



Relentless Innovation Enduring Growth

ACC 2026 Investor Update

March 28, 2026



Relentless Innovation Enduring Growth

Dr. Ken Stein | Senior Vice President & Chief Medical Officer



The Cardiovascular group

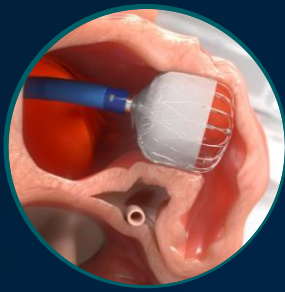
Therapies that treat millions of patients worldwide each year

Atrial Fibrillation (AF) Solutions

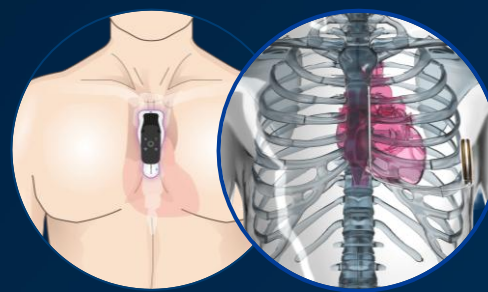
Electro-
physiology (EP)



**WATCHMAN
(WM)**



Cardiac Rhythm
Management
and Diagnostics
(CRMDx)

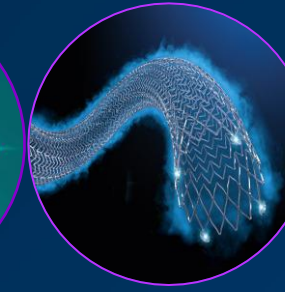
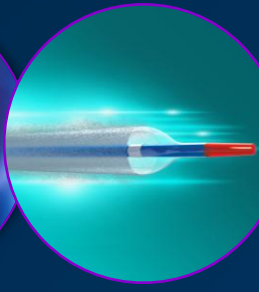


Interventional Cardiology & Vascular Therapies (ICVT)

Interventional
Cardiology
(IC)



Vascular
Therapies
(VT)



Interventional
Oncology &
Embolization
(IO&E)



Advancing meaningful innovation to address disease states affecting over a billion people globally



Driving evidence generation to fill clinical gaps

Consistent cadence of data releases over long-range plan (LRP) & beyond

	2026E	2027E	2028E+		
ICVT	HI-PEITHO EKOS™ vs. standard of care for pulmonary embolism	FRACTURE (H1: 26) Coronary IVL IDE to support SEISMIQ™ approval	THRIVE TIVUS™ RDN for treatment of hypertension	AGENT DCB STANCE AGENT™ DCB compared to standard of care for de novo coronary lesions	VITALYST HR-PCI IDE To support U.S. approval
WM	CHAMPION-AF WATCHMAN™ as first-line therapy vs. OAC	SIMPLAIFY Post-implant drug regimen	OPTION-A WM + FP in Asia ELITE AF To support U.S. FDA approval	LAAOS-IV Highest risk stroke patients with WATCHMAN™ + OAC	
CRM			SYNCHRONICITY CRT vs. CSP in left bundle branch patients	LUX ORACLE New diagnostic insertable for HFpEF patients	
EP	AVANT GUARD FARAPULSE™ PFA first-line therapy in persistent patients	FARADIGM 1 & 2 IDE To support approval of FARAFLEX™ REMATCH-AF Redo persistent cases w/ FARAWAVE™ & FARAPPOINT™	OPTIMIZE-PF Integration of Cortex + Opal	ReDefine AF Cortex + FARAFLEX redo trial	Complex and non-AF market expansion data
IO&E		ROWAN TheraSphere™ combination therapy	MANDARIN TheraSphere™ in China		

Timeline represents expected presentation of data.



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Dr. Michael R. Jaff | Vice President & Chief Medical Officer, Vascular Therapies



HI-PEITHO Clinical Trial

Prospective, multicenter, global randomized controlled trial

544 patients with intermediate-risk pulmonary embolism (PE)
at 59 sites in the U.S. and Europe

**EKOS™ Endovascular System
+ anticoagulation**

Anticoagulation alone

Primary outcome = 7-day composite of:

- PE-related mortality
- Cardiorespiratory decompensation or collapse
- PE recurrence

