Boston Scientific
Advancing science for life™

LOTUS Edge™
Aortic Valve System

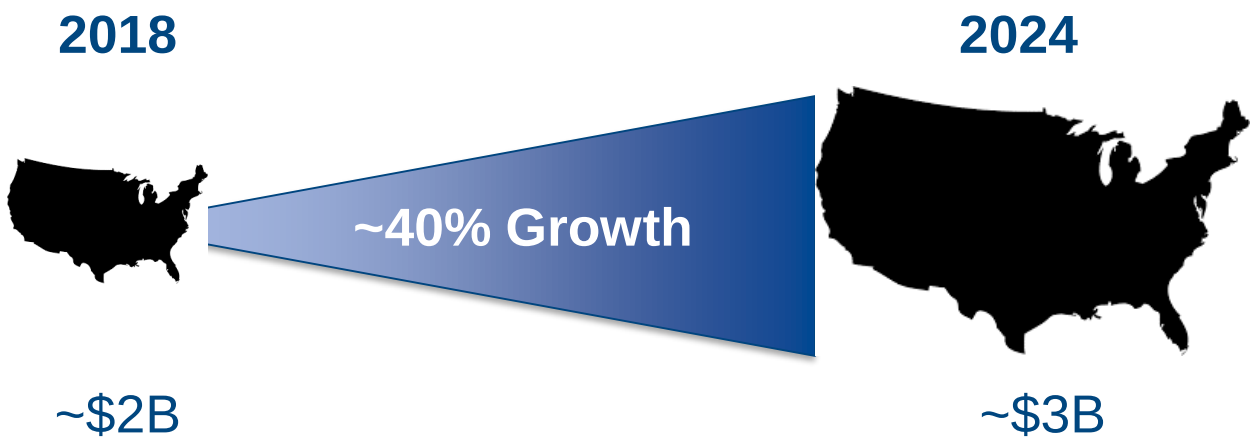
Product Overview
for the Hospital Administrator

Complete CONTROL

PREDICTABLE Results

Transcatheter Aortic Valve Market Steadily Growing

TAVR Market Growth Projection[1]



~ 600 TAVR Centers Today
Nearly 300% Growth Since 2012[2]

Growth Drivers

- Aging US population
- Increased awareness of minimally invasive options
- Expanding indications to lower risk populations

1. Edwards Lifesciences 2018 Investor Conference, 12/5/18
2. Holmes, D, et. al., Annual Outcomes with Trancatheter Valve Therapy: From the STS/ACC TVT Registry, JACC, 29 December, 2015.

Opportunities Remain to Evolve your TAVR Program

- PATIENT OUTCOMES
- COMPLICATION RATES
- LENGTH OF STAY
- COST VARIATION
- PROCEDURAL EFFICIENCY
- PATIENT SATISFACTION

Complications Impact Cost, Mortality & Quality of Life

TAVR Complications Associated with Mortality & Quality of Life[1]

~6x

Risk of death in one year if stroke occurs, driving a 33% increase in TAVR hospitalization costs[2]

~2x

Risk of death in one year with moderate/severe PVL[3]

TAVR Complications Increase Cost*

$12,475

Per patient cost attributed to complications[4]

2.4

Additional days of hospitalization due to complications[4]

