Is WATCHMAN Right For Me?

WATCHMAN may offer an alternative to the lifelong use of blood thinners for people with atrial fibrillation not caused by a heart value problem (also known as non-valvular AFib).

This guide will help you start a conversation with your doctor including the latest WATCHMAN facts, a symptom tracker and a referral form.
NEXT STEPS

1

Schedule an appointment with your cardiologist to discuss WATCHMAN and your concerns with your current stroke risk treatment.

2

WATCHMAN resources to help you prepare for your appointment:

- Connect with a WATCHMAN Education Specialist
  They are trained professionals with healthcare experience here to help answer your questions about WATCHMAN and will give you information to talk to your doctor.

- Connect with someone who has a WATCHMAN
  Patient Ambassadors are a community of people that have received the WATCHMAN implant. They have volunteered to share their personal experiences.

- Connect with an implanter through educational events
  Hear from implanting physicians about treatment options that could help reduce the risk of AFib-related strokes, including drug and device therapies, such as WATCHMAN.

TO LEARN MORE ABOUT THESE RESOURCES CALL

1-844-294-3320

Monday - Friday, 8:00 am to 5:00 pm Central time

3

Take the time to fill in any information about yourself and bring this discussion guide into your appointment to discuss your eligibility for WATCHMAN with your cardiologist. Give the last two pages to your doctor.
WATCHMAN ELIGIBILITY

In order to be eligible for WATCHMAN, do you have the following?

- Do you have Atrial fibrillation (AFib) not caused by heart valve problems (i.e. non-valvular AFib)?

- Do you have an elevated stroke risk?

- Do you take a blood thinner or have you been prescribed a blood thinner in the past for your non-valvular AFib?

- Would you benefit from an alternative to blood thinners for one or more of the below reasons?
  - Have you had issues with bleeding and/or bruising while on blood thinners?
  - Do you have a medical condition, lifestyle/hobbies or an occupation that puts you at risk for bleeding while on blood thinners?
  - Do you have trouble staying within the recommended blood clotting range? (a measurement known as INR)
  - Do you have trouble getting regular blood tests to confirm your INR?
  - Do you occasionally miss a dose of your blood thinners or do not take them as instructed?
  - Do you have an intolerance of warfarin and/or other blood thinners?
  - Do you have a high risk of falling?
  - Do you have a greater risk while on blood thinners due to cognitive impairment conditions?
  - Do you need additional blood thinners? (such as dual antiplatelet medications due to stents or other conditions)
  - Do you have an increased bleeding risk not reflected by the HAS-BLED score? (such as thrombocytopenia, cancer or risk of tumor associated bleeding)
  - Are there other situations that make you worry about the risks of taking blood-thinners long-term?
  - Do you have a history of serious kidney (renal) failure?
PREPARING FOR THE APPOINTMENT

To give your cardiologist examples of issues you have experienced while being on blood thinners, keep track of any details below:

Check any of the following that apply to you:

☐ Bleeding Concerns ☐ Excessive Bruising ☐ Falling / Unsteadiness
☐ Blood Thinner Concerns ☐ Lifestyle Tradeoffs ☐ Other Concerns

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AT THE APPOINTMENT

What questions might you have for your cardiologist? Write them down and keep track of how your doctor answers.

Q: __________________________
A: __________________________

Q: __________________________
A: __________________________

Q: __________________________
A: __________________________

If you have any remaining questions about WATCHMAN after your appointment with your cardiologist, contact a WATCHMAN Education Specialist

☎ 1-844-294-3320

Monday - Friday, 8:00 am to 5:00 pm Central time
WATCHMAN™
LEFT ATRIAL APPENDAGE CLOSURE IMPLANT

WATCHMAN FACTS

WATCHMAN has a proven safety record, more than 100,000 WATCHMAN procedures have been performed worldwide and over 20 years of U.S. clinical studies.

WATCHMAN is minimally invasive
WATCHMAN, a one-time procedure for people with atrial fibrillation not caused by a heart valve problem (also known as non-valvular AFib). This permanent heart implant effectively reduces the risk of stroke—without the risk of bleeding that can come with the long-term use of warfarin (the most common blood thinner).1,2

Clinically-proven long-term outcomes
In a clinical trial, 9 out of 10 people were able to stop taking warfarin just 45 days after the WATCHMAN procedure.1

WATCHMAN is affordable
WATCHMAN is covered for eligible Medicare patients who meet certain national coverage criteria. It is less expensive than warfarin two years after implant and half the cost five years after implant.3

To see how WATCHMAN works, please visit watchman.com/video

References:

Important Safety Information
The WATCHMAN Device is a permanent implant designed to close the left atrial appendage in the heart in an effort to reduce the risk of stroke.

With all medical procedures there are risks associated with the implant procedure and the use of the device. The risks include but are not limited to accidental heart puncture, air embolism, allergic reaction, anemia, anesthesia risks, arrhythmias, AV (Arteriovenous) fistula, bleeding or throat pain from the TEE (Trans Esophageal Echo) probe, blood clot or air bubbles in the lungs or other organs, bruising at the catheter insertion site, clot formation on the WATCHMAN™ Closure Device, cranial bleed, excessive bleeding, gastrointestinal bleeding, groin puncture bleed, hypotension, infection/pneumonia, pneumothorax, pulmonary edema, pulmonary vein obstruction, renal failure, stroke, thrombosis and transient ischemic attack. In rare cases death can occur.

Be sure to talk with your doctor so that you thoroughly understand all of the risks and benefits associated with the implantation of the WATCHMAN Device.

