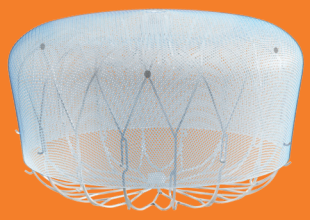
WATCHMAN FLX™ Pro

LEFT ATRIAL APPENDAGE CLOSURE DEVICE

Boston Scientific
Advancing science for life™

Break the pattern of OACs



AFib patients are often prescribed oral anticoagulants (OACs) to reduce their risk of stroke, **but 4 out of 5 AFib patients taking OACs say they would be willing to try a different treatment** due to daily burdens and risks that OACs may bring.[1]

Adherence

- Difficulty maintaining therapeutic anticoagulation
- Cognitive, social, or lifestyle barriers to consistent OAC use
- DOAC adherence below 80% may increase stroke risk by 64%[2]

Up to 40% of AFib patients are non-adherent to DOACs[3]

Stroke

- History of ischemic stroke or TIA related to non- adherence or Sub-therapeutic anticoagulation
- Ongoing stroke risk where durable protection is needed

WATCHMAN is similarly effective to OACs at maintaining stroke protection[4]

Falling

- LAAC with WATCHMAN significantly reduced the severity of fall-related injuries[5]
- Incidence of major trauma (defined as ISS > 15) also significantly lower in patients treated with LAAC[6]

Over 30% of people over age 65 fall every year[7]*

*Falls are the most common type of accidents in people age 65 and older.

Future bleeds

- People who take blood thinners for 10 years may be at ~9x higher risk of bleeding compared to a single year of DOAC therapy[8]
- Other medications may increase bleeding risk

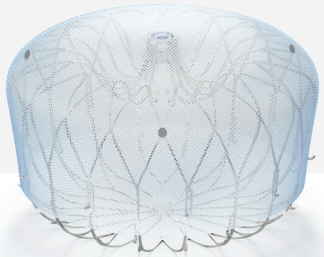
Long-term OAC use compounds bleeding risk over time[8]

Patients may want another option: WATCHMAN™ is indicated for a broad range of patient types

The 2023 ACC/AHA/ACCP/HRS Guidelines for the Diagnosis and Management of Atrial Fibrillation consider **left atrial appendage occlusion (LAAO) devices a 2a Class of Recommendation for patients with a contraindication to long-term OACs.**

WATCHMAN: the most studied and implanted LAAC device

The WATCHMAN FLX™ Pro Left Atrial Appendage Closure (LAAC) Device has been proven to be an effective, one-time alternative so you can move more patients off OACs with procedural confidence and long-term safety



- Backed by robust clinical data
- Eliminates the ongoing bleeding and adherence risks of OAC therapy
- Provides comparable stroke protection with reduced bleeding risk

600,000+

Implanted patients worldwide

The CHAMPION-AF clinical trial showed that WATCHMAN FLX met all trial endpoints when used as an alternative to NOACs, including a superior net clinical benefit*, 1.1% annualized ischemic stroke rate and 45% bleeding risk reduction.[4]

* Net clinical benefit endpoint includes a composite of cardiovascular death, stroke, systemic embolism, and non-procedural ISTH major and modified clinically-relevant non-major bleeding

34%

Reaffirming superiority of the primary safety endpoint, WATCHMAN FLX demonstrated a statistically significant 34% risk reduction in ISTH major and modified* clinically relevant non-major bleeding (including procedural) at 36 months (12.8% vs. 19.0% (HR 0.66 [0.54, 0.80]); P<0.0001).

*Modified ISTH clinically relevant non-major bleeding: does not fit criteria for the ISTH definition of major bleeding bur requires hospitalization or increase level of care.

1.1%

Annualized Ischemic Stroke Rate

98.8%

Procedural success among 141 global centers, including ~300 implanting physicians

1. Salmasi S., Loewen P.S., Tandun R., Andrade J.G., Vera M.A.D. Adherence to oral anticoagulants among patients with atrial fibrillation: a systematic review and meta-analysis of observational studies. BMJ Open. 2020;10 doi: 10.1136/bmjopen-2019-034778
2. Grymonprez M, Steurbaut S, Capiau A, et al. Minimal adherence threshold to non-vitamin k antagonist oral anticoagulants in patients with atrial fibrillation to reduce the risk of thromboembolism and death: a nationwide cohort study. Cardiovasc Drugs Ther. 2025;39(1):107-117. doi:10.1007/s10557-023-07507-3.
3. Tarn D, Shih K, Tseng C, et al. Reasons for nonadherence to the direct oral anticoagulant apixaban: a cross-sectional survey of atrial fibrillation patients. JACC Adv. 2023;2(1):100175. doi:10.1016/j.jacadv.2022.100175.
4. SK Doshi et al. Left Atrial Appendage Closure or Anticoagulation for Atrial Fibrillation. New England Journal of Medicine, March 2026.
5. (OR: -1.09; P<0.001) - Deng et al. Fall Outcomes with LAAO vs. DOACs for AF. JACC 2023.
6. (n = 1 [0.8%] vs. n = 10 [6.3%]; P=0.026) - Deng et al. Fall Outcomes with LAAO vs. DOACs for AF. JACC 2023.
7. Appeadu MK, Bordoni B. Falls and Fall Prevention in Older Adults. [Updated 2023 Jun 4]. In: StatPearls [Internet]. Treasure Island (FL): StatPearls Publishing; 2025 Jan-. Available from: https://www.ncbi.nlm.nih.gov/books/NBK560761/
8. A. Rubboli, et al. Incidence, clinical impact and risk of bleeding during oral anticoagulation therapy. World J Cardiol. 2011 Nov 26;3(11):351-358. doi: 10.4330/wjc.v3.i11.351

WATCHMAN FLX is an FDA approved device being studied for an expanded indication as a first line therapy vs NOAC for NVAF patients. The use of WATCHMAN or WATCHMAN FLX as a first-line therapy for stroke risk reduction in NVAF patients is considered investigational. **Caution:** Investigational Device. Limited by US law to investigational use only.

Learn more about
WATCHMAN FLX Pro Device

Learn more about
Break the Pattern of OACs

WATCHMAN FLX Pro Device Brief Summary
watchman.com/en-us-hcp/watchman-flx-pro-brief-summary.html

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