~1M

people in the U.S. and Europe who are
affected by PE annually¹

>30%

of hospitalized patients with PE are
considered intermediate risk²

>90%

of patients in the emergency
department receive anticoagulation
alone³

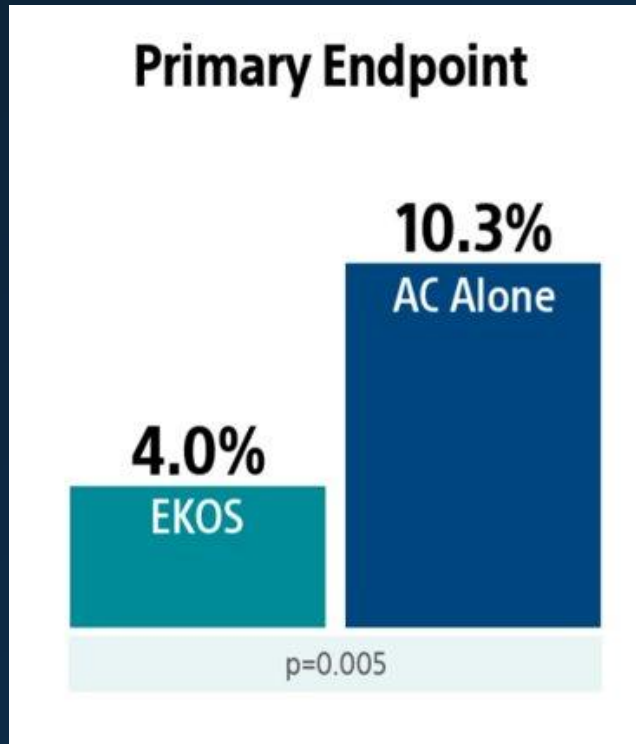
¹Wood KE et al. Major pulmonary embolism: review of a pathophysiologic approach to the golden hour of hemodynamically significant pulmonary embolism. Chest 2002;121:877-905

²Giri J, Sista A, Weinberg I, et al. Interventional Therapies for Acute Pulmonary Embolism: Current Status and Principles for the Development of Novel Evidence: A Scientific Statement From the American Heart Association. Circulation 2019;140:774-801.

³Hsu SH, Ko CH, Chou EH, et al. Epidemiology of pulmonary embolism diagnosis and management among United States emergency departments over an eight-year period. Am J Emerg Med. 2024.



Met primary efficacy endpoint



Patients treated with the EKOS system experienced **61% fewer** primary endpoint events

Major bleeding rate difference not statistically significant at 7- and 30- days between the two arms

No intracerebral hemorrhagic events in either arm

Data Presentation & Publication

More Informed Clinical Decision-Making

Potential Updates to PE Guidelines



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Dr. Brad Sutton | Chief Medical Officer, AF Solutions



CHAMPION-AF Clinical Trial

Largest trial comparing LAAC to NOACs as first-line therapy for stroke risk reduction in NVAF patients

CHAMPION-AF CLINICAL TRIAL

~60M

people worldwide who are affected by atrial fibrillation (AF)¹

5x

higher stroke risk in patients with AF than people with normal heart rhythm²

90%

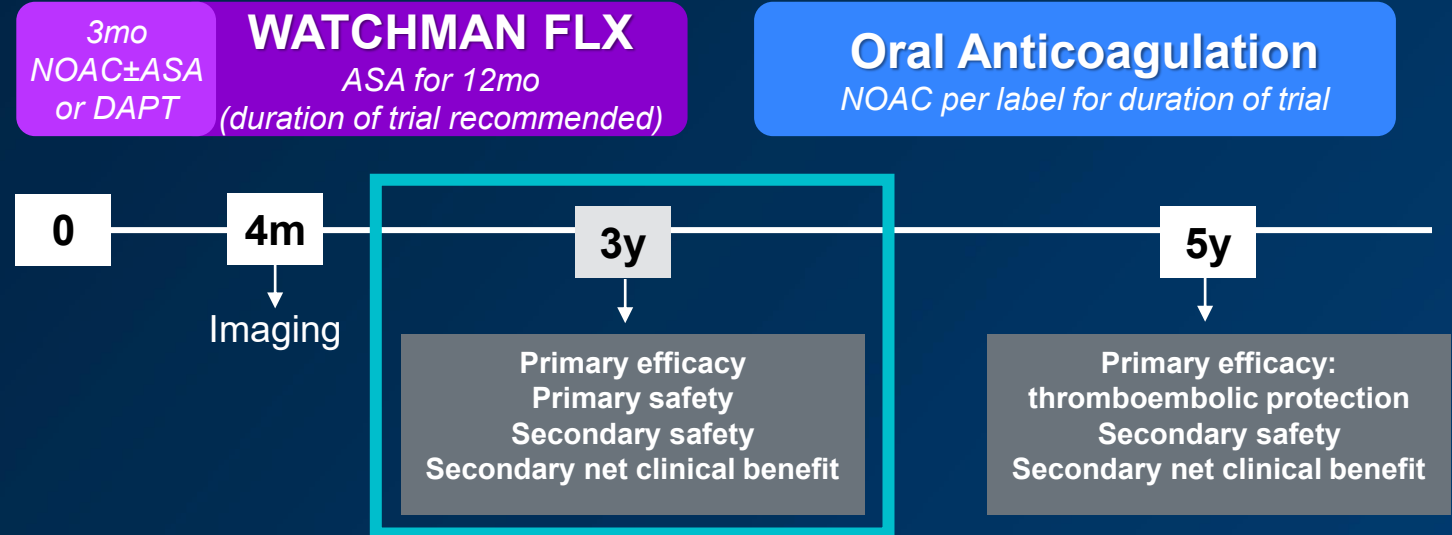
of heart-related blood clots form in the LAA in patients with NVAF³

