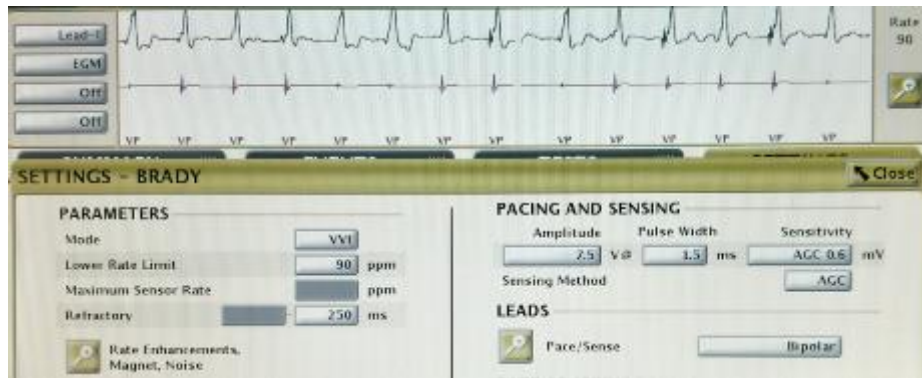
94% Procedure Success in first 34 subjects¹⁻³

97% Freedom from Serious Complications in first 34 subjects

- One (1) pericardial effusion of unknown origin following placement of TV and EV pacing leads



LEFT: EV pacing lead connected to a commercial pacemaker



RIGHT: Programmer screen demonstrating pacing capture

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clinical investigation.

1. Quast, A.F. et al. Electrical Performance of a Novel Entirely Extravascular Temporary Pacing System: Initial Pilot Study Experience. Heart Rhythm 2020, Vol. 17, Issue 5, Supp. S1-S762
2. van der Stuijt, W et al. Safety Analysis of a Novel Entirely Extracardiac Temporary Pacing System: Results of a Pilot Study
3. STEP I-III Studies,. Data on file at AtaCor Medical.

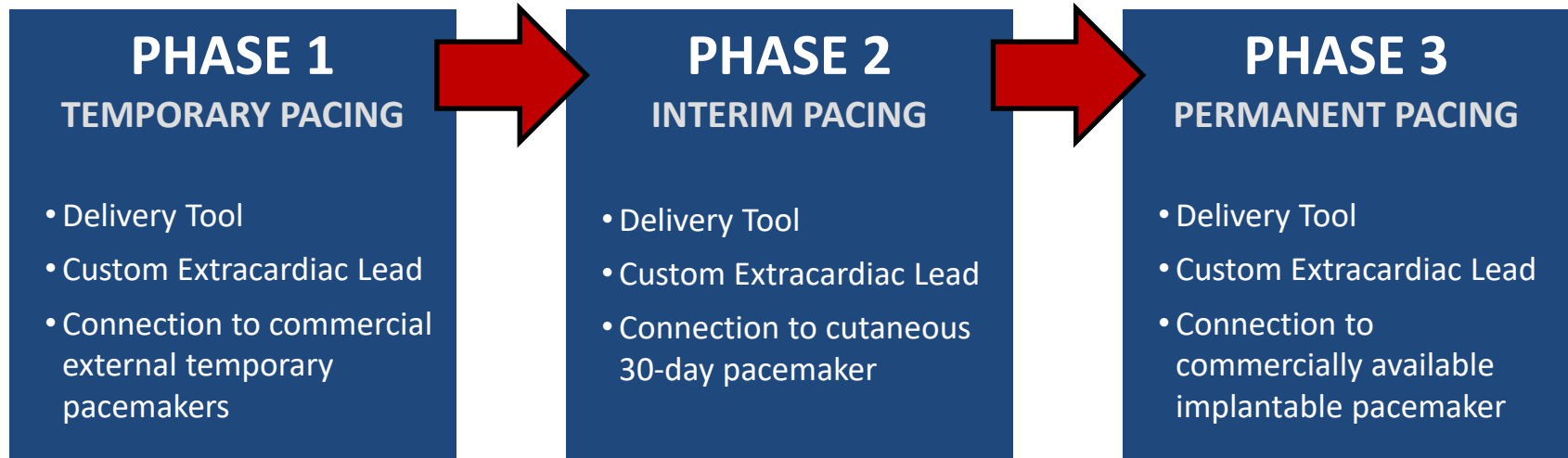
*First in Human Study, AtaCor Medical, Inc.*¹

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CRT 21
Virtual

Novel Extravascular Pacing

Technology Development



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