

Nucleus® Reliability Report

Introduction

Since the release of Cochlear's first multi-channel system in 1982, there have been many improvements in cochlear implant technology, and in recipient outcomes. Cochlear has produced several generations of Nucleus® cochlear implants, with each successive generation of implant more reliable than the last.

In 2005, Cochlear's latest generation cochlear implant system, Nucleus® Freedom™, was released. After three years, the Freedom or CI24RE implant reliability data continues to indicate excellent implant reliability. Hearing performance outcomes are also continuing to improve, with the three month CNC word score mean exceeding 50% for the first time in any industry publication⁽¹⁾.

The past 25 years have shown improved recipient benefits with implantation, which has led to expanding patient candidacy criteria and a growing acceptance of the safety and efficacy of cochlear implants. Implants are now being implanted in children as young as 12 months, for those with severe to profound hearing loss, and increasingly bilateral cochlear implantation is becoming the clinical standard.

Traditionally, cochlear implant candidates received a single cochlear implant. However, the emerging trend is to fit patients with an implant in each ear – bilateral cochlear implantation. Recently published data provides evidence to support bilateral implantation, and indicates

that bilateral recipients can more effectively localize sound and achieve improved speech understanding in background noise⁽²⁻¹⁶⁾. Cochlear's history of consistent implant reliability and safety has been an important factor in meeting expanding candidature and recipient expectations for both unilateral and bilateral implantation.

As at 30 June 2007, there were 20,215 recipients with the Nucleus Freedom implant, and 94,926 Nucleus recipients in total. After three years on the market, the Cumulative Failure Percentage (CFP) of the Freedom implant is (per June data) 0.30% for adults and children combined.

Results Summary

Nucleus® Freedom™ – CI24RE

At three years, CFP is 0.23% for adults and 0.37% for children.

Nucleus® 24 – CI24R

At seven years, CFP is 0.9% for adults and 1.5% for children.

Nucleus® 24 – CI24M (All)

At 10 years, CFP is 0.8% for adults and 3.8% for children.

Nucleus® 22 – CI22M

At 20 years, CFP is 4.5% for adults, and at 18 years CFP is 8.9% for children.

CI24RE Implant

At three years, the CFP is 0.23% for adults and 0.37% for children.

The CI24RE, while continuing to meet minimal access surgery requirements, was improved in internal mechanical design, package strength, and electronic capabilities.

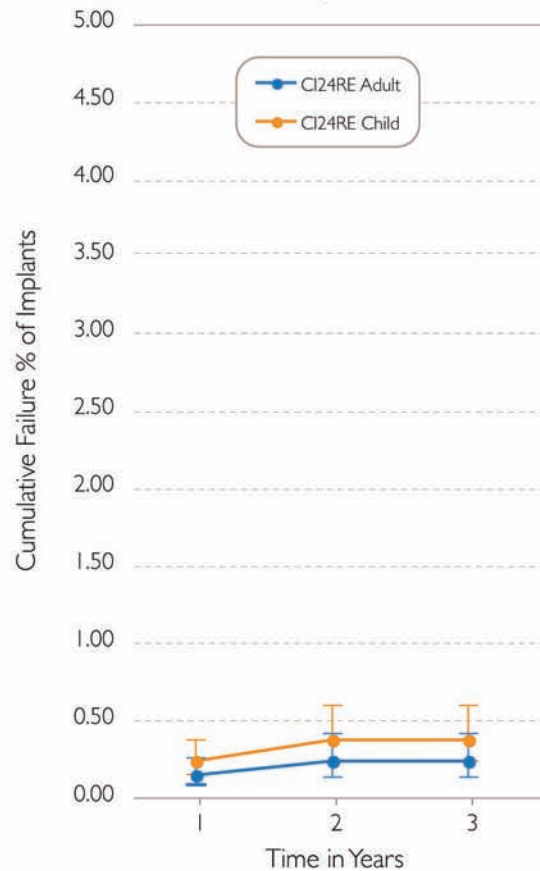
Changes in the implant package from the CI24M to the CI24R and CI24RE included modifications to the shape of the package and reductions in length and width. The CI24RE implant pedestal has a round base and vertical sides; thus drilling is simpler and the implant can be rotated in the bed at the time of implantation to optimize placement on the skull. The depth of the pedestal was also increased for more secure positioning in the mastoid bone.

