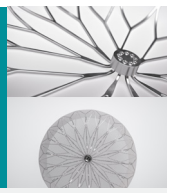
WATCHMAN™
INTEGRATED LAAC SOLUTIONS

Boston Scientific
Advancing science for life™

CHAMPION-AF Clinical Trial Results

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

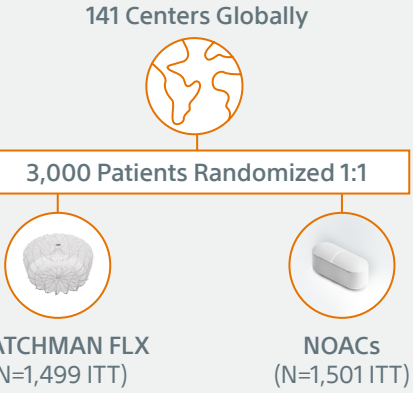


The CHAMPION-AF clinical trial is the first and largest randomized controlled trial comparing the WATCHMAN FLX™ LAAC Device to NOACs as a first-line option for stroke risk reduction in a broad population of patients with non-valvular atrial fibrillation (NVAF), including those who are at low-to-moderate risk of bleeding from the use of anticoagulation.

View publication in the New England Journal of Medicine[1]

Non-inferior Efficacy

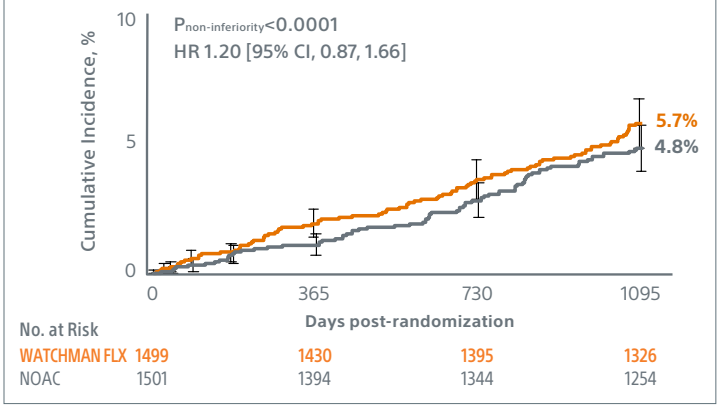
Superior Bleeding Reduction



Primary Efficacy 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 (5.7% vs. 4.8%; $P_{non\text{-}inferiority}$ <0.0001)

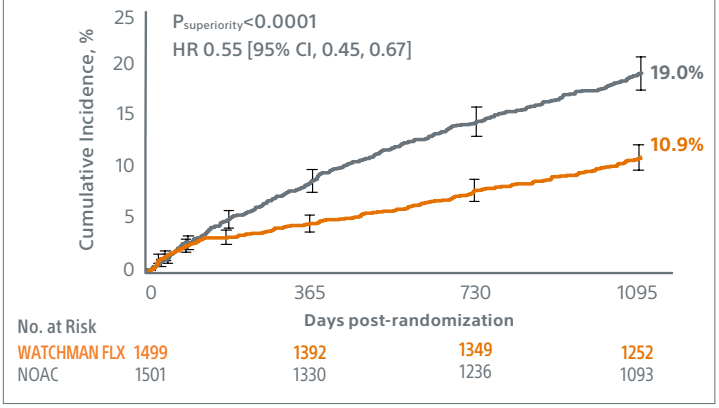
Primary Efficacy: CV Death, Stroke, Systemic Embolism



Primary Safety Endpoint Met

WATCHMAN FLX demonstrated statistical superiority to NOACs for the occurrence of ISTH non-procedural major bleeding and modified* clinically relevant non-major bleeding (10.9% vs. 19.0%; $P_{superiority}$ <0.0001)

Primary Safety: ISTH Non-procedural Bleeding



*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)

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

1.1% Annualized Ischemic Stroke Rate

Superior Net Clinical Benefit*

*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

1. SK Doshi et al. Left Atrial Appendage Closure or Anticoagulation for Atrial Fibrillation. New England Journal of Medicine, March 2026

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.

WATCHMAN FLX Pro LAAC Device Implanter- Indications, Safety and Warnings