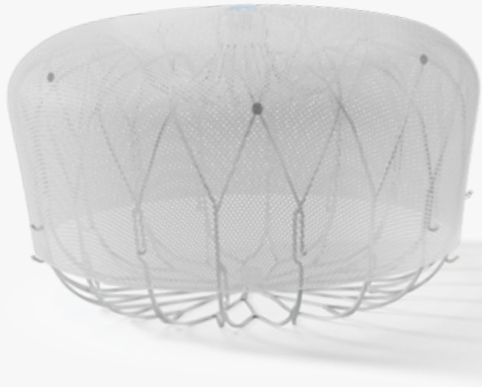




WATCHMAN™

LEFT ATRIAL APPENDAGE CLOSURE IMPLANT

**#1 Doctor
Recommended
LAAC Implant**

MOST STUDIED AND IMPLANTED LAAC DEVICE IN THE WORLD

Evolved from 20 years of innovation and the experience gained from 600.000+ successful implants, WATCHMAN™ is the Left Atrial Appendage Closure (LAAC) technology with proven safety and trusted patient outcomes.

Proven

600K+

patients successfully
implanted¹

20+

years clinical
experience¹

Safe

-34%

reduction vs NOAC
in ISTH bleeding
(incl. procedural) at 3yrs
(12.8% vs. 19.0%; $P < 0.0001$)²

99%

implant success rate
(395/400)³

0.5%

major adverse event rate³

Effective

1.1%

Annualized ischemic
stroke rate³

100%

effective LAA closure
at 12 months³

>96%

discontinued OAC at
45 days in clinical trial³

Protected by WATCHMAN. For Life.

The WATCHMAN LAAC Implant is a one-time procedure that delivers a lifetime of stroke risk reduction, without the bleeding risks associated with lifelong oral anticoagulation therapy.

One Time. For a Lifetime.

CHAMPION-AF Clinical Trial Results

WATCHMAN met all 3-year endpoints as a first-line option vs. NOACs in a broad NVAF population

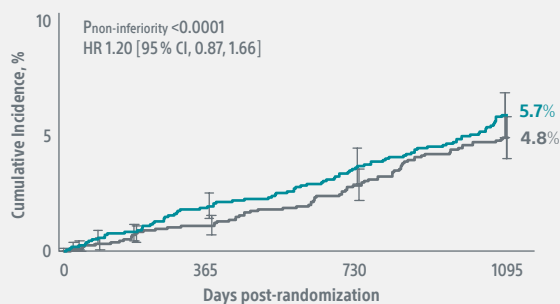
Primary Endpoint Met

WATCHMAN FLX demonstrated statistical non-inferiority to NOACs for the occurrence of cardiovascular (CV) death (hemorrhagic and/or unexplained death), stroke (ischemic and/or hemorrhagic), and systemic embolism

Primary Safety Endpoint Met

WATCHMAN FLX demonstrated statistical superiority to NOACs for the occurrence of ISTH non-procedural major bleeding and modified⁴ clinically relevant non-major bleeding.

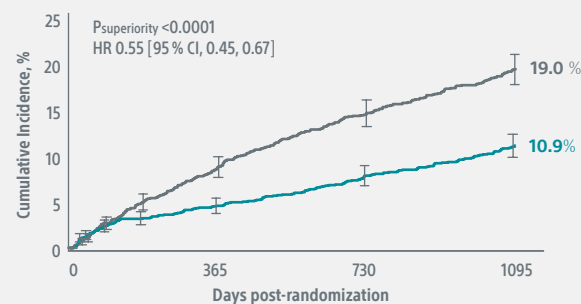
Primary Efficacy: CV Death, Stroke, Systemic Embolism



No. at Risk

WATCHMAN FLX	1499	1430	1395	1326
NOAC	1501	1394	1344	1254

Primary Safety: ISTH Non-procedural Bleeding



No. at Risk

WATCHMAN FLX	1499	1392	1349	1252
NOAC	1501	1330	1236	1093

WATCHMAN FLX™ Pro innovation builds on the WATCHMAN FLX design

HEMOCOAT technology

Designed to optimize healing and prevent thrombus formation. 77% reduced metal exposure.

Precise placement

Radiopaque Marker for 57% increased visibility and ability to recapture, reposition, and redeploy.

Outstanding stability

Dual-row anchors for optimal engagement with LAA tissue for long-term stability.

Purpose-built for LAA

40 mm device expands the treatable patient population by 6% with nitinol frame and PET cover design to conform in a wider range of anatomies.

Excellent sealing

80% more contact points for faster complete seal to help patients quickly come off OACs.

Engineered for safety

Fully rounded ball for safe advancement and maneuvering in LAA.

1. Boston Scientific Data on File.
2. SK Doshi et al. Left Atrial Appendage Closure or Anticoagulation for Atrial Fibrillation. New England Journal of Medicine, March 2026.
3. Kar S, et al. Primary Outcome Evaluation of a Next-Generation Left Atrial Appendage Closure Device: Results From the PINNACLE FLX Trial. Circulation. 2021;143:1754-1762.
4. Modified ISTH clinically relevant non-major bleeding was defined as any sign or symptom of hemorrhage (e.g., more bleeding than would be expected for a clinical circumstance, including bleeding found by imaging alone) that does not fit the criteria for the ISTH definition of major bleeding but does meet at least one of the following criteria:
 - Requiring medical intervention by a healthcare professional
 - Leading to hospitalization or increased level of care (e.g., ER visit, diagnostic procedures, medication change)

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