The total length of the CI24RE is less than that of the CI24M, making it easier to match skull curvature, especially for small children. Extra internal space has been used to strengthen the implant against external impact.

The continued use of a titanium case to house the electronics also helps to reduce the effects of impact, as the titanium case is less likely to crack or shatter on direct impact than other housing materials, such as ceramics.

CI24RE Reliability

All patients worldwide as at 30 June 2007



Cumulative Failure Percentage (CFP)

	Yr 1	Yr 2	Yr 3
CI24RE Adult	0.14	0.23	0.23
CI24RE Child	0.23	0.37	0.37

Cumulative Survival Percentage (CSP)

	Yr 1	Yr 2	Yr 3
CI24RE Adult	99.86	99.77	99.77
CI24RE Child	99.77	99.63	99.63

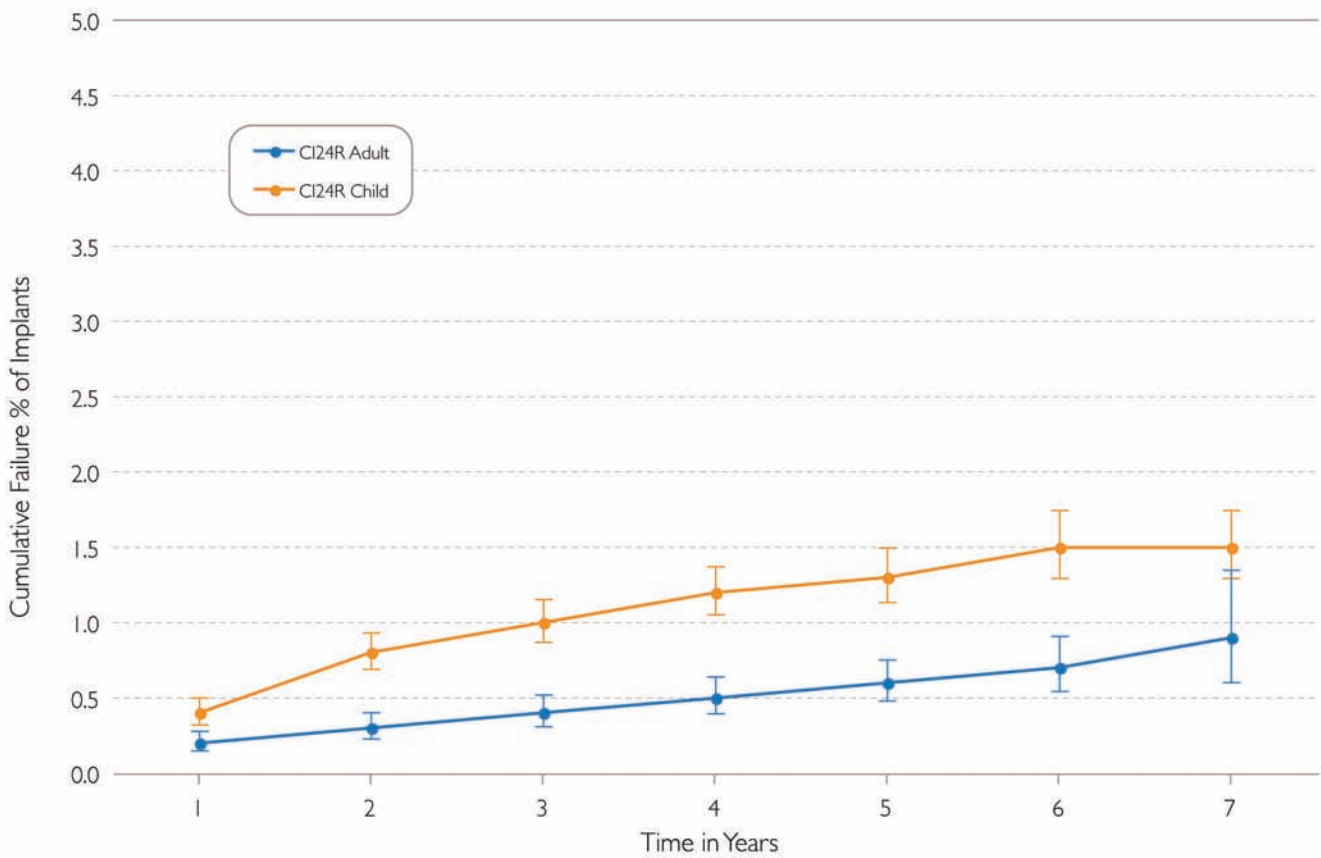
CI24R Implant

At eight years, the CFP is 0.9% for adults and 1.5% for children.

The CI24R implant was introduced in 2000. The implant has a perimodiolar array with 22 half-banded electrodes. The dimensions of the CI24R receiver-stimulator were considerably smaller than those of the CI24M and the package was designed with a low profile to allow very young children (older than 12 months) to be considered for implantation. The implant is well suited to minimal access surgery. The enhanced design of the Contour Advance™, introduced in 2003, was designed to minimize force on cochlea structures, and provide ease of insertion of the electrode array with minimal insertion force.

CI24R Reliability

All patients worldwide
as at 30 June 2007



Cumulative Failure Percentage (CFP)

	Yr 1	Yr 2	Yr 3	Yr 4	Yr 5	Yr 6	Yr 7
CI24R Adult	0.2	0.3	0.4	0.5	0.6	0.7	0.9
CI24R Child	0.4	0.8	1.0	1.2	1.3	1.5	1.5

Cumulative Survival Percentage (CSP)

	Yr 1	Yr 2	Yr 3	Yr 4	Yr 5	Yr 6	Yr 7
CI24R Adult	99.8	99.7	99.6	99.5	99.4	99.3	99.1
CI24R Child	99.6	99.2	99.0	98.8	98.7	98.5	98.5