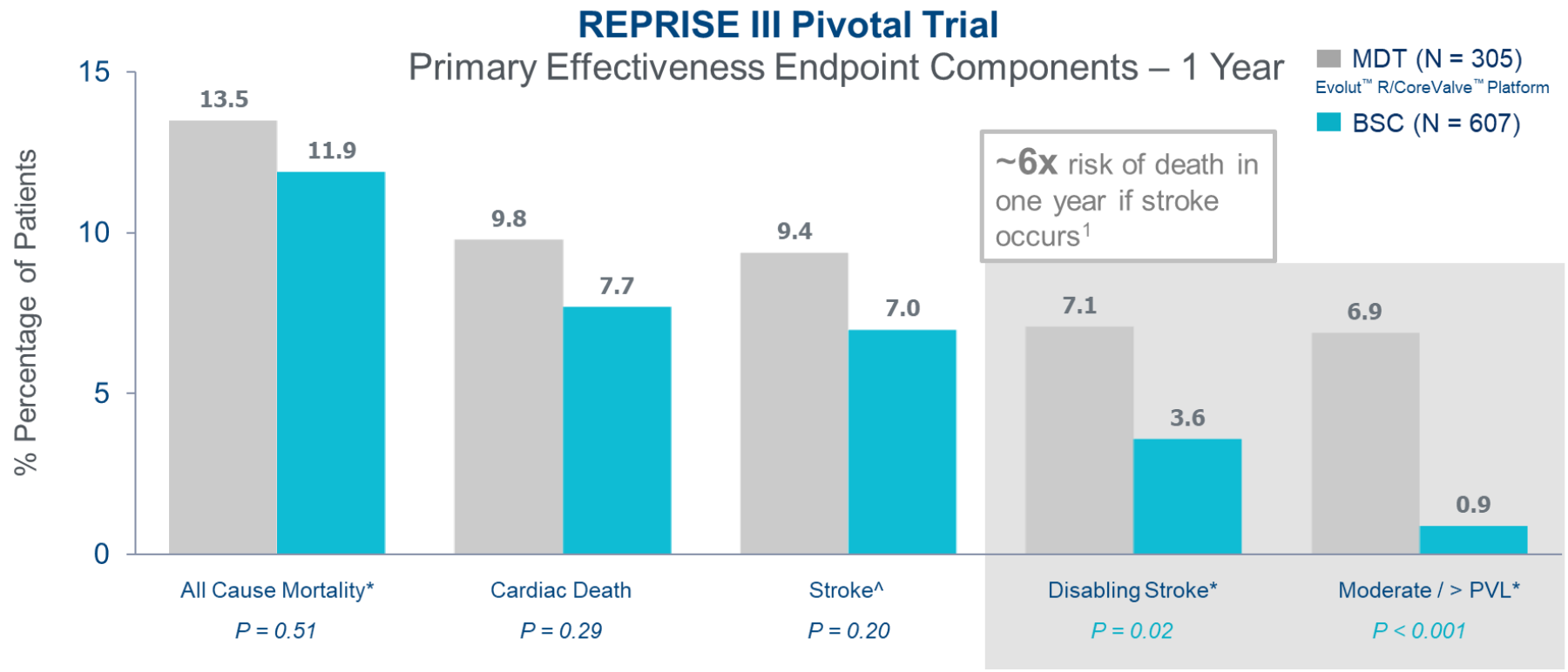
25%

Of non-implant related hospital costs are driven by complications[3]

*Complications Associated with Increased Cost: Death, major stroke, major bleeding, renal failure, arrhythmia, repeat TAVR, surgical AVR

1. PARTNER 2 and S3 data (Edwards valves) used to examine the impact of peri-procedural complications on mortality and quality of life at 1 year after TAVR – 3763 patients of high/intermediate risk
2. Alqahtani, F. et. al. Clinical and Economic Burden of Acute Ischemic Stroke Following Transcatheter Aortic Valve Repair, The Journal of the Heart Team, November 16, 2018
3. Arnold S, Zhang Y, Baron S, et al. Impact of Peri-Procedural Complications on Mortality and Quality of Life after TAVR. *Circ Cardiovasc Interv.* 2014;7:829-836
4. Arnold SV et al, Circ Cardiovascular Interv 2014: 829-36

LOTUS *Edge*™ is the Only Valve that Demonstrated Head-to-Head Superiority in Reduction of Disabling Stroke & Moderate/Severe PVL

