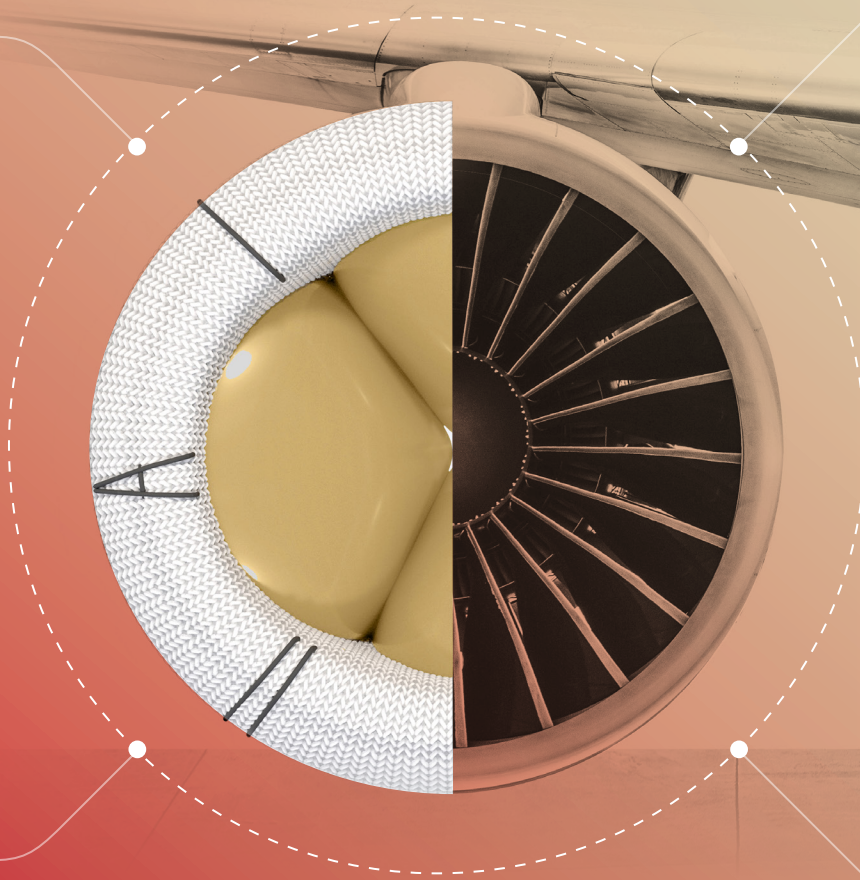


MITRIS RESILIA Mitral Valve

**Designed to handle the
pressure of the mitral position**



Edwards

The tissue valve specifically built for the mitral position



MITRIS RESILIA valve combines advanced features with proven design

- + Saddle-shaped sewing cuff mimics the native mitral annulus with an atrialized cuff design to reduce ventricular protrusion
- + Lowest profile stents that do not obstruct blood flow through the LVOT
- + Largest surgical valve opening and lowest gradients compared to commercially available valves in a pre-clinical study¹
- + RESILIA tissue* preservation technology, designed to enhance durability²
- + Built on the trusted PERIMOUNT valve platform

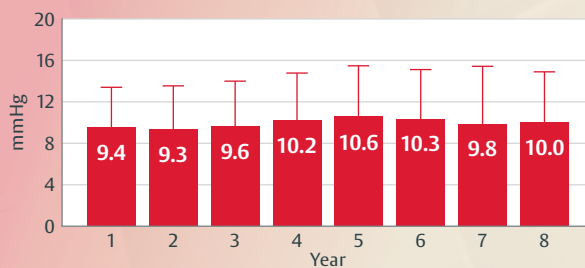
* Clinical data on valves with RESILIA tissue up to 7-year follow-up have been published, with additional follow-up of up to 10 years in process.

What sets the MITRIS RESILIA valve apart? Data.

Since 2004, RESILIA tissue has been extensively studied. The growing body of clinical evidence supports RESILIA tissue valves' hemodynamic performance and resistance to structural valve deterioration in the mitral position.

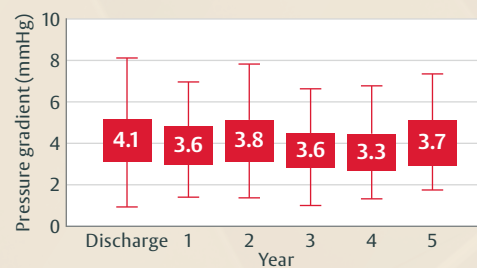
Clinically stable hemodynamics^{3,4}

8-year SAVR outcomes of RESILIA tissue valves⁴ (Echo-derived mean gradient, mmHg)



COMMENCE mitral trial

(Echo-derived median gradient, mmHg)