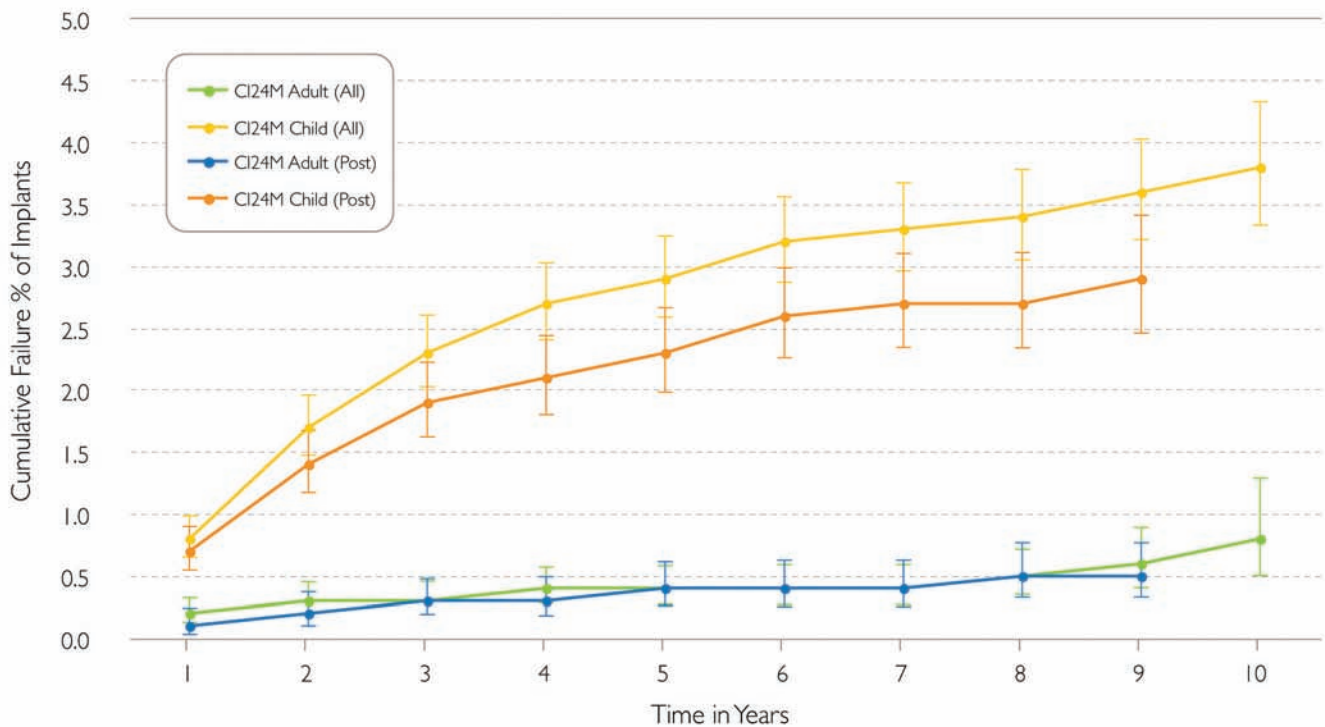
CI24M Implant

At 10 years, the CFP is 0.8% for adults and 3.8% for children.

The CI24M was released in 1997 and consisted of the CI24M receiver-stimulator and a 22-electrode straight array. The CI24M introduced new stimulation capability by the addition of a plate electrode on the package and an additional lead wire connected to a ball electrode intended to be placed under the temporalis muscle. The CI24M allowed for an increase in available pulse rates up to 14.4 kHz. In addition, telemetry was included to measure electrode voltage compliance and impedance, and to diagnose implant and electrode function. Telemetry also supported the world's first recording of the electrically evoked compound action potential (ECAP) using the intracochlear electrodes via Neural Response Telemetry (NRT™).

CI24M Reliability

All patients worldwide
as at 30 June 2007



Cumulative Failure Percentage (CFP)

	Yr 1	Yr 2	Yr 3	Yr 4	Yr 5	Yr 6	Yr 7	Yr 8	Yr 9	Yr 10
CI24M Adult (All)	0.2	0.3	0.3	0.4	0.4	0.4	0.4	0.5	0.6	0.8
CI24M Child (All)	0.8	1.7	2.3	2.7	2.9	3.2	3.3	3.4	3.6	3.8
CI24M Adult (Post)	0.1	0.2	0.3	0.3	0.4	0.4	0.4	0.5	0.5	-
CI24M Child (Post)	0.7	1.4	1.9	2.1	2.3	2.6	2.7	2.7	2.9	-

Cumulative Survival Percentage (CSP)

	Yr 1	Yr 2	Yr 3	Yr 4	Yr 5	Yr 6	Yr 7	Yr 8	Yr 9	Yr 10
CI24M Adult (All)	99.8	99.7	99.7	99.6	99.6	99.6	99.6	99.5	99.4	99.2
CI24M Child (All)	99.2	98.3	97.7	97.3	97.1	96.8	96.7	96.6	96.4	96.2
CI24M Adult (Post)	99.9	99.8	99.7	99.7	99.6	99.6	99.6	99.5	99.5	-
CI24M Child (Post)	99.3	98.6	98.1	97.9	97.7	97.4	97.3	97.3	97.1	-