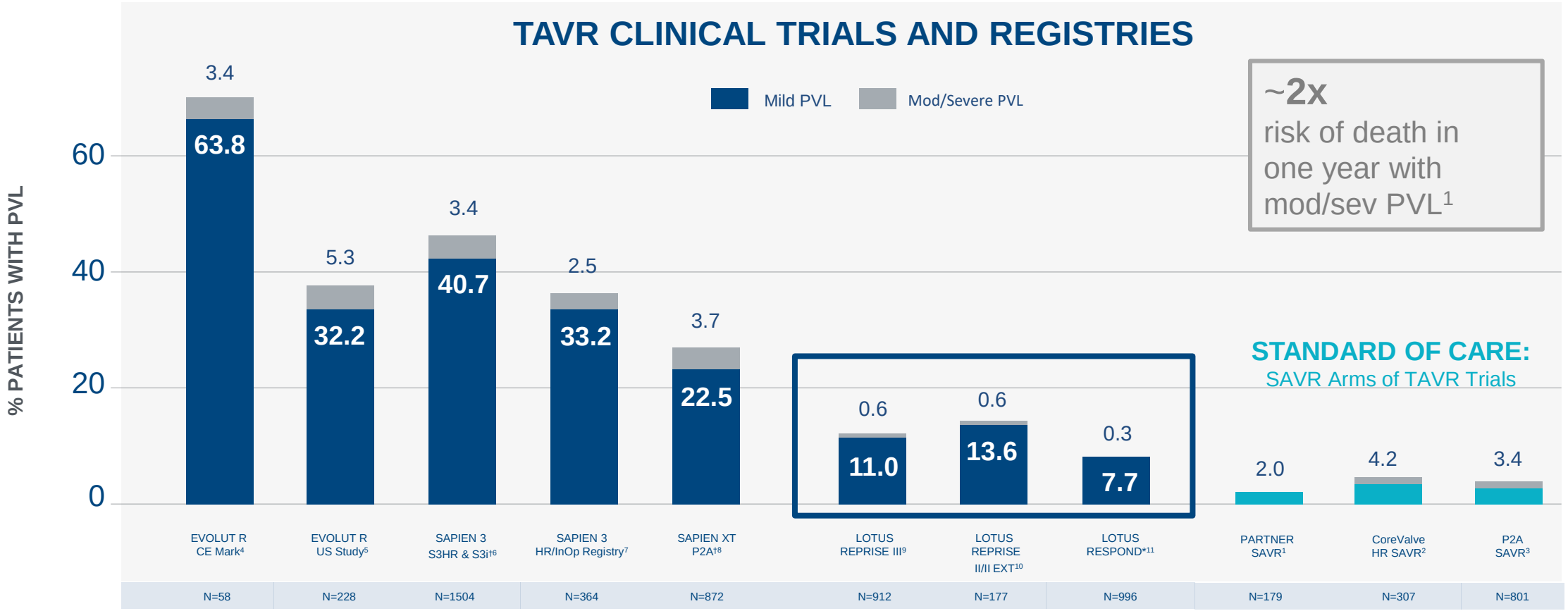


Primary Effectiveness Endpoint
LOTUS Valve = 15.8% v. Evolut R / CoreValve Platform = 26.0%
Superiority *P* < 0.001

Primary Safety Endpoint
LOTUS Valve = 20.3% v. Evolut R / CoreValve Platform = 17.2%
Non-inferiority *P* = 0.003