COMMENCE mitral trial results through 5 years³

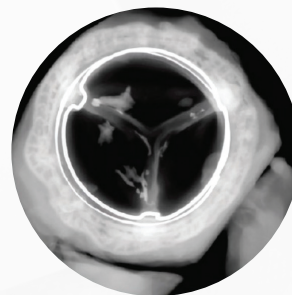
98.7%
freedom
from SVD

97.1%
freedom from
reoperation

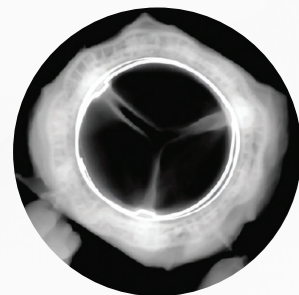
Juvenile sheep study – mitral position

Reduced calcification after 8 months, exceeding
the 5-month reporting requirement⁵

72% reduction
in calcification



Control valve (6900P)



RESILIA tissue valve

Ongoing real-world clinical outcomes study⁶
Global study of up to 500 patients implanted
with the MITRIS RESILIA valve

Momentis
STUDY

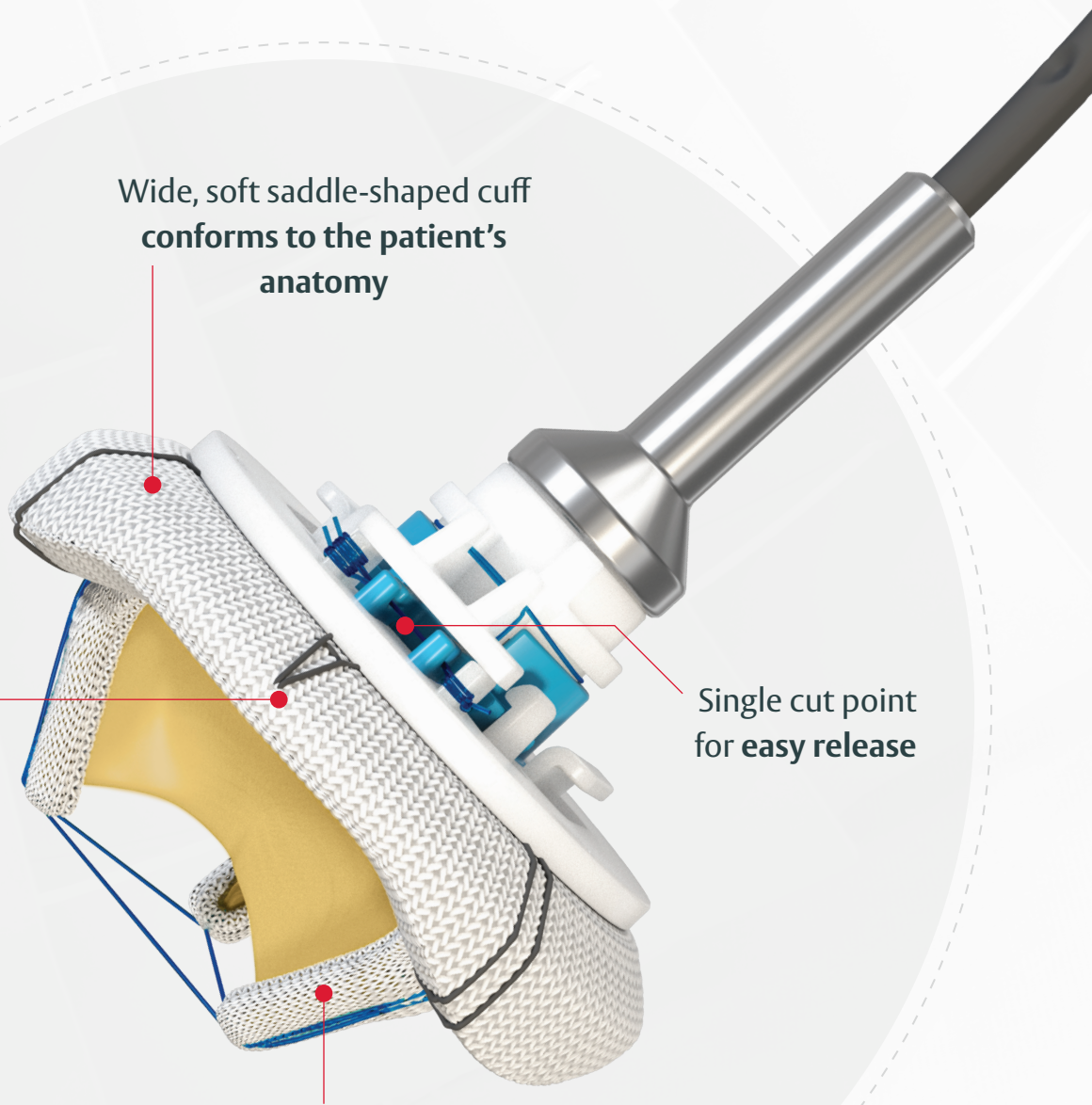
Optimized for ease of use

Clear markers aid
in orientation
and positioning

Wide, soft saddle-shaped cuff
conforms to the patient's
anatomy

Single cut point
for easy release

Nitinol stent posts fold to 55
degrees for ease of implantation
and they return to original
position when valve is implanted