~40%

patients on OAC unprotected due to non-adherence⁴

Patient Population: 3,000 Randomized at 141 sites globally

- Patients with non-valvular atrial fibrillation and deemed suitable for oral anticoagulation
- CHA₂DS₂-VASc score of ≥2 for males or ≥3 for females



¹Linz, Dominik, et al. Atrial fibrillation: epidemiology, screening and digital health. Lancet Reg Health Eur. 2024 Feb 1:37:100786. [https://www.thelancet.com/journals/lanpe/article/PIIS2666-7762\(23\)00205-3/fulltext](https://www.thelancet.com/journals/lanpe/article/PIIS2666-7762(23)00205-3/fulltext). Accessed Feb. 3, 2026.

²FAQ About AFib. American Heart Association, Inc., 2023. <https://www.heart.org/-/media/Files/Health-Topics/Atrial-Fibrillation/FAQ-About-AFib.pdf>. Accessed Feb. 3, 2026.

³Blackshear JL, Odell JA. Appendage obliteration to reduce stroke in cardiac surgical patients with atrial fibrillation. Ann Thorac Surg. 1996;61:755-759.

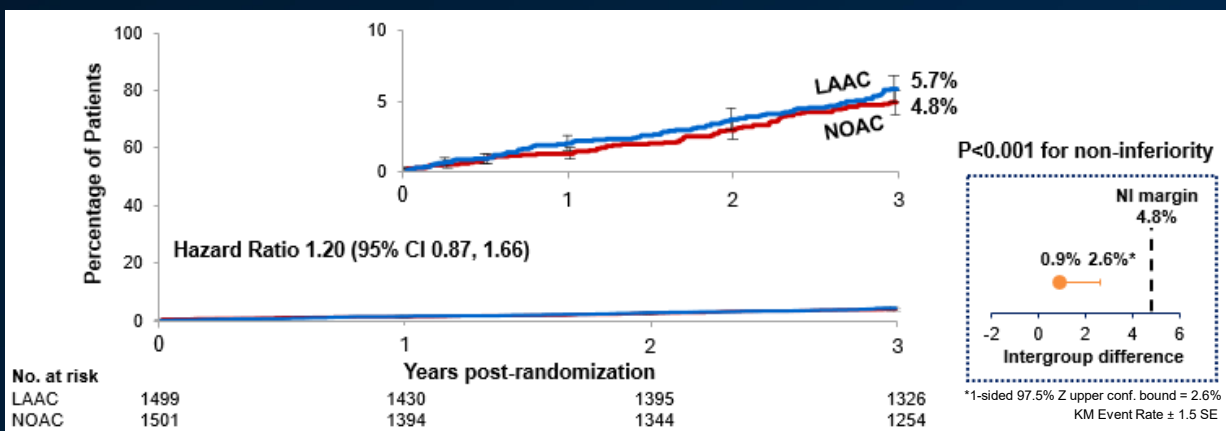
⁴Tarn, D, Shih, K, Tseng, C. et al. Reasons for Nonadherence to the Direct Oral Anticoagulant Apixaban: A Cross-Sectional Survey of Atrial Fibrillation Patients. JACC Adv. 2023 Jan, 2 (1) . <https://doi.org/10.1016/j.jacadv.2022.100175>