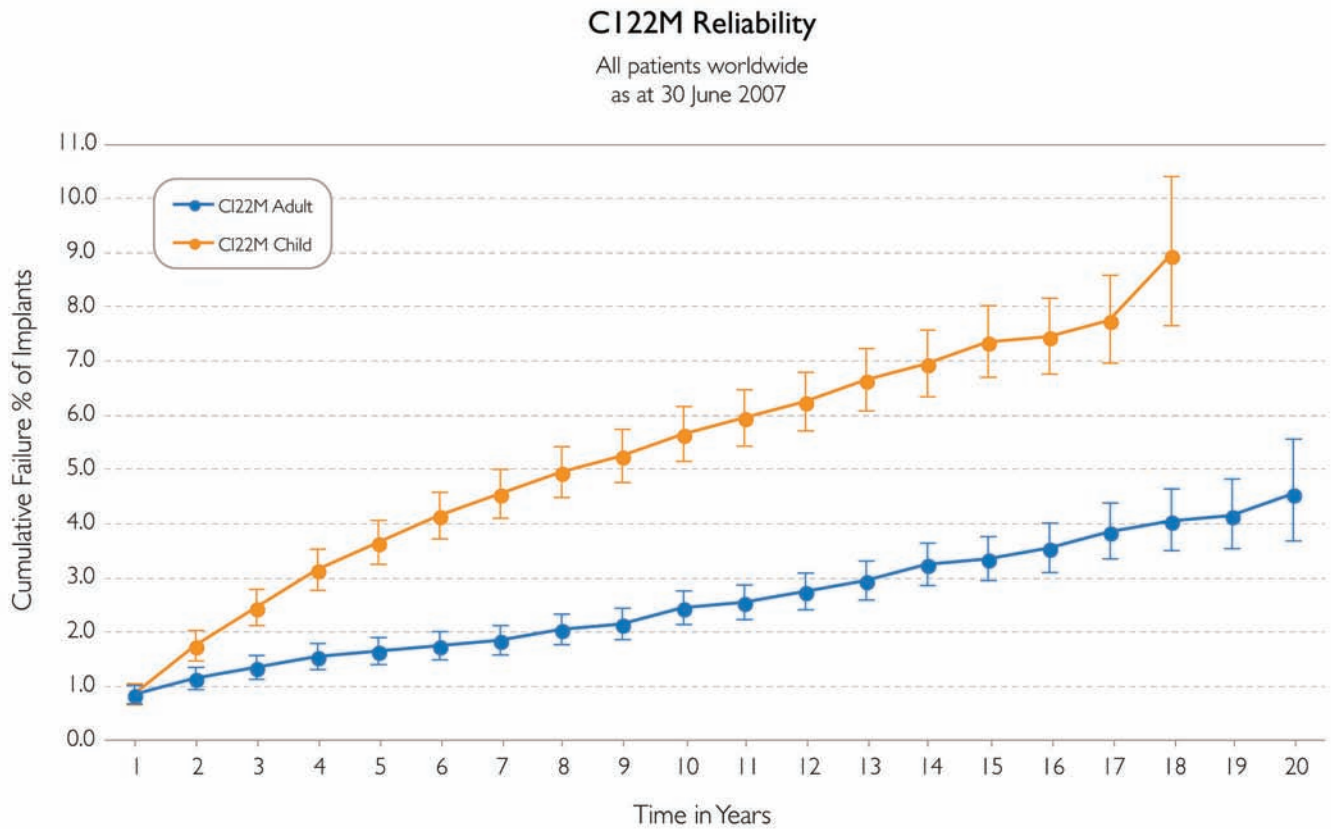
Notes:

- 'All' refers to all devices manufactured.
- 'Post' (i.e. Post Modification) refers to devices with a strengthened case.

CI22M Implant

At 20 years, CFP is 4.5% for adults, and at 18 years CFP is 8.9% for children.

The CI22M implant was initially released in 1985 and was based on Cochlear's earliest model implant, the CS22. Today, there are over 18,000 recipients with a CI22M device. In 1986, the CI22M was released with an internal magnet to hold the external transmitting coil in place.



