Boston Scientific
Advancing science for life™

Promus ELITE™ Stent System

In-Service Presentation

Promus ELITE™
Everolimus-Eluting Platinum Chromium
Coronary Stent System

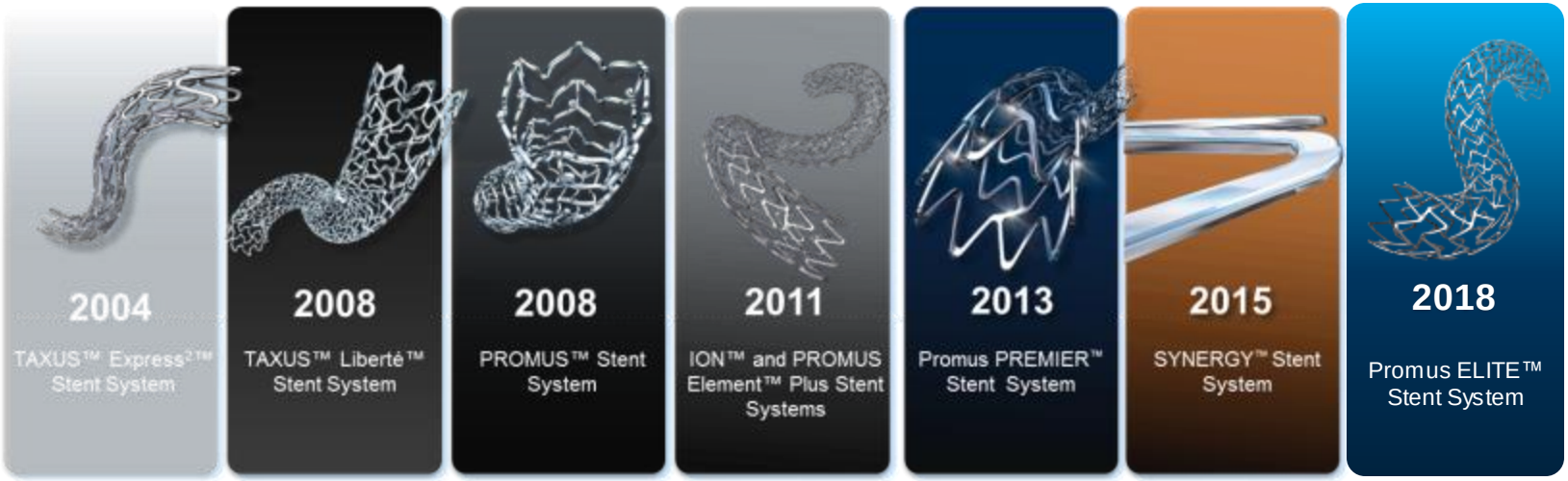
IC-540312-AA MAR2018

Promus ELITE™ Stent System

Overview

What Have We Achieved Together?

Continued innovation and advancing DES technology

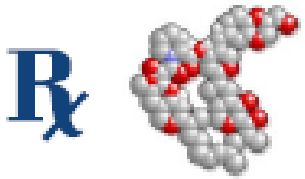


Promus ELITE™ Stent
Overview

- Builds on the **proven performance** of Promus PP-DES family and PtCr platform
- **Customized stent architecture** provides:
  - Radial strength
  - Flexibility
  - Reduced recoil
  - Controlled overexpansion
- Market-leading **Everolimus and PVDF-HFP polymer**
- **Outstanding permanent polymer DES safety** as demonstrated in randomized and real-world clinical trials
  - PLATINUM Family of trials
  - Lowest relative risk of Def/Prob Stent Thrombosis among PP-DES in Kang Meta-Analysis[2]
  - Numerically lowest PP-DES ST rates in real-world SCAAR Registry[3]

More than
8M
Promus DES implanted WW[1]

Market-leading Everolimus Drug & PVDF-HFP Polymer



Promus ELITE™ Everolimus-Eluting Platinum Chromium Coronary Stent System

1. Implants based on Promus DES units sold through March 2018. Includes (Promus, Promus Element, Promus Element Plus, Promus PREMIER).
2. Kang, S.et al. J Am Coll Cardiol Intv. doi:10.1016/j.jcin.2016.03.038
3. Adapted from Presentation by Stefan James, MD at Euro PCR 2017 (Swedish SCAAR database, real-world outcomes of latest DES generations). Promus PtCr EES PP Stent Family includes the Promus PREMIER PP Stent.

Promus ELITE™ Stent
Overview

Outstanding deliverability and acute performance[1]

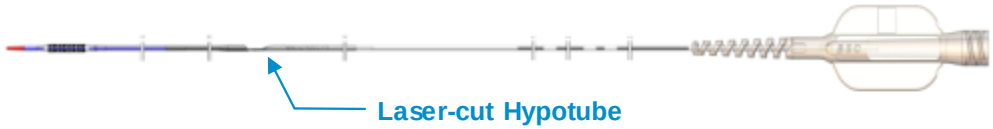
Promus PREMIER™ Stent System

Customized Architecture and Outcomes

+

Proprietary Laser-Cut Hypotube Technology

Improved pushability and trackability

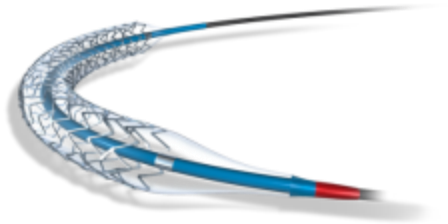


Promus ELITE™

Deliverability and Acute Performance

1. Deliverability bench testing performed by Boston Scientific Corporation. Data on file at Boston Scientific.

What Makes the Promus ELITE™ Stent Unique?

KEY COMPONENTS	ADVANTAGES
 Enhanced Delivery System	Improved Push and Deliverability[1]
 Promus PREMIER Stent Architecture	Ideal Balance of Strength and Flexibility
 Rx Market-leading Everolimus Drug & PVDF-HFP Polymer	Outstanding Safety and Efficacy[2]

1. Deliverability bench testing performed by Boston Scientific Corporation. Data on file at Boston Scientific.
2. PLATINUM Clinical Trial Program.

Promus ELITE™ Stent System

Outstanding Acute Performance. Proven Long-term Outcomes

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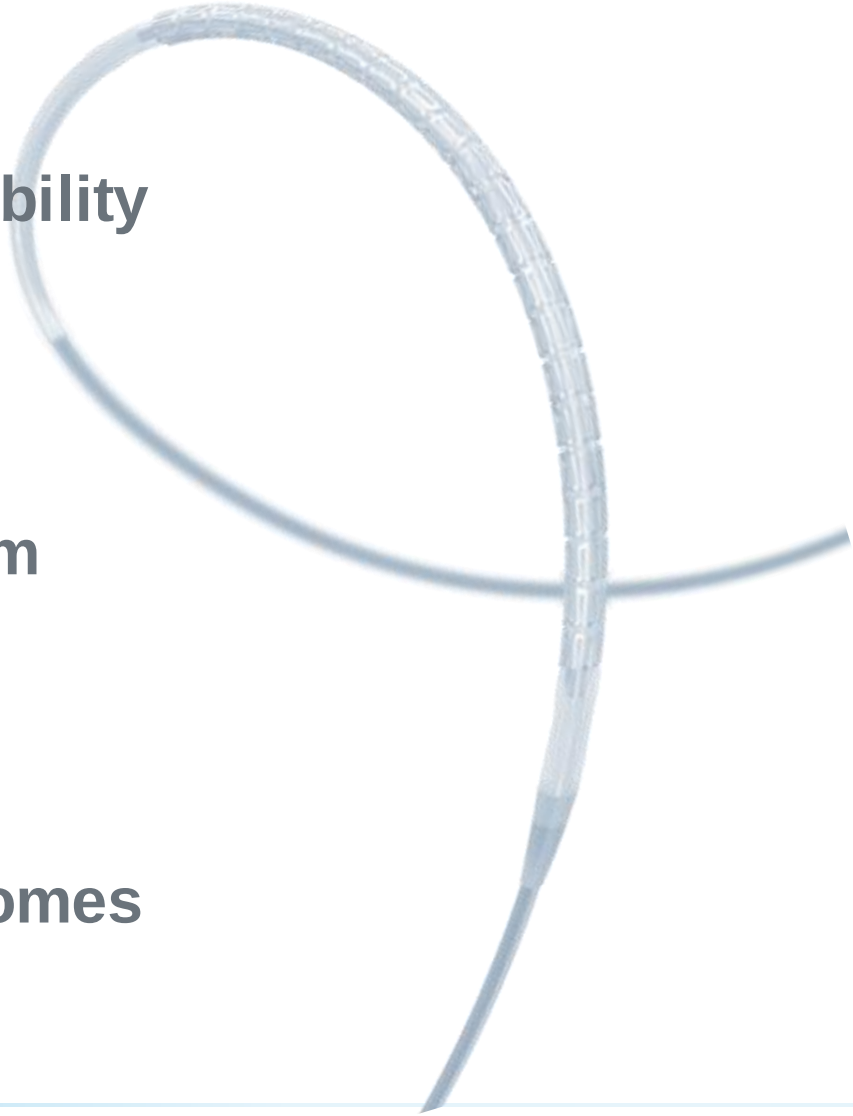

Outstanding Deliverability

Trusted Stent Platform

Proven Clinical Outcomes

Promus ELITE™ Stent System

Outstanding Acute Performance. Proven Long-term Outcomes

Boston Scientific

Outstanding Deliverability

Trusted Stent Platform

Proven Clinical Outcomes

What makes a stent system deliverable?

Boston Scientific

Outstanding Deliverability

Does it fit?
Lesion Entry Profile
Average Stent Profile

Can it make the turn?
Trackability
System flex
Tip flexibility

Is it responsive?
Pushability
Responsiveness

All these attributes combined = deliverability

Promus ELITE™ Stent System
New Enhanced Delivery System

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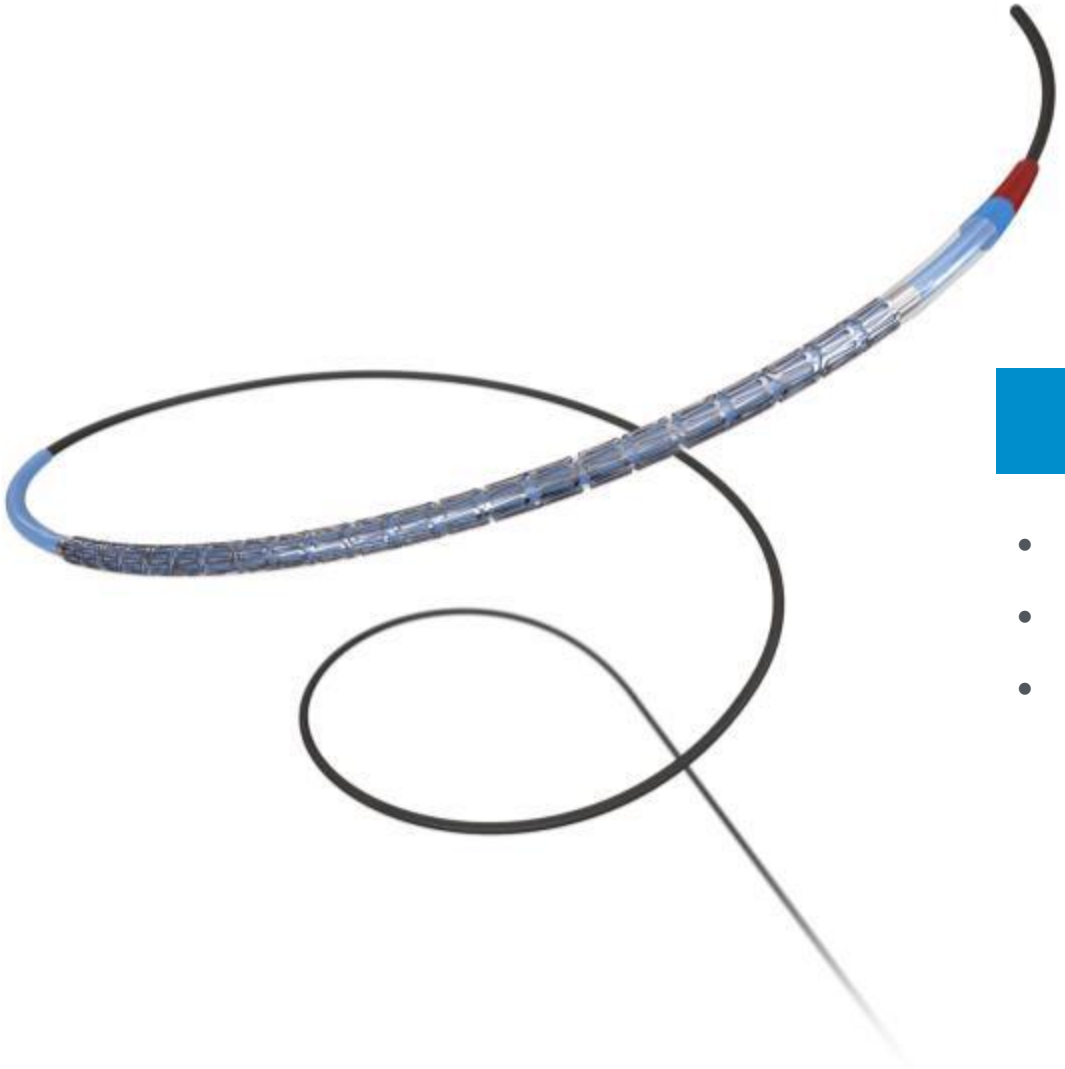
Outstanding Deliverability