Met primary safety and efficacy endpoints

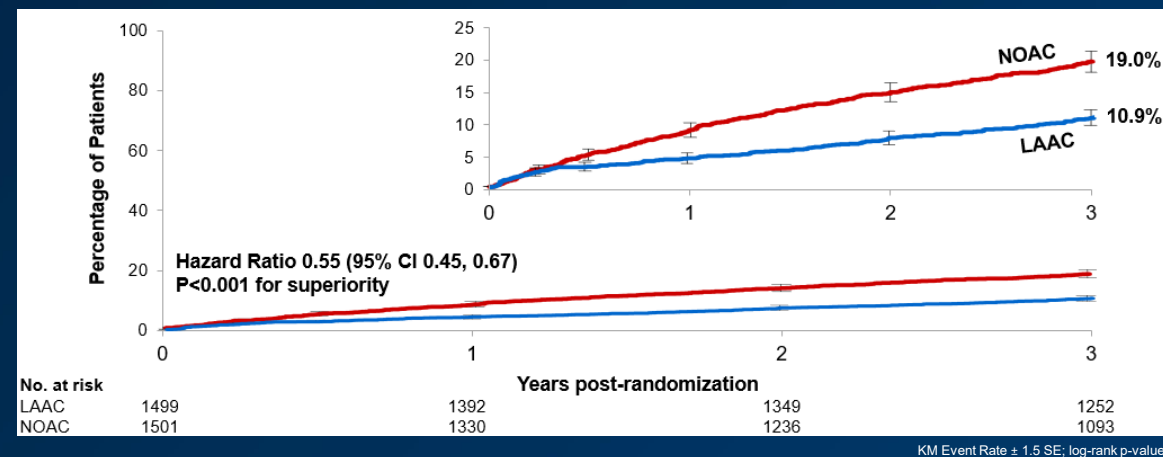
Primary Efficacy Endpoint: Met Non-Inferiority

Cardiovascular death, stroke or systemic embolism



Primary Safety Endpoint: Met Superiority

Non-procedural bleeding (International Society on Thrombosis and Haemostasis [ISTH] major and modified clinically relevant non-major*)