Cumulative Failure Percentage (CFP)

	Yr 1	Yr 2	Yr 3	Yr 4	Yr 5	Yr 6	Yr 7	Yr 8	Yr 9	Yr 10	Yr 11	Yr 12	Yr 13	Yr 14	Yr 15	Yr 16	Yr 17	Yr 18	Yr 19	Yr 20
CI22M Adult	0.8	1.1	1.3	1.5	1.6	1.7	1.8	2.0	2.1	2.4	2.5	2.7	2.9	3.2	3.3	3.5	3.8	4.0	4.1	4.5
CI22M Child	0.8	1.7	2.4	3.1	3.6	4.1	4.5	4.9	5.2	5.6	5.9	6.2	6.6	6.9	7.3	7.4	7.7	8.9	-	-

Cumulative Survival Percentage (CSP)

	Yr 1	Yr 2	Yr 3	Yr 4	Yr 5	Yr 6	Yr 7	Yr 8	Yr 9	Yr 10	Yr 11	Yr 12	Yr 13	Yr 14	Yr 15	Yr 16	Yr 17	Yr 18	Yr 19	Yr 20
CI22M Adult	99.2	98.9	98.7	98.5	98.4	98.3	98.2	98.0	97.9	97.6	97.5	97.3	97.1	96.8	96.7	96.5	96.2	96.0	95.9	95.5
CI22M Child	99.2	98.3	97.6	96.9	96.4	95.9	95.5	95.1	94.8	94.4	94.1	93.8	93.4	93.1	92.7	92.6	92.3	91.1	-	-

About the Nucleus Reliability Report

This report has been produced for over 15 years, twice a year, to update cochlear implant professionals on the reliability of the Cochlear Nucleus implants in the field.

This report is prepared in accordance with International Standard ISO 5841-2⁽¹⁷⁾ and the reporting principles described in the European Consensus Statement on Cochlear Implant Failures and Explantations⁽¹⁸⁾.

The Cumulative Failure Percentage (CFP) demonstrates the percentage of devices that are no longer functioning over a given period of time. As the index is cumulative, a CFP that does not increase over time indicates no new failures. Cochlear includes all failures in the calculation, including those caused by external impact or electrode failures that lead to loss of clinical benefit. The data covers all implant models and results for adults and children are shown separately. The Cumulative Survival Percentage (CSP) is simply 100% minus the CFP. The CSP shows the cumulative number of functioning implants over time. The data in this report covers the entire life of each device and all registered recipients worldwide.

Each graph represents a type of device, based on the receiver-stimulator portion.

Receiver / Stimulator	Implants
CI24RE	Nucleus® Freedom™ with Contour Advance™ Electrode, and Nucleus® Freedom™ with Straight Electrode
CI24R	Nucleus® 24 Contour Advance™, Nucleus® 24 Contour™
CI24M	Nucleus® 24, Nucleus® 24 Double Array and Nucleus® 24 ABI
CI22M	Nucleus® 22

References:

- ⁽¹⁾ Pijl, S., Clark, M., Menapace, C., Hazard, L. (2006) North American Freedom™ Clinical Trial: Preliminary Results in Adults (2007 Addendum)
- ⁽²⁾ Dorman, M.F., Dahlstrom, L. Speech understanding by cochlear-implant patients with different left- and right-ear electrode arrays. *Ear and Hearing*, 2004; 25(2): 191-194.
- ⁽³⁾ Litovsky, R.Y., Parkinson, A., Arcaroli, J., Peters, R., Lake, J., Johnstone, P., Yu, G. Bilateral cochlear implants in adults and children. *Archives of Otolaryngology Head & Neck Surgery*, 2004; 130(5): 648-655.
- ⁽⁴⁾ Laszig, R., Aschendorff, A., Stecker, M., Muller-Deile, J., Maune, S., Dillier, N., Weber, B., Hey, M., Begall, K., Lenarz, T., Battmer, R-D., Boh, M., et al. Benefits of bilateral electrical stimulation with the Nucleus cochlear implant in adults: 6-month postoperative results. *Otology and Neurotology*, 2004; 25: 958-968.
- ⁽⁵⁾ Schleich, P., Nopp, P., D'Haese, P. Head shadow, squelch, and summation effects in bilateral users of the Med-El COMBI 40/40+ cochlear implant. *Ear and Hearing*, 2004; 25(3): 197-204.
- ⁽⁶⁾ Ramsden, R., Greenhan, P., O'Driscoll, M., Mawman, D., Proops, D., Craddock, L., Fielden, C., Graham, J., Meerton, L., Vershuur, C., Toner, J., McAnallen, C., et al. Evaluation of bilaterally implanted adult subjects with the Nucleus 24 cochlear implant system. *Otology and Neurotology*, 2005. 26: 988-998.
- ⁽⁷⁾ Senn, P., Kompis, M., Vischer, M., Haeusler, R. Minimum audible angle, just noticeable interaural differences and speech intelligibility with bilateral cochlear implants using clinical speech processors. *Audiology and Neurotology* 2005, 10: 342-352.
- ⁽⁸⁾ van Hoesel, R., Bohm, M., Battmer, R., Beckschebe, J., Lenarz, T. Amplitude-mapping effects on speech intelligibility with unilateral and bilateral cochlear implants. *Ear and Hearing*, 2005, 26(4): 381-388.
- ⁽⁹⁾ Dunn, C., Tyler, R., Witt, S., Gantz, B. Effects of converting bilateral cochlear implant subjects to a strategy with increased rate and number of channels. *Annals of Otolaryngology, Rhinology, & Laryngology*, 2006. 115(6): 425-432.
- ⁽¹⁰⁾ Ricketts, T., Grantham, W., Ashmead, D., Haynes, D., Labadie, R. Speech recognition for unilateral and bilateral cochlear implant modes in the presence of uncorrelated noise sources. *Ear and Hearing*, 2006. 27(6), 763-773.
- ⁽¹¹⁾ Litovsky, R.Y., Johnstone, P.M., Godar, S.P. Benefits of bilateral cochlear implants and/or hearing aids in children. *International Journal of Audiology*, 2006. 45(Supplement 1): S78-S91.
- ⁽¹²⁾ Litovsky, R.Y., Parkinson, A., Arcaroli, J., Sammeth, C. Simultaneous bilateral cochlear implantation in adults: A multicenter study. *Ear and Hearing*, 2006. 27(6): 714-731.
- ⁽¹³⁾ Kuhn-Inacker, H., Shehata-Deiler, W., Muller, J., Helms, J. Bilateral cochlear implants: a way to optimize auditory perception abilities in deaf children? *Int. J. Pediatr. Otorhinolaryngol.*, 2004; 68(10): 1257-1266.
- ⁽¹⁴⁾ Schoen, F., Muller, J., Helms, J. Sound localization and sensitivity to interaural cues in bilateral users of the Med-El Combi 40-40+ cochlear implant system. *Otology and Neurotology*, 2005. 23(5): 197-204.
- ⁽¹⁵⁾ Verschuur, C.A., Lutman, M.E., Ransden, R., Greehan, P., O'Driscoll, M. Auditory localization abilities in bilateral cochlear implant recipients. *Otology and Neurotology*, 2005. 26: 965-971.
- ⁽¹⁶⁾ Neuman, A., Haravon, A., Sislian, N., Waltzman, S. Sound direction identification with bilateral cochlear implants. *Ear and Hearing*, 2007. 28(1), 73-82.
- ⁽¹⁷⁾ International Organization for Standardization, International Standard ISO 5841-2 Implants for Surgery – Cardiac pacemakers – Part 2: Reporting of clinical performance of populations of pulse generators or leads, 2nd ed. 2000.
- ⁽¹⁸⁾ European Consensus Statement on Cochlear Implant Failures and Explantations. *Otol Neurotol*. 2005;26:1097-1099.