KEY ADVANTAGES[1]

- Improved pushability
- Exceptional trackability
- Outstanding flexibility

1. Deliverability bench testing performed by Boston Scientific Corporation. Data on file at Boston Scientific.

Promus ELITE™ Stent System
New Enhanced Delivery System

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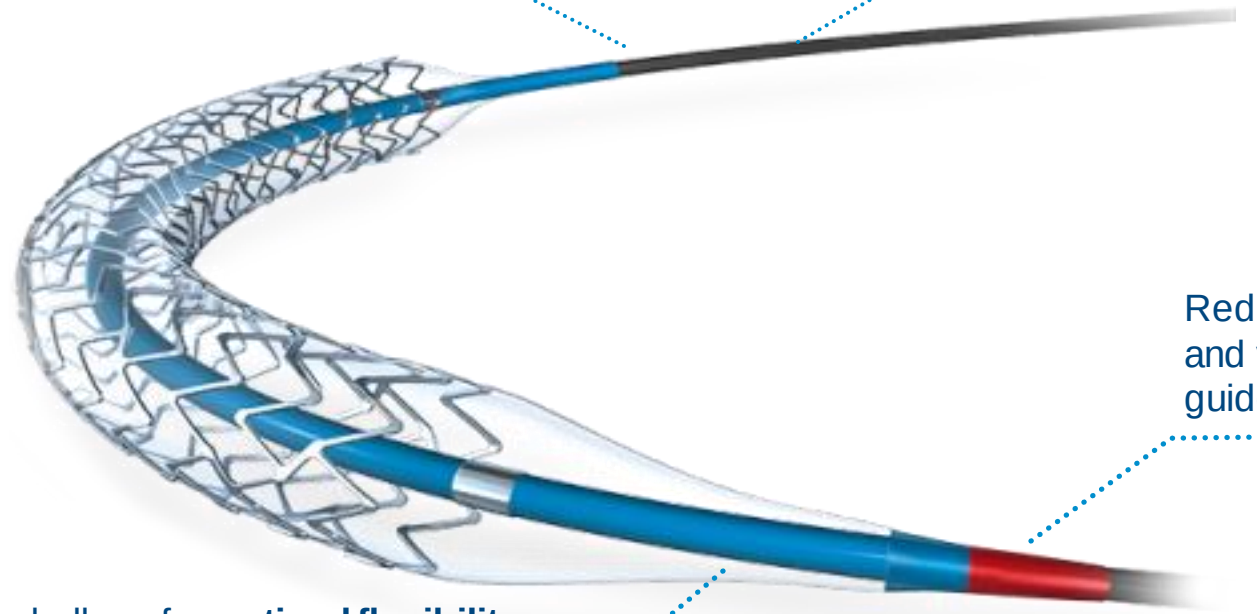
Outstanding Deliverability

Bi-Segment inner shaft **provides balance of proximal push and distal flex**

Laser-cut Hypotube improves pushability.
PTFE Coating to **reduce friction**[1]



Red tip **provides tip flexibility**[1] and **visibility** when loading a guidewire

Dual-layer balloon for **optimal flexibility, compliance** and controlled **balloon growth**[1]

Promus ELITE Everolimus-Eluting Platinum Chromium Coronary Stent System

1. Deliverability bench testing performed by Boston Scientific Corporation on 3.0mm stents (n=5). Data on file at Boston Scientific. Bench test results not necessarily indicative of clinical performance.

Promus ELITE™ Stent System
New Proprietary Laser-Cut Hypotube

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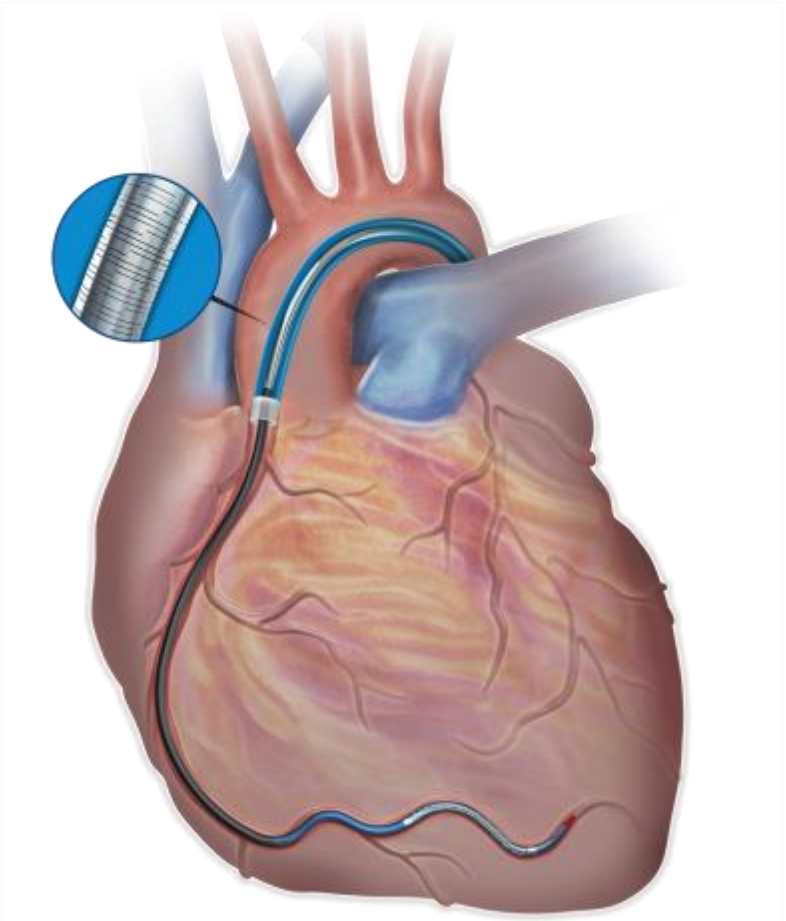
Outstanding Deliverability

NEW Laser-Cut Hypotube

- Variable cut pattern specifically designed for coronary anatomy
- ~300 cuts over 100 mm length
- Extends from midshaft to exit port to improve pushability
- Additional length maintains midshaft flexibility
- ↑ Pushability and Flexibility



Promus ELITE™ Stent System
Improved Pushability with Hypotube Technology

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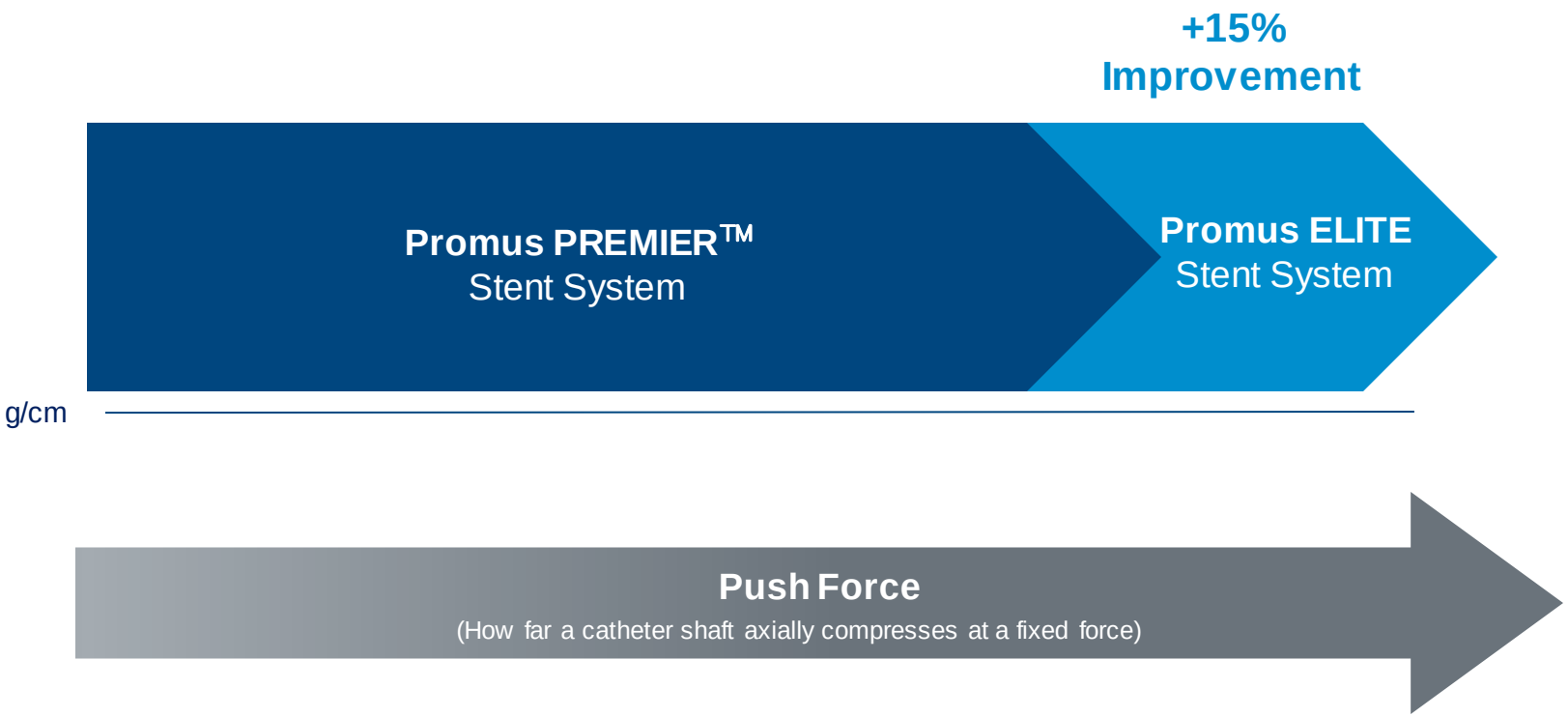
Outstanding Deliverability

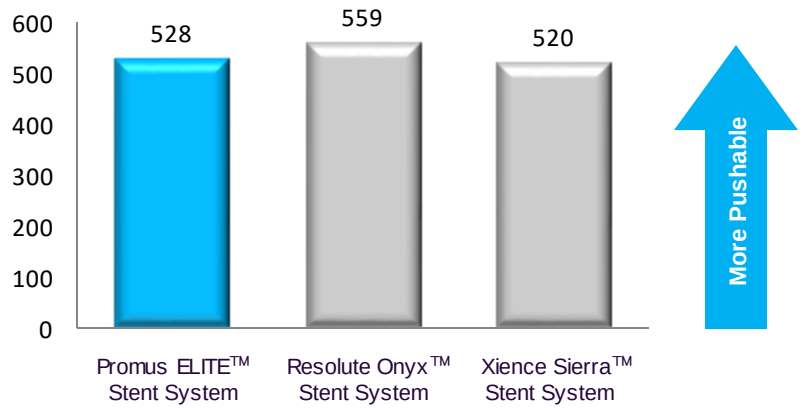
Pushability[1]



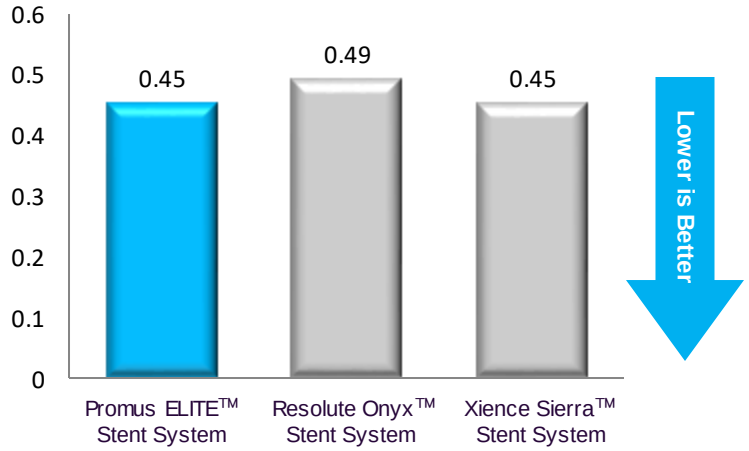
1. Data on file at Boston Scientific. Tech Report 92193863. N=15 all stents 3.0x28mm. Bench test results not necessarily indicative of clinical performance.