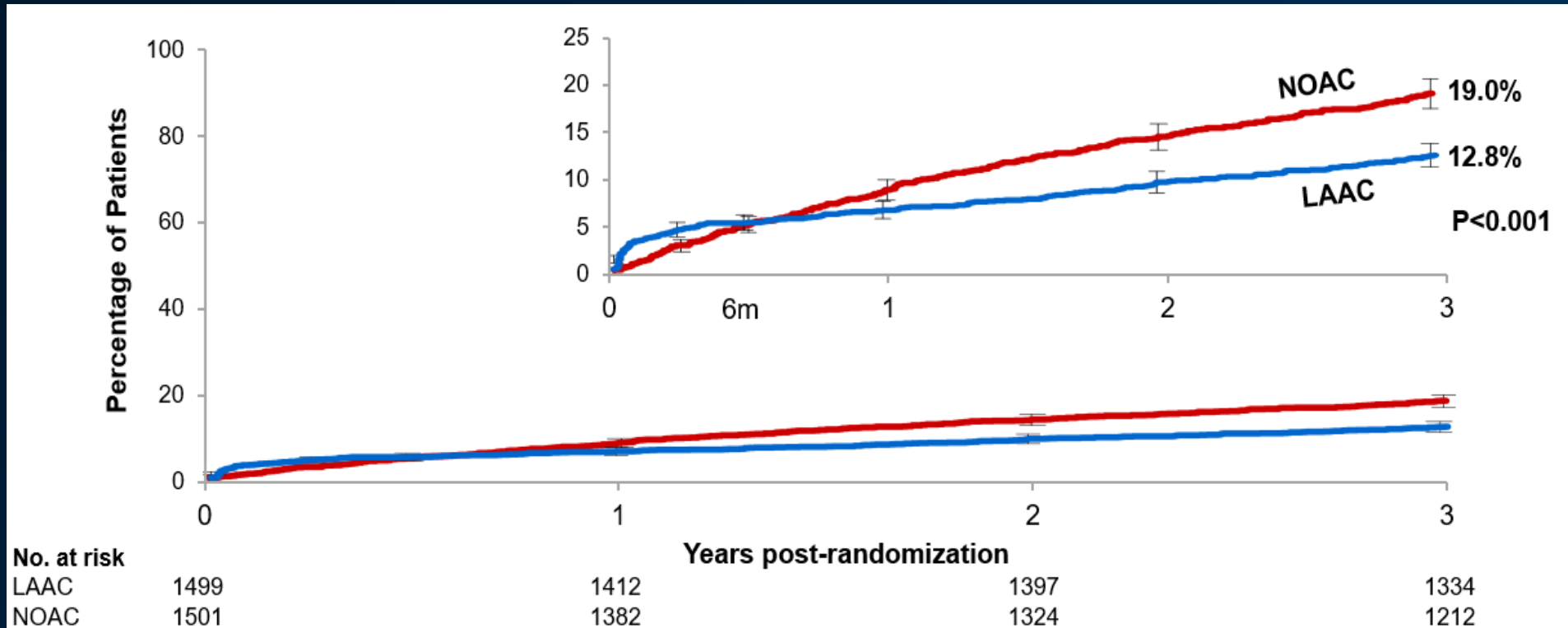


*Modified International Society on Thrombosis and Haemostasis (ISTH) clinically relevant non-major bleeding was defined as any sign or symptom of hemorrhage (e.g., more bleeding than would be expected for a clinical circumstance, including bleeding found by imaging alone) that does not fit the criteria 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)



All clinically meaningful bleeds (procedural and non-procedural)



KM Event Rate \pm 1.5 SE

34%

Reduction in ISTH bleeding (including procedural) at 36 months



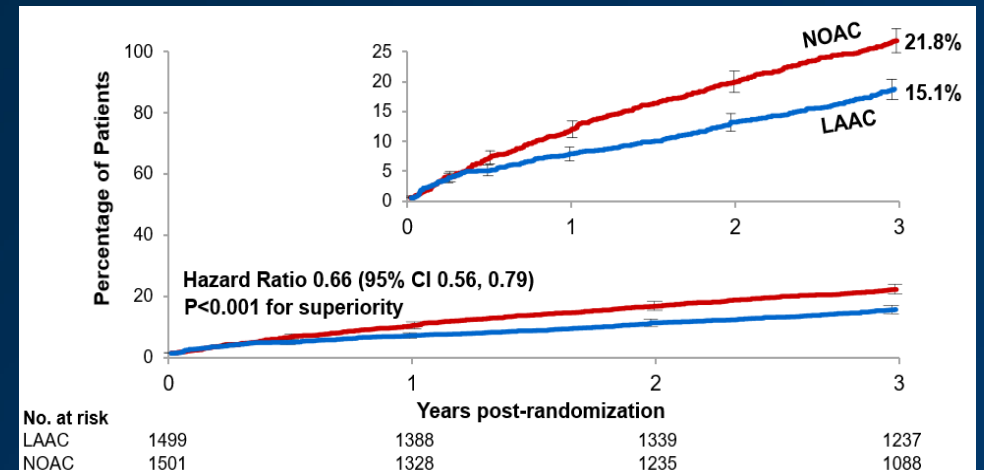
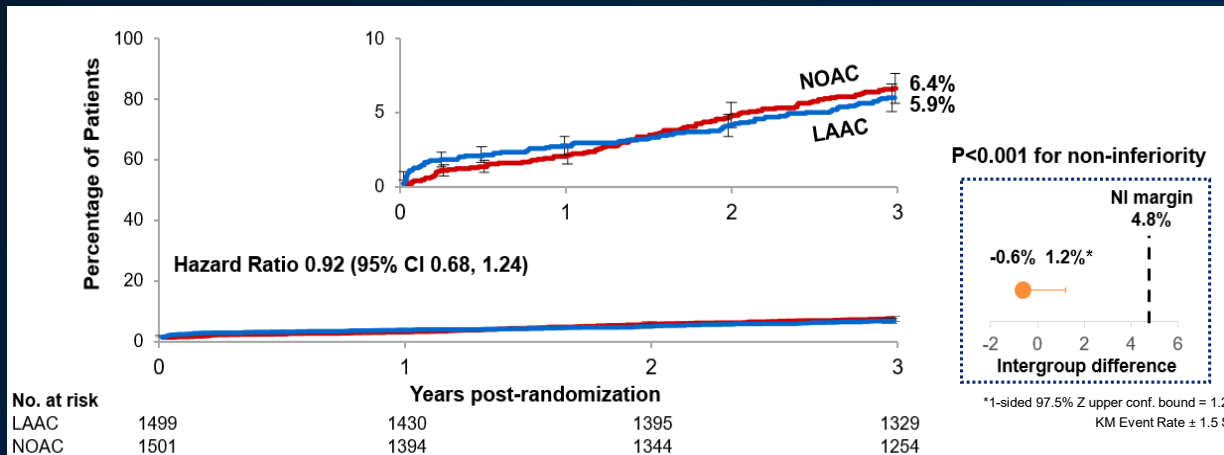
Secondary endpoints underscore safety and net clinical benefit in WATCHMAN FLX arm