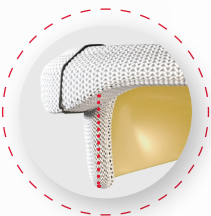


Designed for the future

The MITRIS RESILIA valve is ideal for potential future transcatheter ViV interventions^{*7}

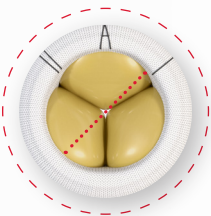


CoCr band provides better visibility under fluoroscopy compared to competing valves⁷ for ease of landing zone identification



Compared to commercially available valves in a pre-clinical study, the MITRIS valve has:

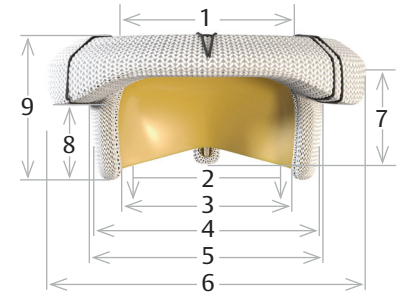
- + the columnar shape design that enables more uniformity in transcatheter heart valve (THV) expansion^{*7}
- + the least deformation of the THV frame for TMVR ViV^{*7}
- + the greatest THV leaflet opening area and lowest peak/mean trans-mitral gradient for TMVR ViV^{*7}



^{*} While the SAPIEN 3 valve is approved for ViV procedures in the mitral position for patients who are at intermediate or greater risk for open surgical therapy, these individual surgical valves are not indicated for ViV. The safety and effectiveness of ViV in these surgical valves has not been established.

Model 11400M

Valve Size (mm)	25 mm	27 mm	29 mm	31 mm	33 mm
1. Inflow orifice diameter (mm)	23.0	25.0	27.0	29.0	29.0
2. Effective orifice diameter (mm)*	19.5	21.0	23.0	25.0	25.0
3. Stent diameter (wireform, mm)	25.0	27.0	29.0	31.0	31.0
4. External stent post diameter (tip, mm)	27.0	29.0	30.0	33.0	33.0
5. Valve housing external diameter (mm)	27.5	29.5	31.5	33.5	33.5
6. External sewing ring diameter (mm)	36.5	38.5	41.0	42.5	44.5
7. Effective profile posterior (mm)	10.0	10.5	11.0	11.5	11.5
8. Effective profile anterior (mm)	7.0	7.5	8.0	8.5	8.5
9. Total profile height (mm)	15.0	16.0	17.0	18.0	18.0



*Effective orifice diameter (ID-effective): a diameter derived from hydrodynamic performance data measured with a standard validated procedure. ID-effective is an indicator of hemodynamic performance.

Accessories

Model	Description
1173B	Individual barrel sizer
1173R	Individual replica sizer
SET1173	Sizer tray only

Handle

1140M Nitinol handle
1141M Stainless steel handle

See the difference MITRIS RESILIA valve can make

Visit [Edwards.com/MITRIS](https://www.edwards.com/MITRIS) or scan the QR code to learn more.



References

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- Kaneko, T, Johnston D, Bavaria JE, et al. Propensity-matched 8-year Outcomes Following Surgical Aortic Valve Replacement With Novel Calcification-resistant Versus Contemporary Tissue Bioprostheses. Presented at the Heart Valve Society Annual Scientific Meeting, April 2025.
- Flameng W, Hermans H, Verbeken E, et al. A randomized assessment of an advanced tissue preservation technology in the juvenile sheep model. *J Thorac Cardiovasc Surg.* 2015;149(1):340–345.
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- Wang DD, O'Neill BP, Caranasos TG, et al. Comparative differences of mitral valve-in-valve implantation: A new mitral bioprosthesis versus current mosaic and epic valves. *Catheter Cardiovasc Interv.* 2022;99(3):934–942. doi: 10.1002/ccd.30011.

Important Safety Information: MITRIS RESILIA Mitral Valve

Indications: For use in replacement of native or prosthetic mitral heart valves. **Contraindications:** There are no known contraindications with the use of the MITRIS RESILIA mitral valve. **Complications and Side Effects:** Thromboembolism, valve thrombosis, hemorrhage, hemolysis, regurgitation, endocarditis, structural valve deterioration, nonstructural dysfunction, stenosis, arrhythmia, transient ischemic attack/stroke, congestive heart failure, myocardial infarction, ventricular perforation by stent posts, any of which could lead to reoperation, explantation, permanent disability, and death.

CAUTION: Federal (United States) law restricts this device to sale by or on the order of a physician. See Instructions for Use for full prescribing information, including indications, contraindications, warnings, precautions and adverse events.

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