Boston Scientific
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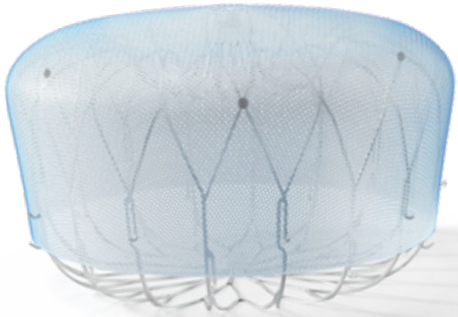


WATCHMAN™

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[1]

600K+
patients successfully implanted worldwide

20+
years clinical experience

Safe[2]

99%
implant success rate (395/400)*

0.5%
major adverse event rate**

- **0.5%** Ischemic Stroke (2/400)
- **0%** Device Embolization
- **0%** All-cause Death
- **0%** Pericardial Effusions Requiring Open Cardiac Surgery

Effective[2]

100%
effective LAA closure at 12 months†

>96%
discontinued OAC at 45 days in clinical trial

The PINNACLE FLX US IDE Clinical Trial was designed to establish the procedural safety and closure efficacy of the WATCHMAN FLX Implant.
* Procedure success defined as successful delivery and release of a WATCHMAN FLX device into the LAA.
**Occurrence of one of the following events between the time of implant and within 7 days following the procedure or by hospital discharge, whichever is later: all-cause death, ischemic stroke, systemic embolism, or device or procedure related events requiring open cardiac surgery or major endovascular intervention.
† LAA closure at 12 months is defined as any peri-device flow with jet size <5mm per core laboratory-assessed TEE.

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.

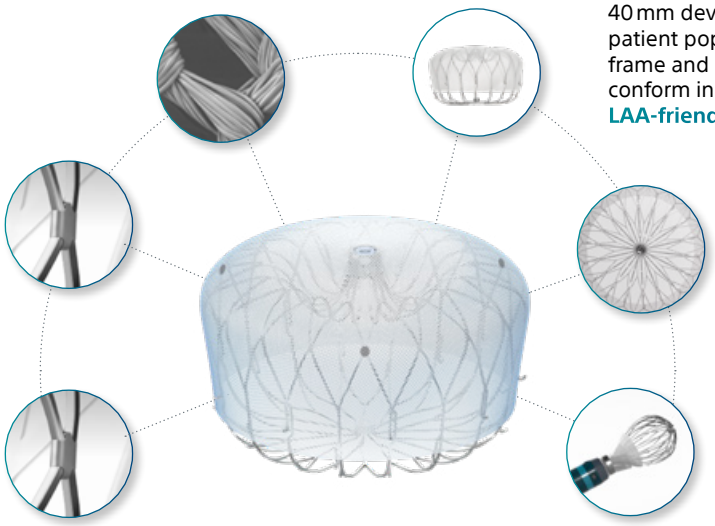
One Time. For a Lifetime.

WATCHMAN FLX™ Pro innovation builds on the WATCHMAN FLX design

HEMOCOAT technology
Designed to optimize healing and prevent thrombus formation. 77% reduced metal exposure.
96.2% of patients discontinued OACs at 45 days

Precise placement
Radiopaque Marker for 57% increased visibility and ability to recapture, reposition, and redeploy. **Increased procedure efficiency[2]**

Outstanding stability
Dual-row anchors for optimal engagement with LAA tissue for long-term stability.
0% pericardial effusions requiring open cardiac surgery[1]



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
LAA-friendly for more patients

Excellent sealing
80% more contact points for faster complete seal to help patients quickly come off OACs
100% effective LAA closure[1]

Engineered for safety
Fully rounded ball for safe advancement and maneuvering in LAA
0.5% major adverse event rate[1]

Designed to treat a broad range of patient types

Past bleed
A major or minor bleeding episode

And if Increased risk of future bleed:

- Due to work or activities that increase risk of falling or bleeding
- Caused by other medications that increase bleeding risk
- Caused by side effects of OACs, such as bleeding risk based on HAS-BLED score or other factors

Increased risk of stroke
A minor or disabling past stroke event

With history of stroke due to:

- Non-compliance
- Inability to maintain internal normalized ratio (INR) if patient on warfarin

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www.bostonscientific.eu

1. Boston Scientific Data on File.
2. 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.

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