Cochlear™

The global leader in implantable hearing solutions.

Cochlear Ltd (ABN 96 002 618 073) 14 Mars Road, Lane Cove NSW 2066, Australia Tel: 61 2 9428 6555 Fax: 61 2 9428 6352

Cochlear Bone Anchored Solutions AB Mölndalsvägen 91, PO Box 16024, SE-412 21 Göteborg, Sweden Tel: 46 31 733 37 00 Fax: 46 31 335 88 60

Cochlear Americas 400 Inverness Parkway, Suite 400, Englewood CO 80112, USA Tel: 1 303 790 9010 Fax: 1 303 792 9025

Cochlear AG European Headquarters, Margarethenstrasse 47, CH - 4053 Basel, Switzerland Tel: 41 61 205 0404 Fax: 41 61 205 0405

Cochlear GmbH Karl-Wiechert-Allee 76A, D-30625 Hannover, Germany Tel: 49 511 542 770 Fax: 49 511 542 7770

Cochlear Europe Ltd 9 Weybridge Business Park, Addlestone Road, Addlestone, Surrey KT15 2UF, United Kingdom Tel: 44 1932 87 1500 Fax: 44 1932 87 1526

Nihon Cochlear Co Ltd Ochanomizu-Motomachi Bldg, 2-3-7 Hongo, Bunkyo-Ku, Tokyo 113-0033, Japan Tel: 81 3 3817 0241 Fax: 81 3 3817 0245

Cochlear (HK) Ltd Rm 2106, 21/F Wing On Centre, 111 Connaught Rd, Central, Hong Kong Tel: 852 2530 5773 Fax: 852 2530 5183

Cochlear (HK) Ltd Beijing Representative Office Room 2301, Building 1, Blue Castle International Center, No.3 Xi Da Wang Lu, Chaoyang District Beijing 100026, P.R.China Tel: 8610 8599 9924 Fax: 8610 8599 9804

Cochlear Limited (Singapore Branch) 6 Sin Ming Road, #01-16 Sin Ming Plaza Tower 2, Singapore 575585 Tel: 65 6553 3814 Fax: 65 6451 4105

Cochlear Benelux NV Schaliënhoedreef 20 I, B - 2800 Mechelen, Belgium Tel: 32 15 36 28 77 Fax: 32 15 36 28 70

Cochlear Bone Anchored Solutions France S.A.S. Route de l'Orme aux Merisiers, Z.I. Les Algorithmes - Bât Homère, F - 91190 St Aubin, France Tel: 33 1 69 35 19 93 Fax: 33 1 60 19 64 99

Cochlear France S.A.S. 3 impasse Marcel Chalard, 31100 Toulouse, France Tel: 33 534 63 85 85 Fax: 33 534 63 85 80

Cochlear Italia SRL Via Augusto Murri, 45/L, I-40137 Bologna, Italy Tel: 39 051 343578 Fax: 39 051 392062

Cochlear Nordic AB Mölndalsvägen 91, SE - 412 63 Göteborg, Sweden Tel: 46 31 335 14 61 Fax: 46 31 335 14 60

Cochlear Canada Inc 2500-120 Adelaide Street West, Toronto, ON M5H 1T1 Canada Tel: 1 416 972 5082 Fax: 1 416 972 5083

www.cochlear.com

Nucleus is a registered trademark of Cochlear Limited. Cochlear, Contour Advance, Contour, Freedom and NRT are trademarks of Cochlear Limited.
© Cochlear Limited 2007. N32685F ISSI OCT07

Graphs contained within document:
N32528 ISSI AUG07, N32529 ISSI AUG07, N32530 ISSI AUG07,
N32531 ISSI AUG07, N32532 ISSI AUG07, N32533 ISSI AUG07.