Secondary Safety Endpoint: Met Non-Inferiority

Net Clinical Benefit Endpoint: Met Superiority

ISTH major bleeding (procedural and non-procedural)

Cardiovascular death, stroke, systemic embolism and non-procedural bleeding





CHAMPION-AF: All endpoints met

Efficacy: Achieved non-inferiority

OAC Adherence is
real-world challenge

CHAMPION-AF
CLINICAL TRIAL

>87%

patients who were
medication adherent in
the NOAC arm

Real-world
data

>50%

increase in stroke risk for
patients who are non-adherent
to OACs²

Low Annualized Stroke Rate in
CHAMPION-AF trial

CHAMPION-AF
CLINICAL TRIAL

1.1%

annualized stroke and
systemic embolism rate in
WATCHMAN FLX arm

ARISTOTLE
seminal trial

1.3%

annualized stroke rate in
ARISTOTLE seminal trial of
Apixaban*¹

Safety: Achieved superiority

Bleeding risk is a real concern for
patients on OACs

45%

Relative reduction in non-
procedural bleeding, including
ISTH major and modified
clinically relevant non-major
bleeding

34%

Relative reduction in
clinically meaningful
bleeds procedural and
non-procedural bleeding

Despite enrolling a low-risk bleeding
population, CHAMPION-AF demonstrated a
significant reduction in procedural and
non-procedural bleeding.

*Results from different clinical investigations are not directly comparable. Information provided for educational purposes only. CHAMPION-AF NOAC arm annualized ischemic stroke/SE rate: 0.7%

¹Granger, C. Apixaban versus Warfarin in Patients with Atrial Fibrillation. NEJM 2011; 365(11):981-992

²Safari, Abdollah et al. Association Between Oral Anticoagulant Adherence and Serious Clinical Outcomes in Patients With Atrial Fibrillation: A Long-Term Retrospective Cohort Study. JAHA. 2024 Sept, 13 (18). <https://doi.org/10.1161/JAHA.124.035639>



Positive data positions market for meaningful expansion

Today



2030E+



2026

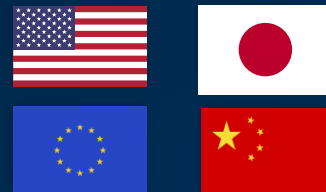
2028E+

Published Literature & Labeling Update

Guideline Evolution

Expanded Reimbursement

Clinical trial results + sub-analyses



Positive reimbursement through government and commercial payers

Data supports market growth of ~20% through the LRP



Fueling the future of LAAC innovation

4th generation built on the WM platform designed to enhance seal & address complex anatomy

WATCHMAN Elite™*

LEFT ATRIAL APPENDAGE CLOSURE DEVICE



Engineered for consistent, durable seal across the broadest range of LAA anatomies

2026E

Elite AF
CLINICAL TRIAL

- Initiate Elite AF Clinical Trial

OPTION-EMEA
FARAWATCH™
Concomitant PFA + LAAC

- Initiate OPTION-EMEA Clinical Trial

SIMPLAAFY
LAAC DRUG REGIMEN TRIAL

- Present SIMPLAAFY data

2027E



- ACUNAV Luxera 4D ICE Catheter U.S. approval with WATCHMAN workflow

OPTION-A
FARAWATCH™
Concomitant PFA + LAAC

- Present OPTION-A data (Asia)

Elite AF
CLINICAL TRIAL

- Present ELITE AF data



- Concomitant Sheath U.S. approval

2028E

WATCHMAN Elite™
LEFT ATRIAL APPENDAGE CLOSURE DEVICE

- WATCHMAN Elite U.S. approval



Clinical Implications

“WATCHMAN FLX left atrial appendage closure may be considered as an alternative to NOACs in a shared decision-making process with atrial fibrillation patients who are deemed suitable for long-term oral anticoagulation!”

– Dr. Saibal Kar, CHAMPION-AF coprincipal investigator



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Q&A