Promus ELITE™ Stent System
Outstanding Deliverability

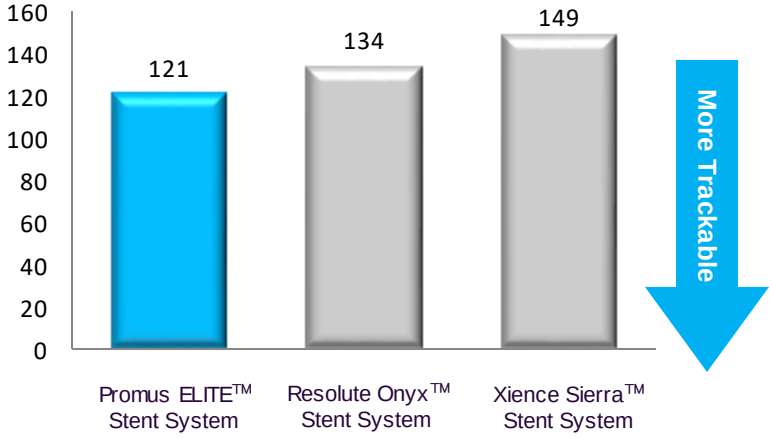
Pushability (g/cm)



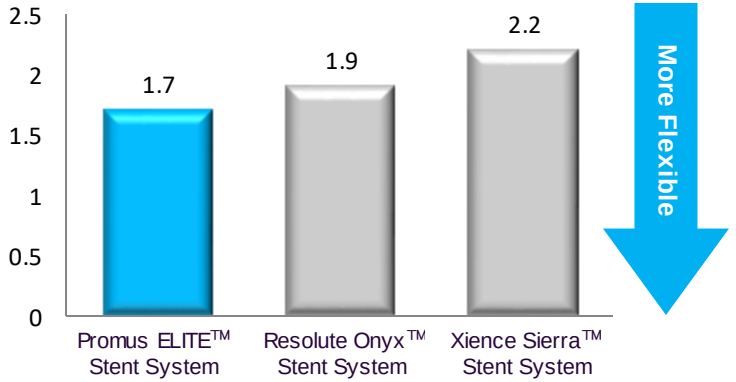
Lesion Entry Profile (mm)



Trackability (gf.cm)



System Flex (N*mm)



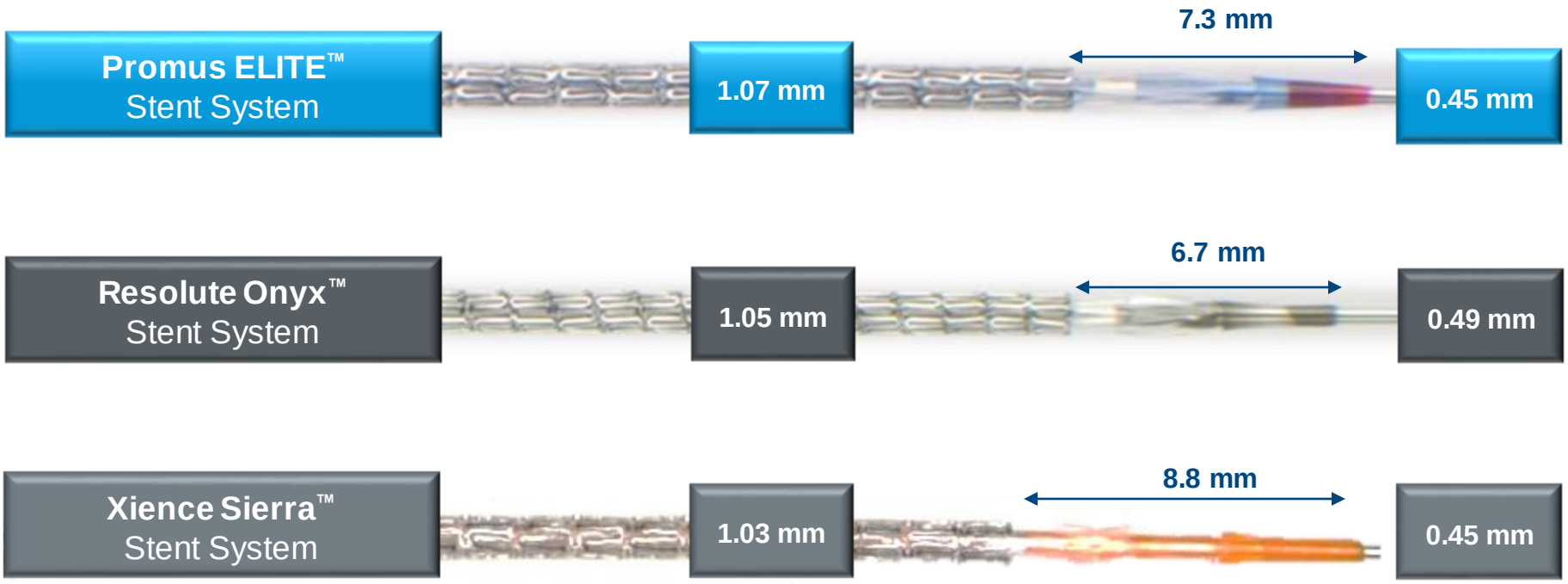
Promus ELITE™ Everolimus-Eluting Platinum Chromium Coronary Stent System

Bench tests performed by Boston Scientific Corporation. Data on file. N=5; Promus ELITE 3.0x28mm, Onyx 3.0x30mm, Sierra 3.0x28mm.
Bench test results not necessarily indicative of clinical performance.

Promus ELITE™ Stent System

Low Stent and Tip Profile[1]

Outstanding Deliverability



Low tip profile

Promus ELITE Everolimus-Eluting Platinum Chromium Coronary Stent System.

1. Data on file at Boston Scientific. All 3.00 mm stent systems. N = 3. Images by Boston Scientific. Bench tests may not necessarily be indicative of clinical performance.

Promus ELITE™ Stent System

Outstanding Acute Performance. Proven Long-term Outcomes

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Outstanding Deliverability

Trusted Stent Platform

Proven Clinical Outcomes

Customized Stent Architecture

Ideal Balance of Strength and Flexibility

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Trusted Stent Platform

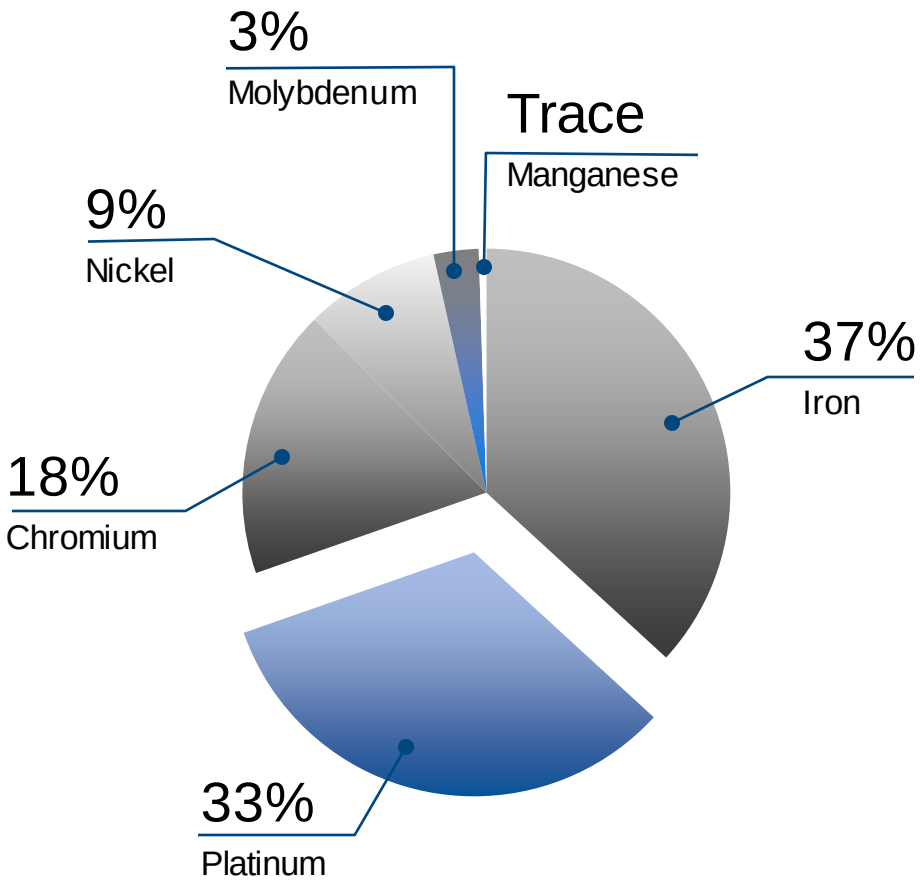
KEY ADVANTAGES[1]

- Exceptional Conformability
- Unmatched Radial Strength
- Most Visible Alloy
- Minimum Recoil
- Market-Leading Drug and Polymer combination

1. Bench tests performed by Boston Scientific Corporation. Data on file. Bench test results not necessarily indicative of clinical performance.

Platinum Chromium Alloy
Unique Properties and Benefits

Trusted Stent Platform

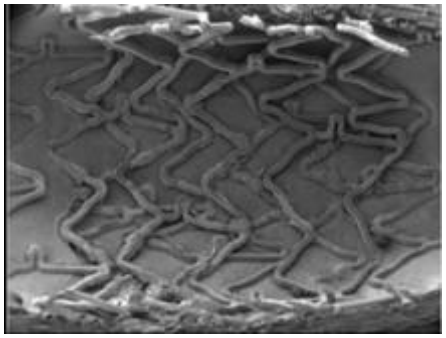


- Platinum has over twice the density of Iron or Cobalt
- Platinum provides increased strength when alloyed with stainless steel
- Lowest Nickel content (9%)
- Specifically developed for coronary stents
- Enhanced Visibility

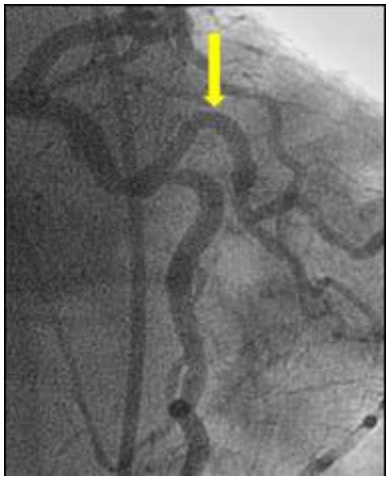
PtCr Platform Differences May Impact Clinical Outcomes