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Drug or medication regimen not compatible with oral anticoagulant therapy

Other situations for which OAC is inappropriate

- Avoidance of triple therapy after PCI or TAVR
- Severe renal failure
- Occupation/lifestyle that puts patient at an increased bleeding risk
- Increased bleeding risk not reflected by the HAS-BLED score (e.g., thrombocytopenia, cancer, or risk of tumor associated bleeding in case of systemic anticoagulation)
- History of bleeding or increased bleeding risk (See HAS-BLED table on back page.)
- History or risk of falls
- Documented poor compliance with OAC therapy
- Inability or difficulty maintaining therapeutic range
- Drug or medication regimen not compatible with oral anticoagulant therapy

Patient has Non-Valvular Atrial Fibrillation (NVAF)

Patient has an increased risk for stroke and is recommended for oral anticoagulation (OAC)

- CHA₂DS-VASc of ≥2 (or CHA₂DS-VASc of ≥3 for Medicare patients). See table on back page.

Patient is suitable for short-term warfarin therapy but deemed unable to take long-term OAC

Patient has an appropriate rationale to seek a non-pharmacologic alternative to warfarin. Specific factors may include one or more of the following:

- History of bleeding or increased bleeding risk (See HAS-BLED table on back page.)
- History or risk of falls
- Documented poor compliance with OAC therapy
- Inability or difficulty maintaining therapeutic range
- Increased bleeding risk not reflected by the HAS-BLED score (e.g., thrombocytopenia, cancer, or risk of tumor associated bleeding in case of systemic anticoagulation)
- Occupation/lifestyle that puts patient at an increased bleeding risk
- Severe renal failure
- Avoidance of triple therapy after PCI or TAVR
- Other situations for which OAC is inappropriate
- Drug or medication regimen not compatible with oral anticoagulant therapy

Give this to your cardiologist at your next appointment
**CHA\textsubscript{2}DS\textsubscript{2}-VASc Score (Stroke Risk)\textsuperscript{a}**

<table>
<thead>
<tr>
<th>Condition</th>
<th>Points</th>
</tr>
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<tbody>
<tr>
<td>C Congestive heart failure</td>
<td>1</td>
</tr>
<tr>
<td>H Hypertension (SBP &gt; 160)</td>
<td>1</td>
</tr>
<tr>
<td>A Age ≥ 75 years</td>
<td>2</td>
</tr>
<tr>
<td>D Diabetes mellitus</td>
<td>1</td>
</tr>
<tr>
<td>S\textsubscript{2} Prior stroke, TIA, or thromboembolism</td>
<td>2</td>
</tr>
<tr>
<td>V Vascular disease (PAD, MI)</td>
<td>1</td>
</tr>
<tr>
<td>A Age 65-74 years</td>
<td>1</td>
</tr>
<tr>
<td>Sc Sex category (Female)</td>
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**Score**

<table>
<thead>
<tr>
<th>Yearly Stroke Risk (%)</th>
<th>No Warfarin</th>
<th>With Aspirin\textsuperscript{a}</th>
<th>With Warfarin\textsuperscript{a}</th>
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<tbody>
<tr>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
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<tr>
<td>1</td>
<td>1.3</td>
<td>1.0</td>
<td>0.5</td>
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<tr>
<td>2</td>
<td>2.2</td>
<td>1.8</td>
<td>0.8</td>
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<tr>
<td>3</td>
<td>3.2</td>
<td>2.6</td>
<td>1.1</td>
</tr>
<tr>
<td>4</td>
<td>4.0</td>
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<tr>
<td>6</td>
<td>9.8</td>
<td>7.8</td>
<td>3.4</td>
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**HAS-BLED Score (Bleeding Risk with Warfarin)\textsuperscript{c}**

<table>
<thead>
<tr>
<th>Condition</th>
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<tbody>
<tr>
<td>H Hypertension</td>
<td>1</td>
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<tr>
<td>A Abnormal renal/liver fuction (1 pt each)</td>
<td>1 or 2</td>
</tr>
<tr>
<td>S Stroke</td>
<td>1</td>
</tr>
<tr>
<td>B Bleeding history or disposition</td>
<td>1</td>
</tr>
<tr>
<td>L Labile INR</td>
<td>2</td>
</tr>
<tr>
<td>E Elderly (e.g. age &gt; 65 years)</td>
<td>1</td>
</tr>
<tr>
<td>D Current drugs (medication) or alcohol use (1 pt each)</td>
<td>1 or 2</td>
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**Score**

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<thead>
<tr>
<th>Yearly Major Bleeding Risk (%)\textsuperscript{c}</th>
<th>0</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
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<tr>
<td></td>
<td>1.13</td>
<td>1.02</td>
<td>1.88</td>
<td>3.74</td>
<td>8.70</td>
<td>12.5</td>
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</tbody>
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**References**

a. CHA\textsubscript{2}DS\textsubscript{2}-VASc: Chest. 2010;137(2):263-272.

*Maj or Bleed = ICH or bleeding resulting in a hospitalization, a hemoglobin drop > 2 g/dL, or a blood transfusion.*

NOTE: A high HAS-BLED score is ≥3.

**Formal Shared Decision Making**

The patient must have a formal shared decision making interaction with an independent, non-interventional physician using an evidence-based decision tool on oral anticoagulation in patients with NVAF prior to LAAC. Additionally, the shared decision making interaction must be documented in the medical record. **THIS IS NOT A FORMAL SHARED DECISION MAKING DOCUMENT AND CANNOT BE USED FOR RECORDING THE SHARED DECISION MAKING INTERACTION.**