1. Feldman TE, et al. JAMA 2018;319:27-37

LOTUS *Edge*™ PVL Rates in Perspective



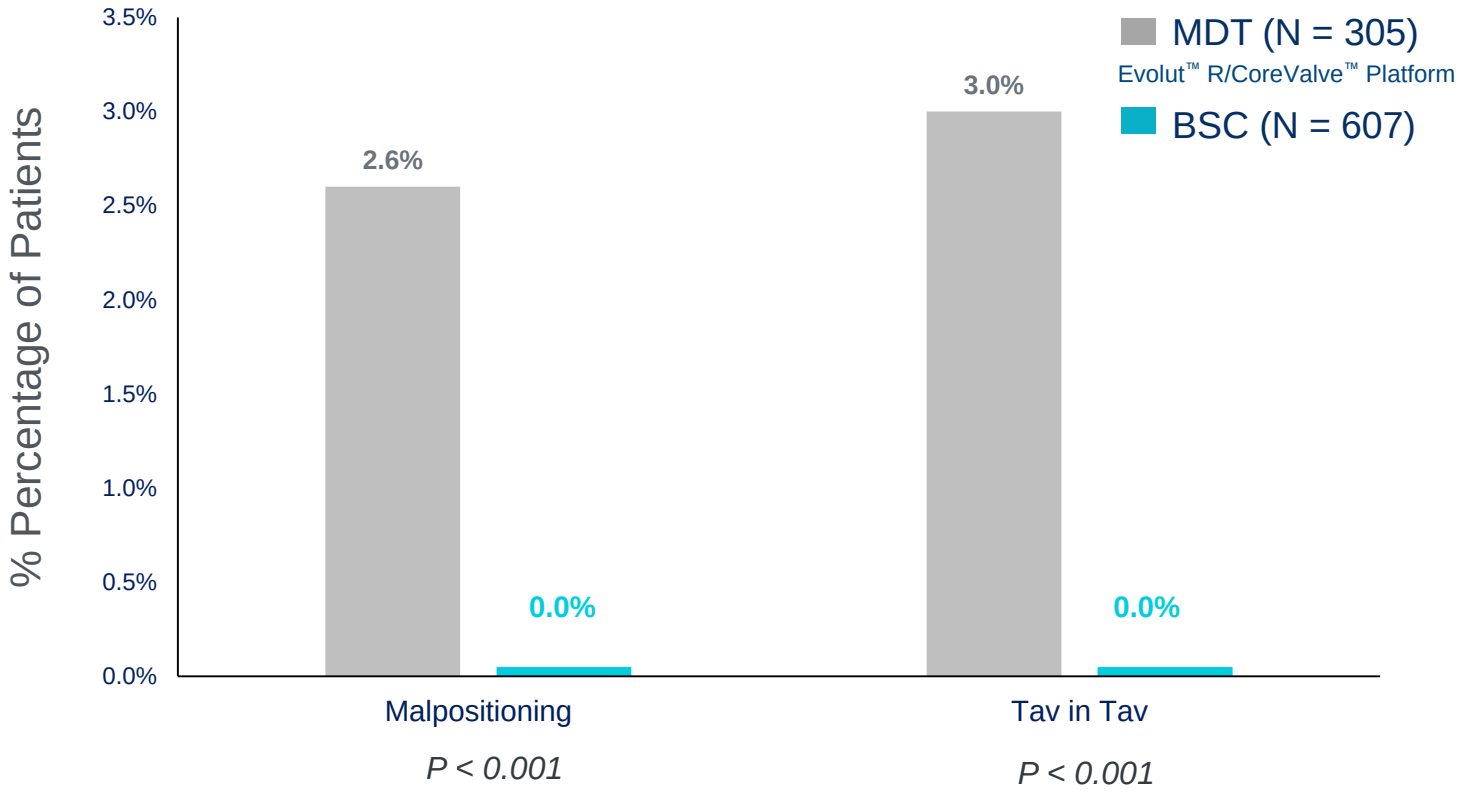
Lower PVL rates may delay the onset of heart failure and reduce readmissions

1. Arnold S, Zhang Y, Baron S, et al. Impact of Peri-Procedural Complications on Mortality and Quality of Life after TAVR. *Circ Cardiovasc Interv.* 2014;7:829-836

*7d/Discharge; 30d angiography not mandated per protocol. †Intermediate risk patient population. Results from different studies are not directly comparable. Information provided for educational purpose only. [1]Leon, NEJM 2012 Supp. Appendix. [2]Adams, NEJM 2014 Suppl. Appendix. [3]Thourani, Lancet 2016 Suppl. Appendix. [4]Manoharan, JACC 2015. [5]Popma JACC 2017. [6]Kodali , EHJ 2016. [7]Hermann, Circulation 2016.[8]Leon NEJM 2016. [9]Feldman, PCR 2017. [10]Meredith, PCR LV 2014. [11]Falk V, PCR 2016.

LOTUS *Edge*™ Showed Superior Procedural Outcomes in REPRISE III

REPRISE III: 30-Day Procedural Outcomes[1]



LOTUS *Edge*™ is:

100%
REPOSITIONABLE at
100%
DEPLOYMENT with
0%
MALPOSITIONING IN
REPRISE CLINICAL TRIALS[1,2*]