Boston Scientific

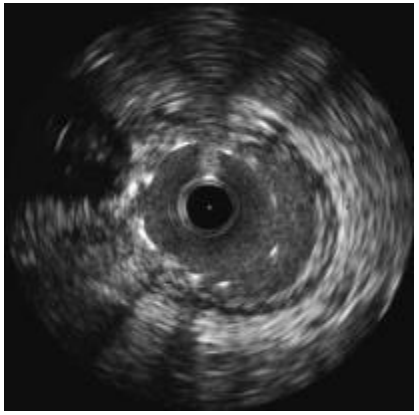
Lesion coverage and Bailout Stenting



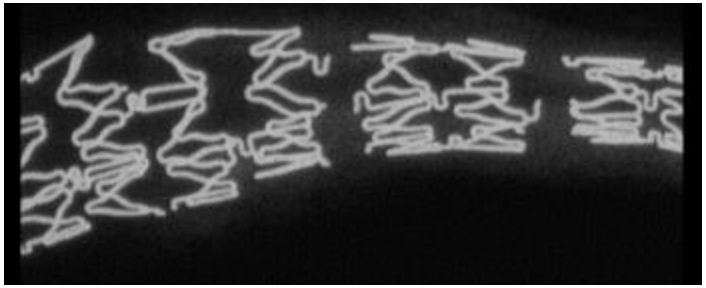
Platform flexibility and conformability



Incomplete stent apposition

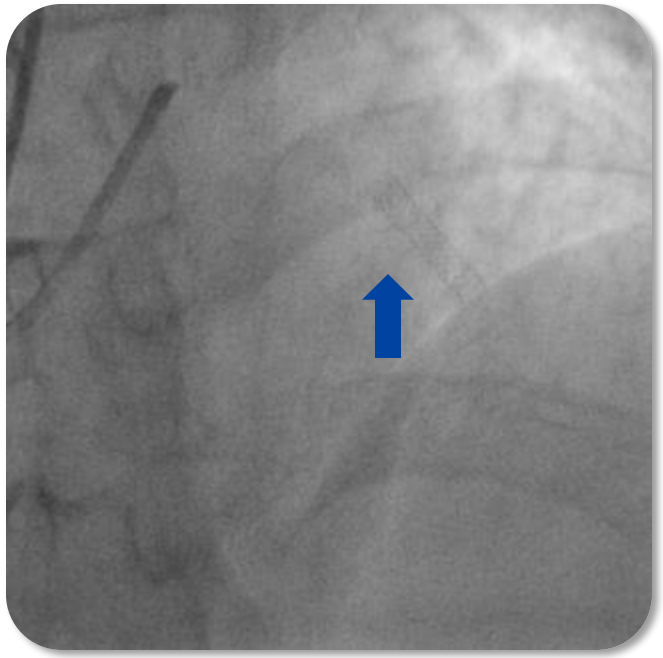


Resistance to fracture

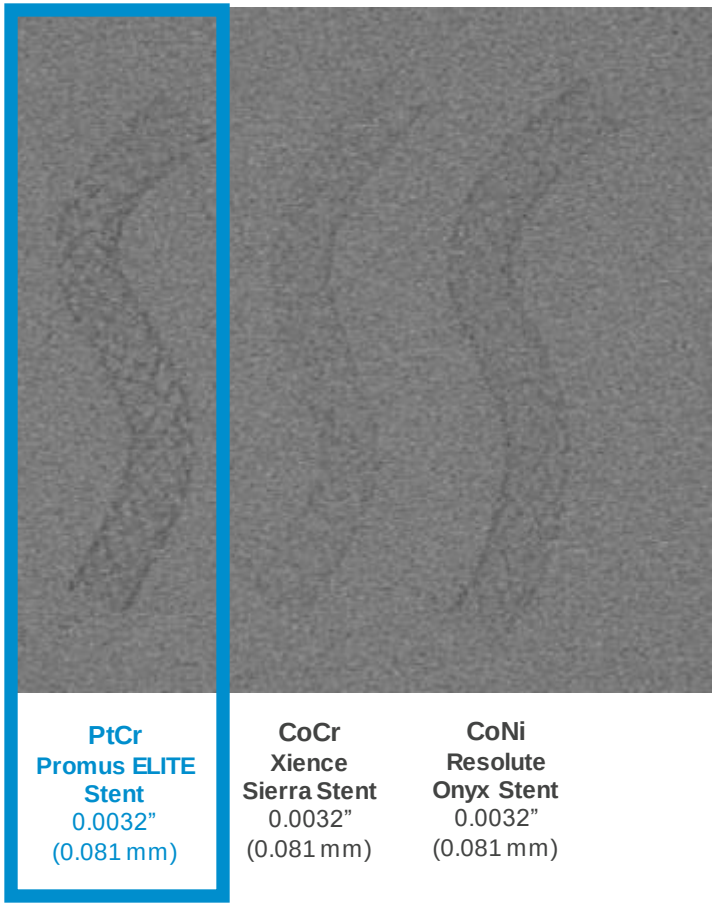


Platinum Chromium Alloy
Unique Properties and Benefits

In Vivo Radiopacity[1]



Best-in-Class Visibility[2]



1. Images courtesy of John Ormiston, MD., Mercy Hospital Aukland, New Zealand. Results from case studies and bench tests are not predictive of results in other cases.
2. Bench testing performed by Boston Scientific. All stents 2.50 mm, n=1; Promus ELITE Stent, Xience Sierra Stent and Resolute Onyx Stent. Copper (6mm) phantom to simulate body mass.

Promus ELITE™ Stent
Customized Stent Architecture

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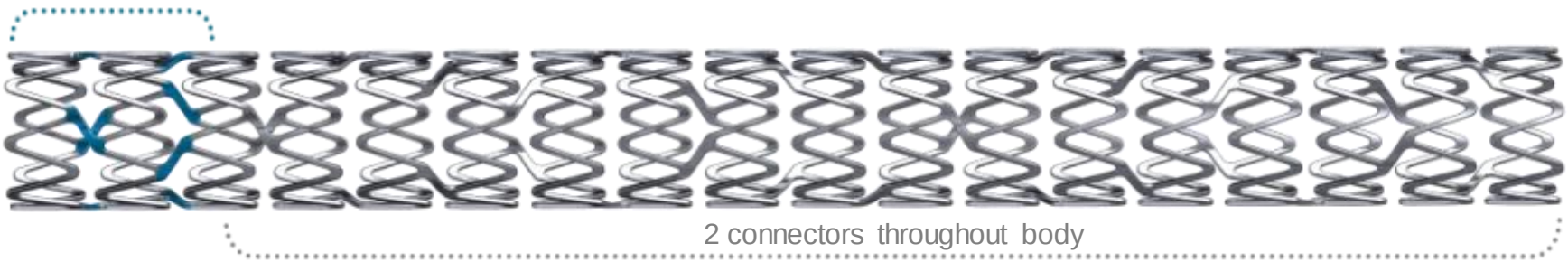
Trusted Stent Platform

Strength and Flexibility Where It Matters

Additional connectors on proximal two segments (4 or 5)

Proximal end more robust to provide ***increased axial strength***[1]



Overall design maintains ***flexibility, conformability and fracture resistance***[1]

1. Bench tests performed by Boston Scientific Corporation. Data on file. Bench test results not necessarily indicative of clinical performance.

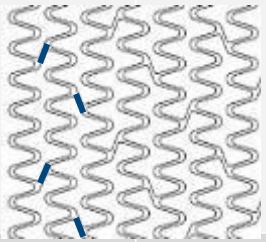
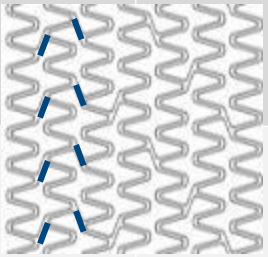
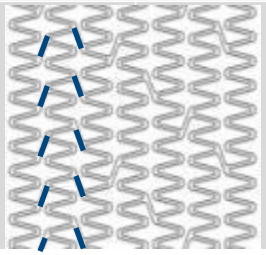
Customized Stent Architecture

Four Unique, Customized Stent Models

Boston Scientific

Trusted Stent Platform

Customized for Strength and Flexibility Where It Matters

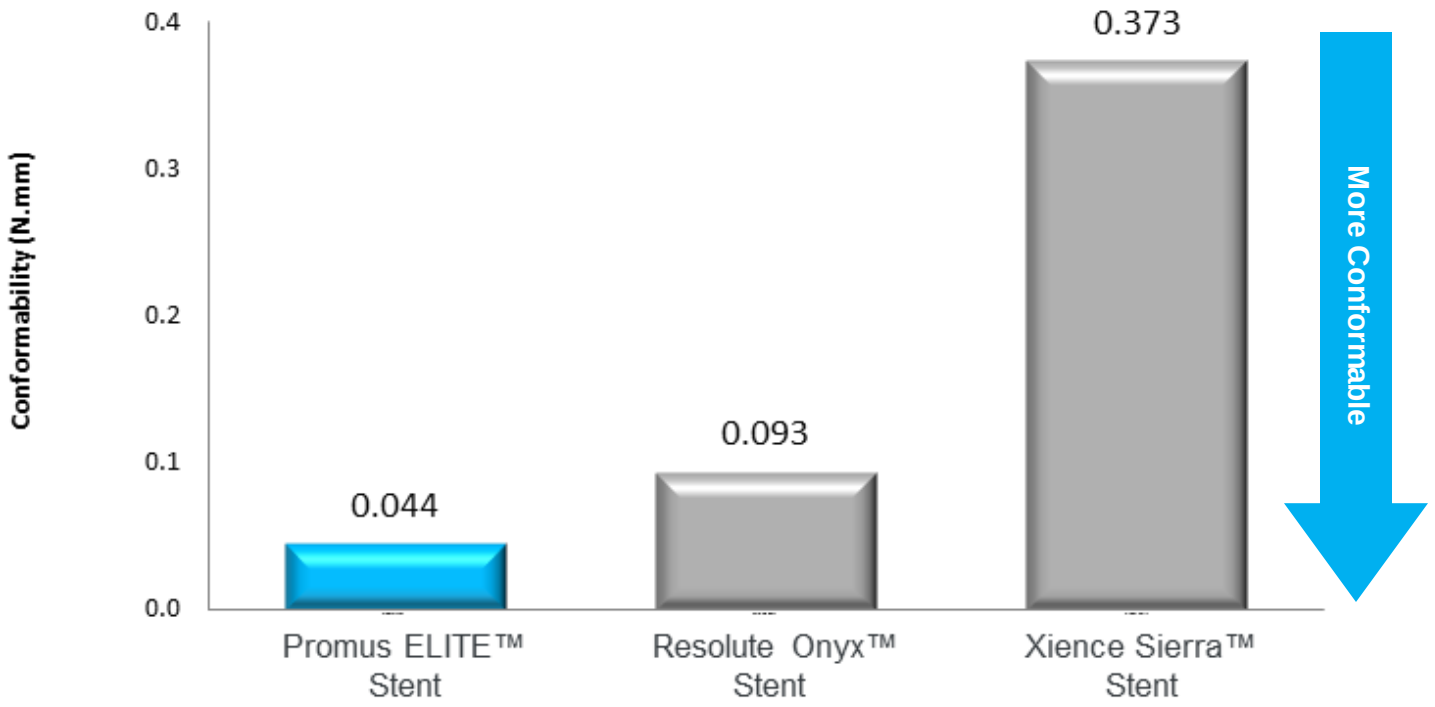
Stent Model	# of Peaks	# of Connectors	Labeled Post-Dilatation Limits	Proximal End / Distal End
Small Vessel (2.25 mm)	8	2 throughout	2.75	
Small Workhorse (2.50-2.75 mm)	8	4 on proximal end; 2 throughout stent body	3.50	
Workhorse (3.00-3.50 mm)	8	4 on proximal end; 2 throughout stent body	4.25	
Large Vessel (4.00mm)	10	5 on proximal end; 2 throughout stent body	5.75	

Promus ELITE™ Stent
Customized Design for Outstanding Conformability

In bench testing Promus ELITE stent is more than:

- **2x** more conformable than Resolute Onyx
- **8x** more conformable than Xience Sierra

Conformability Test[1]



(Amount of torque required to bend the stent; measures the ability of the stent to naturally conform to the vessel)

1. Bench tests performed by Boston Scientific Corporation. Data on file. All stents 2.5mm. N=3 minimum. Bench test results not necessarily indicative of clinical performance. Bench test results not necessarily indicative of clinical performance.

Outstanding Conformability

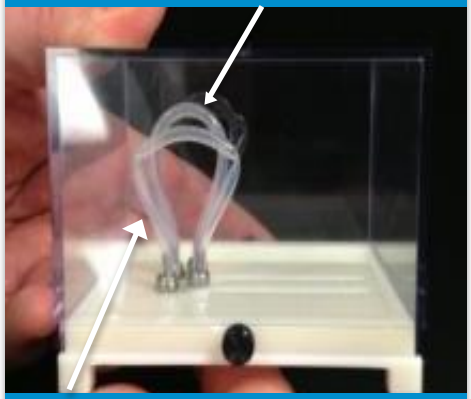
Customized Design for Outstanding Conformability

Boston Scientific

Trusted Stent Platform

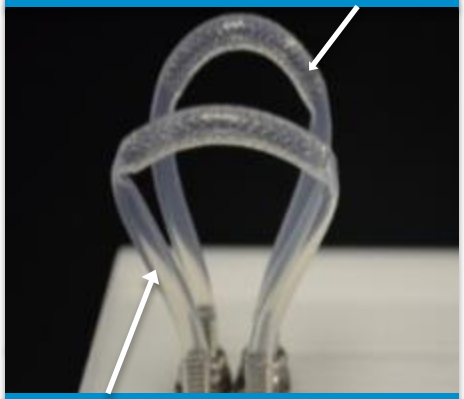
Hands-on model demonstrates conformability and the way stents conform to the natural vessel shape

Promus ELITE Stent[1]



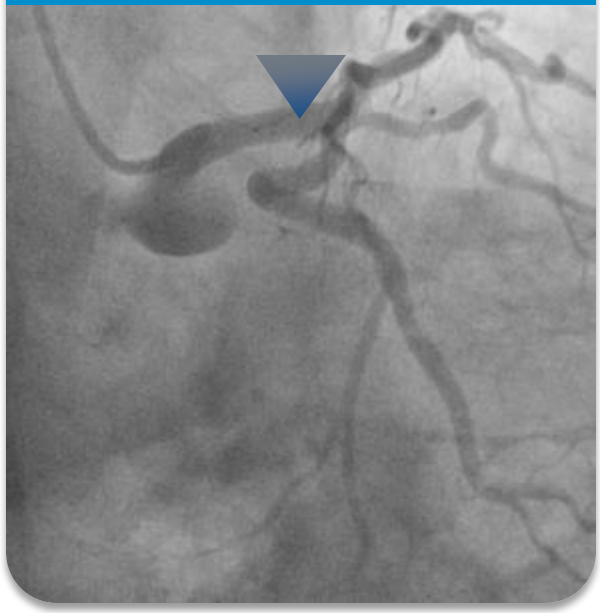
Xience™ Stent[1]

Promus ELITE Stent[1]



Resolute Onyx Stent[1]

Outstanding conformability[2]



Promus ELITE™ Everolimus-Eluting Platinum Chromium Coronary Stent System.