1. Feldman TE, et al. JAMA 2018;319:27-37
2. Meredith IT, et al. EuroIntervention 2017;13:788-954;

LOTUS *Edge*™ is Designed for Complete Control & Predictable Results

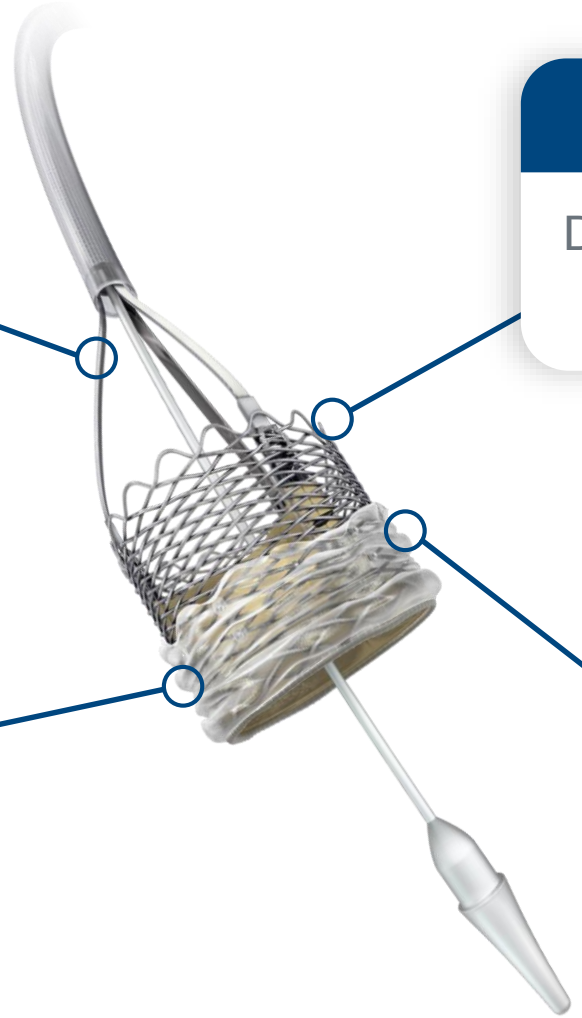
LOTUS Edge™ Design Goals

Repositionable after 100% Deployed

Know your final result before release

Adaptive Seal™

Minimize paravalvular leak by conforming to irregular anatomical surfaces



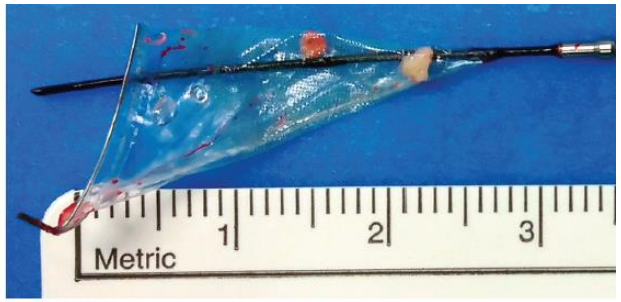
Braided Nitinol Frame

Designed for strength, flexibility, and ability to retrieve, reposition, and redeploy

Bovine Pericardium

Proven Long-Term Material

Sentinel Embolic Protection System Provides Additional Stroke Protection for your Most Vulnerable Patients



In SENTINEL IDE Trial, captured and removed embolic debris in

- 99%[1] of TAVR patients, regardless of valve type

Protected TAVR patients had

- 63% fewer strokes when compared to unprotected TAVR patients, a 3-4% absolute stroke rate reduction[1,2,3]

Peri-procedural strokes drive

- 67% increase in LOS[4]
- 37% increase in hospital charges[4]
- 31% increase in 30-day readmissions[4]

Available NTAP for additional reimbursement ($0 - $1,400)

CMS will pay 50% of the excess between estimated hospital costs and payments for the claim[5]

1. Kapadia SR. *et al.* Protection Against Cerebral Embolism During Transcatheter Aortic Valve Replacement. *J Am Coll Cardiol. 2017 Jan* 31;69(4):367-377.
2. Seeger J et al. 2017. JACC Cardiovasc Interv. 10(22)2297-2303;
3. Van Mieghem N. presented at TVT 2018; Chakarvarty T. presented at TVT 2018
4. Alkhouli M, Alqahtani F, et al. Outcomes of Acute Ischemic Stroke After TAVR: Potential Impact of Embolic Protection ACC 2018.
5. CMS IPPS Final Rule (2019), https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/AcuteInpatientPPS/FY2019-IPPS-Final-Rule-Home-Page-Items/FY2019-IPPS-Final-Rule-Regulations.html?DLPage=1&DLEntries=10&DLSort=0&DLSortDir=ascending, August 2, 2018

LOTUS *Edge*™ and Your TAVR Program Goals

Differentiated Patient Outcomes

- Highly calcified annuli: Adaptive Seal™ supports improved outcomes
- Low EF patients: No rapid pacing required & improved hemodynamic stability

Low Complication Rates in REPRISE III Clinical Trial

- 3.6% disabling stroke rate vs. 7.2% with CoreValve™ at 12 months, p=0.02
- 0.9% moderate to severe PVL rate vs. CoreValve's™ rate of 6.9% at 12 months, p<0.001

Predictability and Control

- 0% malpositioning in REPRISE trials
- Valve functionality can be assessed prior to release

Enhance Patient Experience

Strengthen Quality Outcomes

Improve Financial Health

Increase Operational Efficiencies

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APPENDIX

LOTUS *Edge*™ Research Pathway

Over 2,500 Patients Studied