1. Bench tests performed by Boston Scientific Corporation. Data on file. Promus ELITE 3.0x28mm, Onyx 3.0x26mm, Sierra 3.0x28mm. Bench test results not necessarily indicative of clinical performance.
2. Popma, J, MD. Stent Deign Impacts Geometric Vessel Distortion following Stenting in Angulated Lesions. Angiographic Analysis of PLATINUM Trial. ACC 2013.

Promus ELITE™ Stent
Exceptionally Low Recoil

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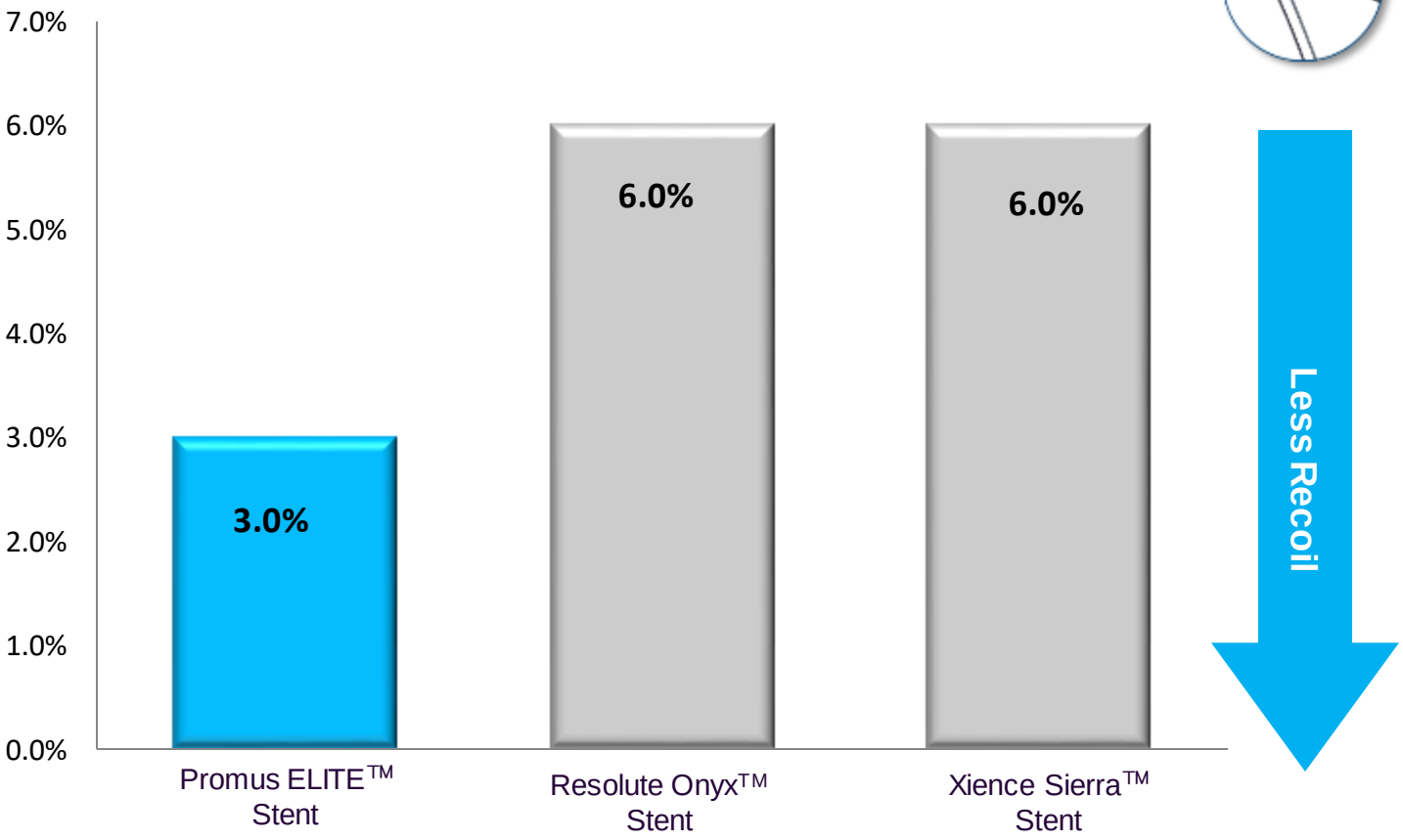
In-Vitro Stent Recoil[1]



(Percentage a stent diameter decreases after balloon deflation)

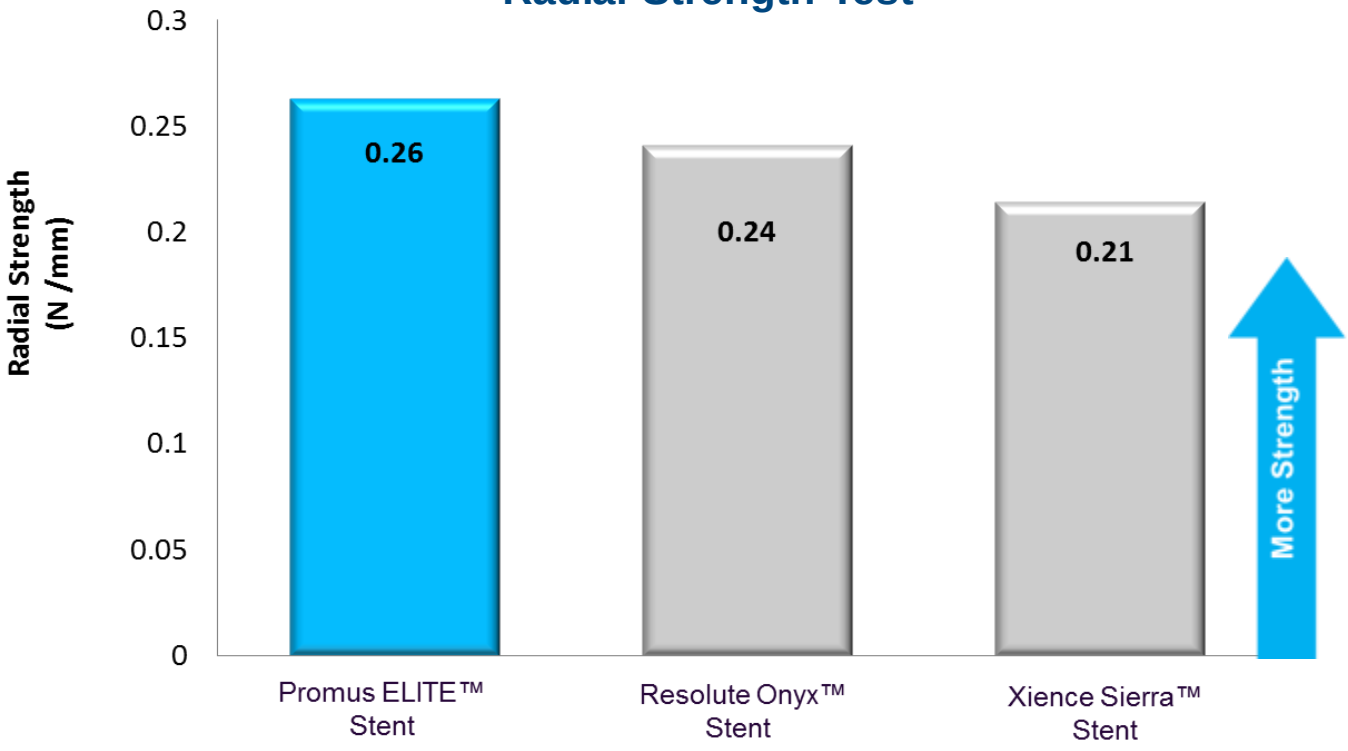
1. Bench tests performed by Boston Scientific Corporation. Data on file. All stents 2.5mm. N=3 minimum. Bench test results not necessarily indicative of clinical performance.

Promus ELITE™ Stent
Excellent Radial Strength

In bench testing Promus ELITE stent shows:

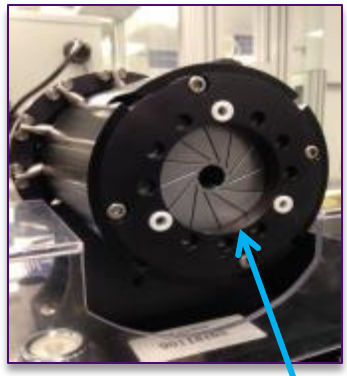
- **8%** more radial strength than Resolute Onyx
- **24%** more radial strength than Xience Sierra

Radial Strength Test[1]



(Amount of radial force required to reduce the diameter of a deployed stent by 15%)

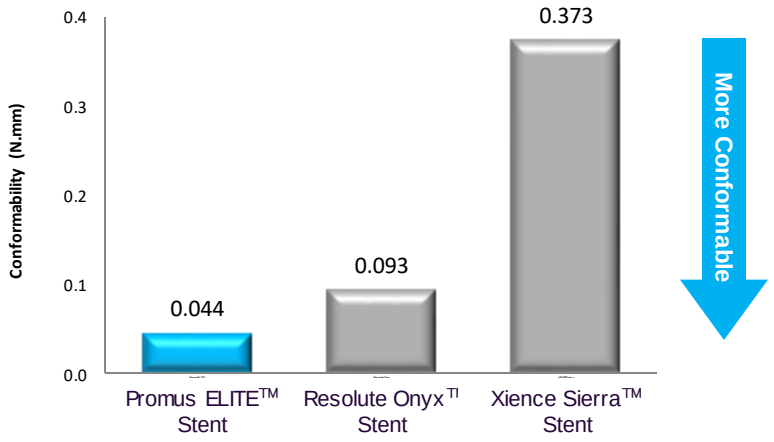
Radial Compression Test



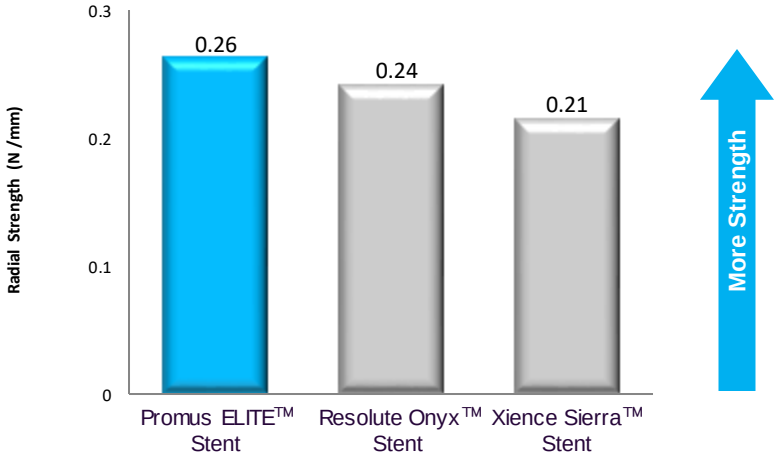
1. Bench tests performed by Boston Scientific Corporation. Data on file. All stents 2.5mm. N=3 minimum. Bench test results not necessarily indicative of clinical performance.

Promus ELITE™ Stent System
Trusted Stent Platform

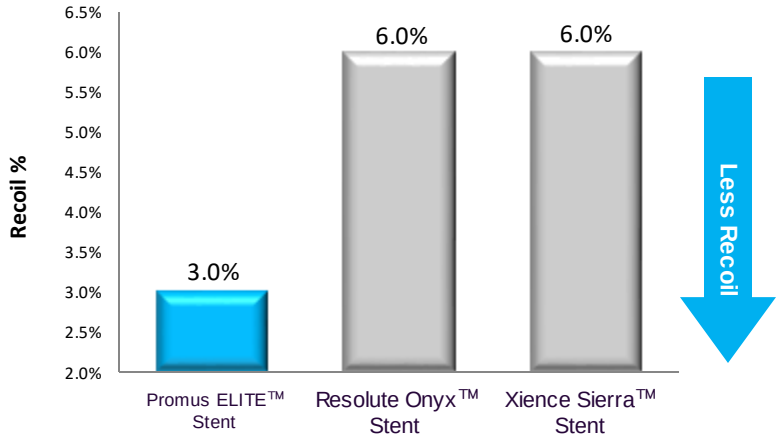
Conformability (N.mm)



Radial Strength (N/mm)



In-Vitro Stent Recoil %



Bench tests performed by Boston Scientific Corporation. Data on file. All stents 2.5mm. N=3 minimum. Bench test results not necessarily indicative of clinical performance.

Stent Platform Specifications

Trusted Stent Platform

	Promus ELITE™ Stent	Resolute Onyx™ Stent	Xience Sierra™ Stent
			
Stent Material	Platinum Chromium (PtCr)	Cobalt Nickel (CoNi) w/ Platinum Core wire	Cobalt Chromium (CoCr)
Polymer	PVDF	BioLinx™	PVDF
Drug	Everolimus	Zotarolimus	Everolimus
Drug Elution Time	4 Months	6 Months	4 Months
Strut Thickness	0.0032” (81 µm)	0.0032” (81 µm)	0.0032” (81 µm)

Promus ELITE™ Stent
Low Balloon Overhang

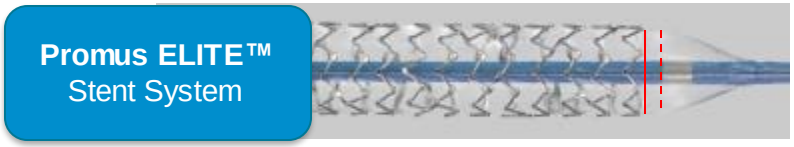
Boston Scientific

Trusted Stent Platform

Inflated to 1114.575 kPa (11 ATM)[1]

0.45 mm
Total: 1.01 mm

Inflated to 1823.25 kPa (18 ATM)[1]



0.53 mm
Total: 1.14 mm

Minimal balloon overhang to help minimize vessel trauma or damage outside the stent[1]

1. Based on bench testing. All stents; 2.50 mm, n=3. Images taken and Bench testing performed by Boston Scientific. Results not necessarily indicative of clinical performance.

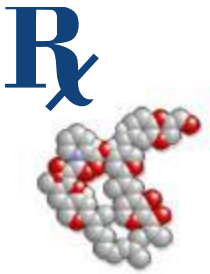
Promus ELITE™ Stent
Drug and Polymer Properties

Boston Scientific

Trusted Stent Platform

Market-Leading Everolimus Drug and PVDF-HFP Polymer Maintains Excellent Drug Distribution and Uniformity

	PtCr Everolimus Stents	
	Promus ELITE Stent	**Promus PREMIER Stent**
Drug	Everolimus	Everolimus
Drug Release[1]	100% by 120 days	100% by 120 days
Minimum Drug Load[1]	38 µg (2.25x8 mm)	38 µg (2.25x8 mm)
Maximum Drug Load[1]	243 µg (4.00x38 mm)	243 µg (4.00x38 mm)
Drug Dose Density[1]	100 µg/cm^2	100 µg/cm^2
Drug to Polymer Ratio[1]	1:4.9	1:4.9
Polymer	Fluorinated Co-polymer (PVDF – HFP)	Fluorinated Co-polymer (PVDF – HFP)
Total Coating Thickness[1]	7µm	7µm

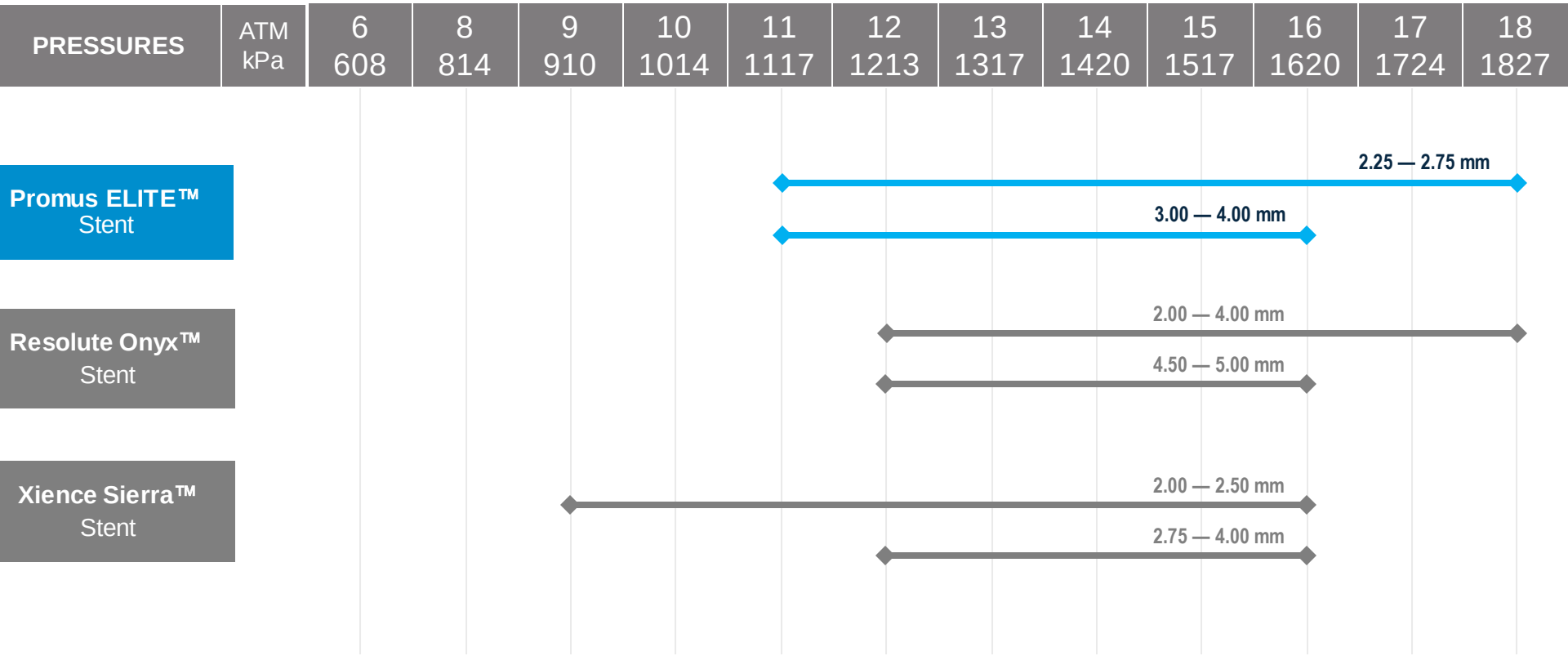


Promus ELITE™ Stent
Nominal and Rated Burst Pressures*

Boston Scientific

Trusted Stent Platform

Promus ELITE Stent has exceptional compliance and low balloon growth

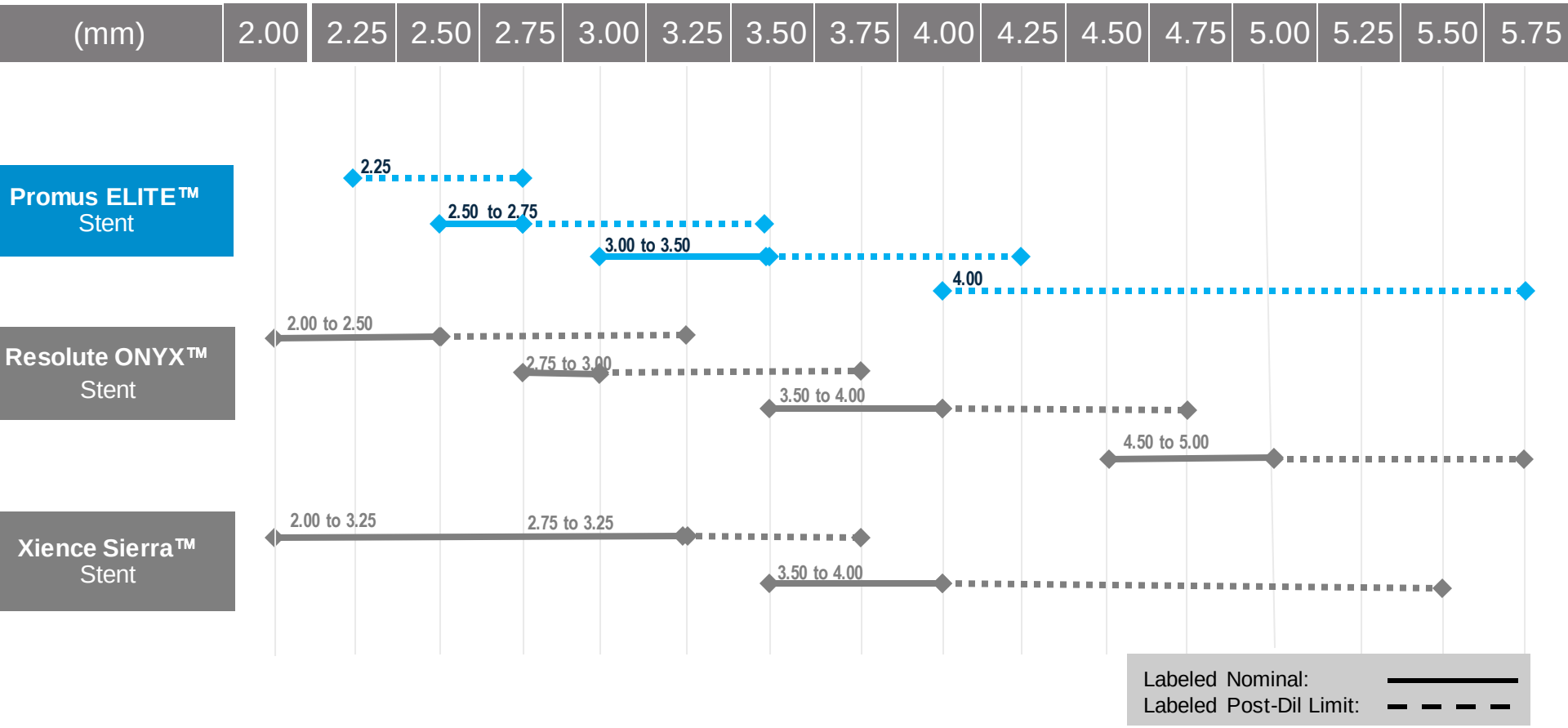


Promus ELITE™ Stent
Post Dilatation Limits*

Boston Scientific

Trusted Stent Platform

Promus ELITE Stent has a labeled over expansion limit up to 5.75 mm



Promus ELITE Everolimus-Eluting Platinum Chromium Coronary Stent System

* Promus ELITE, Resolute Onyx and Xience Sierra DFUs. As of Mar.7 2018. Xience Sierra approved for select OUS markets only as of March 2018.

Promus ELITE™ Stent System

Outstanding Acute Performance. Proven Long-term Outcomes

Boston Scientific

Outstanding Deliverability

Trusted Stent Platform

Proven Clinical Outcomes

PLATINUM Clinical Trials
Program Overview

Boston Scientific

Proven Clinical Outcomes

PROMUS PLATINUM

Promus PtCr EES[1]

QCA study
100 patients
30-day clinical and 9-month angiographic & IVUS data

→ Performance Endpoints Met

Workhorse Trial
1,530 patients
Non-inferiority vs. Xience V™ (PROMUS™) Stent
5-yr data

→ Primary Endpoint Met

Small Vessel Trial
94 patients
Performance goal based on TAXUS™ Express™ Stent
4-yr data

→ Primary Endpoint Met

Long Lesion Trial
102 patients
Performance goal based on TAXUS Express Stent
4-yr data

→ Primary Endpoint Met

Promus ELITE™ Stent
PLATINUM Clinical Trials Key Takeaways[1]

Boston Scientific

Proven Clinical Outcomes

Promus PtCr EES BEATS Xience CoCr EES[2]

Numerically lower event rates at 5 years[2]

Impressive results with 0% **Incomplete Stent Apposition.**[3]

Exceptional safety and efficacy in **Small Vessels** with just 2.5% TLR and 0% ARC ST as well as in **Long Lesions** with 0% ARC ST or MI.[4]

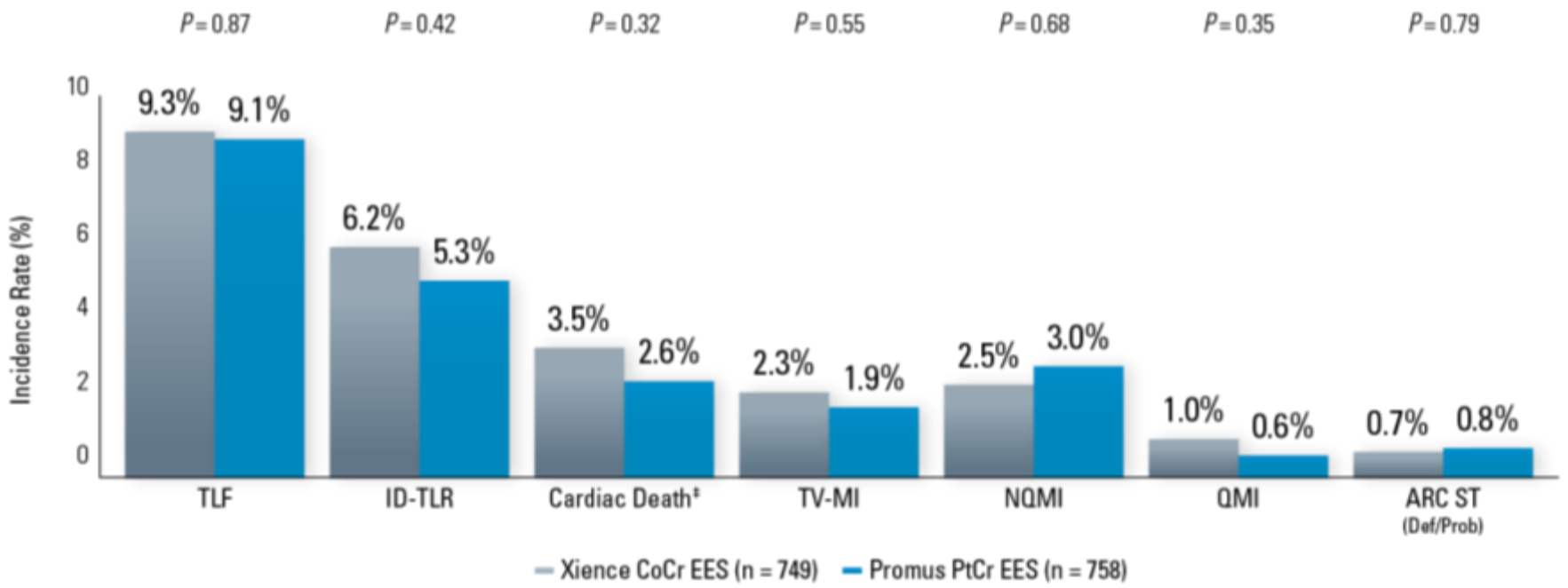
1. PLATINUM Clinical Trial Program studies the PROMUS Element Stent (Promus PtCr EES) and Xience V Stent (Xience CoCr EES). The principal safety and effectiveness information for the Promus PREMIER ELITE Stent System is derived from the global PLATINUM Clinical Trial Program, a series of clinical trials conducted on the PROMUS Element™ Stent System. The PROMUS Element and Promus PREMIER ELITE Stents utilize the same platinum chromium alloy and the same Everolimus and coating, resulting in a similar kinetic release profile. Given the similarities between the PROMUS Element and Promus PREMIER ELITE Stent Systems and supportive bench and animal study information, the findings from the PLATINUM clinical studies are applicable to the Promus PREMIER ELITE Stent System.
2. PLATINUM Workhorse Trial; presented by Stone G, MD. ACC 2015.
3. PLATINUM QCA Trial; Meredith, et al. Eurointervention 2011;7:84.
4. PLATINUM Small Vessel Trial; presented by Dominic Allocco, MD, PCR 2012. Ian T. Meredith, AM, MBBS, PhD is the PI. PLATINUM Long Lesion Trial; presented by Paul Teirstein, TCT 2012.

Promus ELITE™ Stent
PLATINUM Workhorse Trial 5-Year Results

Boston Scientific

Proven Clinical Outcomes

Numerically Lower Event Rates[1]



1. Stone, GW. PLATINUM Workhorse Trial. ACC 2015. PLATINUM Clinical Trial Program studies the PROMUS Element Stent (Promus PtCr EES) and Xience V Stent (Xience CoCr EES). The principal safety and effectiveness information for the Promus PREMIER ELITE Stent System is derived from the global PLATINUM Clinical Trial Program, a series of clinical trials conducted on the PROMUS Element™ Stent System. The PROMUS Element and Promus PREMIER ELITE Stents utilize the same platinum chromium alloy and the same Everolimus and coating, resulting in a similar kinetic release profile. Given the similarities between the PROMUS Element and Promus PREMIER ELITE Stent Systems and supportive bench and animal study information, the findings from the PLATINUM clinical studies are applicable to the Promus PREMIER ELITE Stent System.

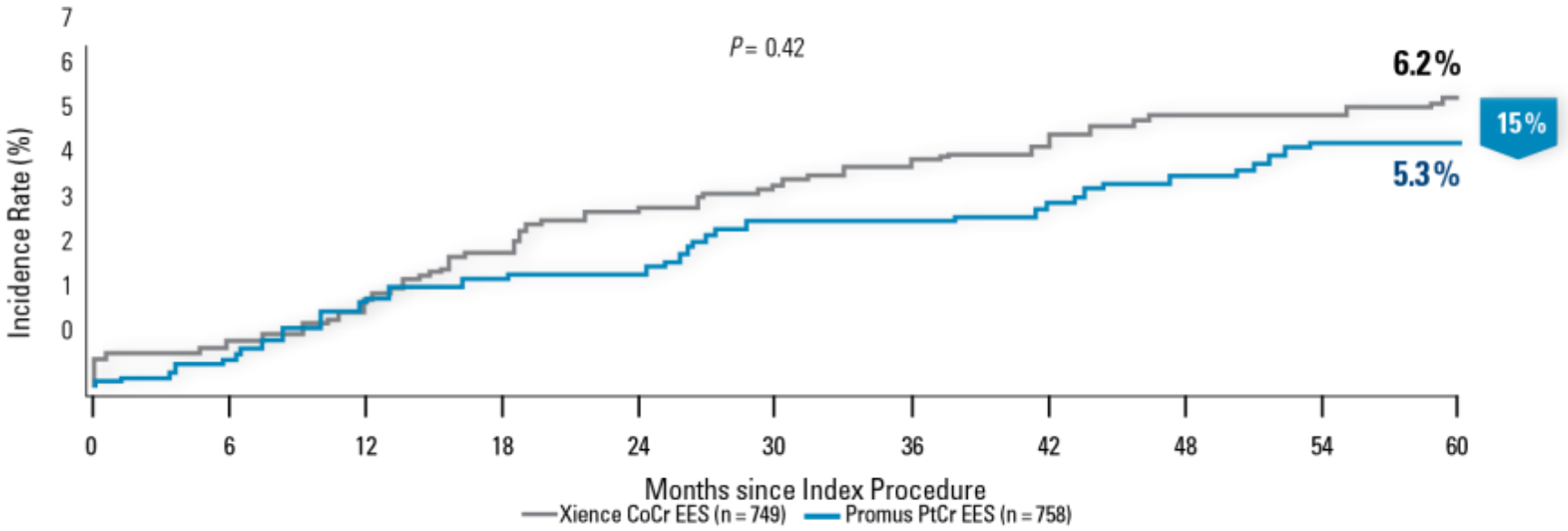
‡ Deaths due to unknown causes were adjudicated as cardiac death.

Promus ELITE™ Stent
PLATINUM Workhorse Trial 5-Year Results

Boston Scientific

Proven Clinical Outcomes

Numerically Lower Ischemia-Driven TLR through 5 Years[1]

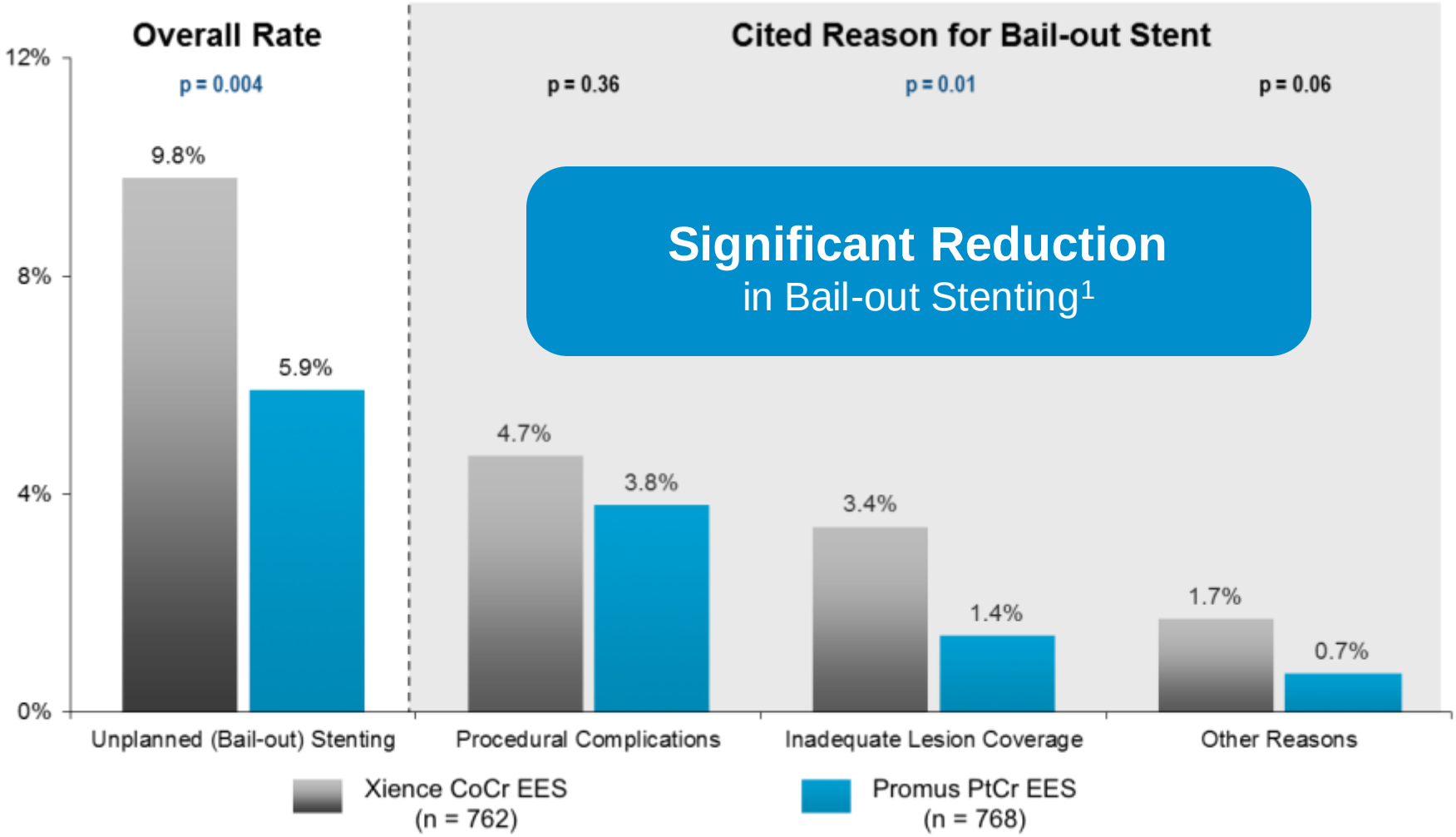


1. Stone, GW. PLATINUM Workhorse Trial. ACC 2015. PLATINUM Clinical Trial Program studies the PROMUS Element Stent (Promus PtCr EES) and Xience V Stent (Xience CoCr EES). The principal safety and effectiveness information for the Promus PREMIER ELITE Stent System is derived from the global PLATINUM Clinical Trial Program, a series of clinical trials conducted on the PROMUS Element™ Stent System. The PROMUS Element and Promus PREMIER ELITE Stents utilize the same platinum chromium alloy and the same Everolimus and coating, resulting in a similar kinetic release profile. Given the similarities between the PROMUS Element and Promus PREMIER ELITE Stent Systems and supportive bench and animal study information, the findings from the PLATINUM clinical studies are applicable to the Promus PREMIER ELITE Stent System.

Promus ELITE™ Stent
PLATINUM Workhorse Trial 5-Year Results

Boston Scientific

Proven Clinical Outcomes



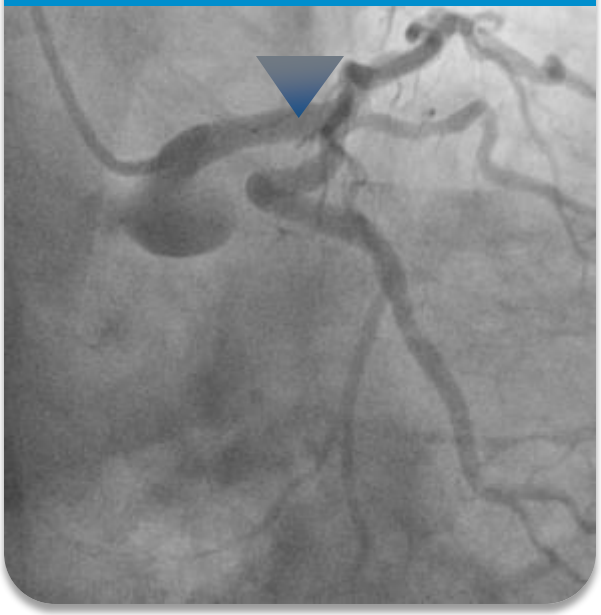
1. PLATINUM Clinical Trial Program studies the PROMUS Element Stent (Promus PtCr EES) and Xience V Stent (Xience CoCr EES). The principal safety and effectiveness information for the Promus PREMIER ELITE Stent System is derived from the global PLATINUM Clinical Trial Program, a series of clinical trials conducted on the PROMUS Element™ Stent System. The PROMUS Element and Promus PREMIER ELITE Stents utilize the same platinum chromium alloy and the same Everolimus and coating, resulting in a similar kinetic release profile. Given the similarities between the PROMUS Element and Promus PREMIER ELITE Stent Systems and supportive bench and animal study information, the findings from the PLATINUM clinical studies are applicable to the Promus PREMIER ELITE Stent System. **PLATINUM Trial: Stone, et al. JACC 2011; 57::1700.**

Promus ELITE™ Stent
Outstanding Conformability

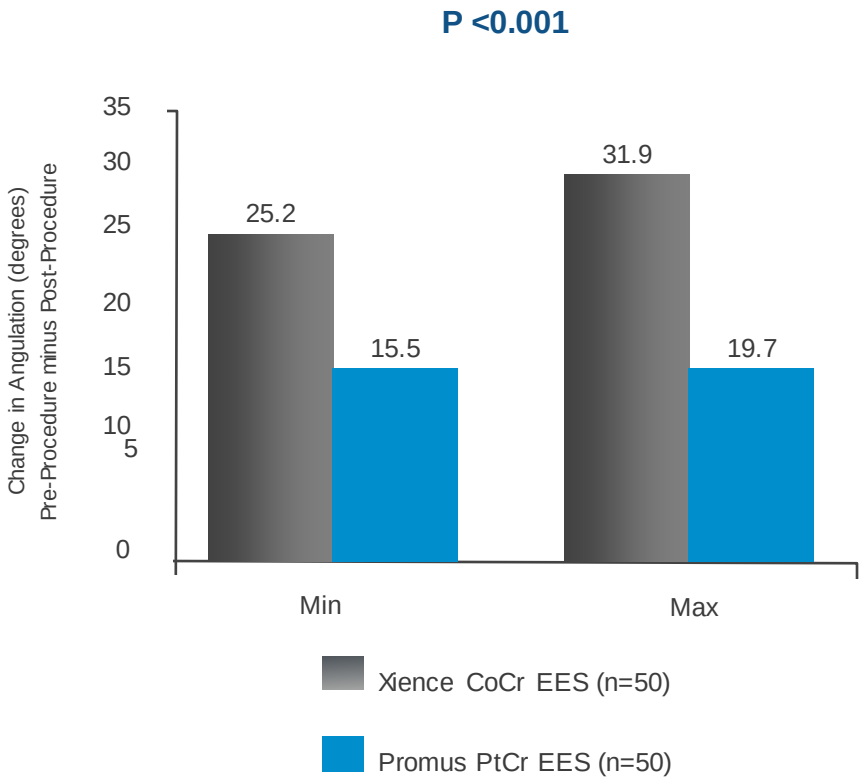
Boston Scientific

Trusted Stent Platform

Outstanding conformability[2]



Significantly less vessel straightening with Promus PtCr EES in the PLATINUM Workhorse Trial[3]



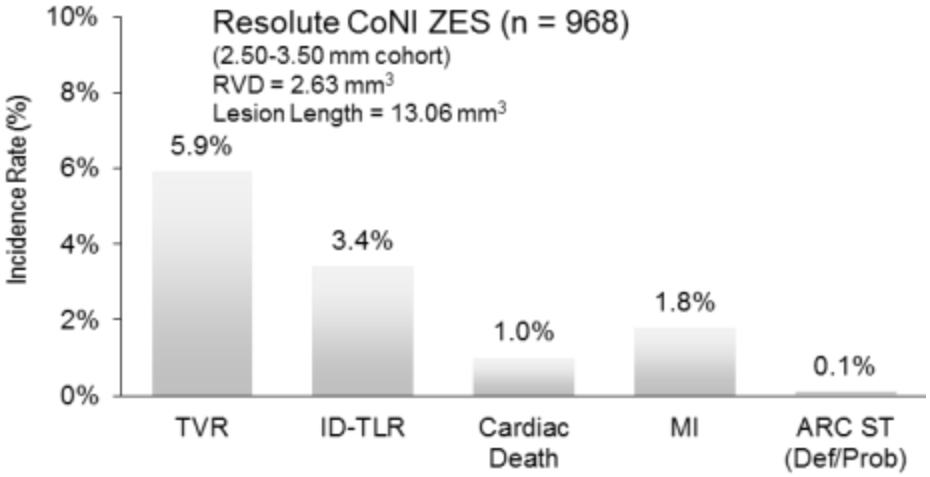
1. Image courtesy of John Ormiston, MD., Mercy Hospital Auckland, New Zealand. Results from case studies are not predictive of results in other cases. Results in other cases may vary.
2. In severely angulated lesions only. Popma J, MD. Stent Design Impacts Geometric Vessel Distortion following Coronary Artery Stenting in Severely Angulated Lesions: Angiographic Analysis of the PLATINUM Workhorse Trial. ACC 2013.

Promus ELITE™ Stent
2-Year Results in Perspective

Boston Scientific

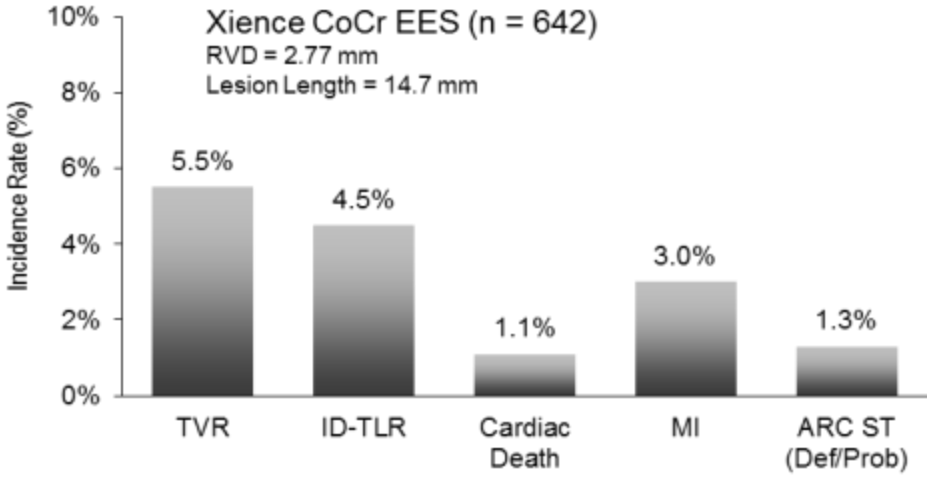
Resolute US Trial[2]

Resolute CoNI ZES (n = 968)
(2.50-3.50 mm cohort)
RVD = 2.63 mm[3]
Lesion Length = 13.06 mm[3]



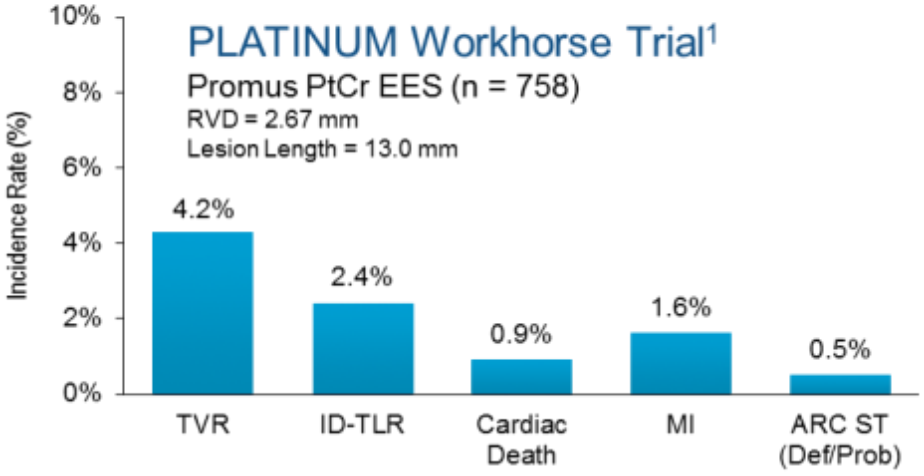
SPIRIT III Trial[4]

Xience CoCr EES (n = 642)
RVD = 2.77 mm
Lesion Length = 14.7 mm



PLATINUM Workhorse Trial[1]

Promus PtCr EES (n = 758)
RVD = 2.67 mm
Lesion Length = 13.0 mm



1. PLATINUM Clinical Trial Program studies the PROMUS Element Stent (Promus PtCr EES) and Xience V Stent (Xience CoCr EES). The principal safety and effectiveness information for the Promus PREMIER ELITE Stent System is derived from the global PLATINUM Clinical Trial Program, a series of clinical trials conducted on the PROMUS Element™ Stent System. The PROMUS Element and Promus PREMIER ELITE Stents utilize the same platinum chromium alloy and the same Everolimus and coating, resulting in a similar kinetic release profile. Given the similarities between the PROMUS Element and Promus PREMIER ELITE Stent Systems and supportive bench and animal study information, the findings from the PLATINUM clinical studies are applicable to the Promus PREMIER ELITE Stent System. Presented by Gregg W. Stone, MD, ACC 2012.
2. RESOLUTE US Trial studied the Resolute™ Stent (Resolute CoNi ZES). Presented by Laura Mauri MD, MSc; ACC 2012.
3. Resolute Integrity Stent System DFU. Results from different studies are not directly comparable. Information provided for educational purposes only.
4. SPIRIT III Trial studied the Xience V™ Stent. Stone, et al. Circulation 2009; 119: 680-686. The SPIRIT Clinical Trials are sponsored by Abbott.

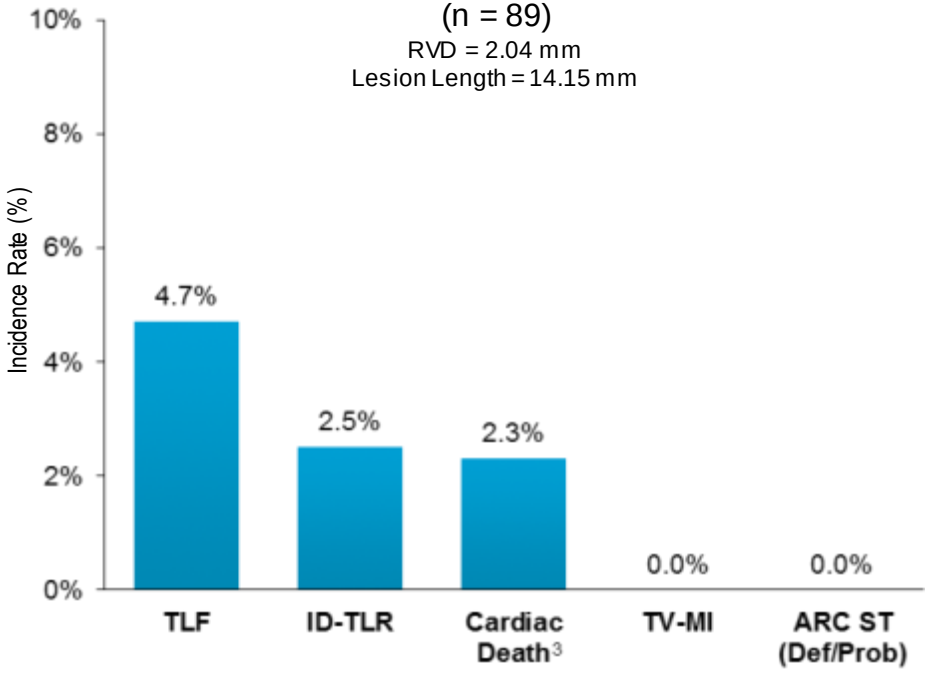
Promus ELITE™ Stent
Small Vessel Trial 2-Year Results in Perspective

No ARC def/prob ST
No Myocardial Infarction

1.4% TV-MI
1.4% ARC def/prob ST

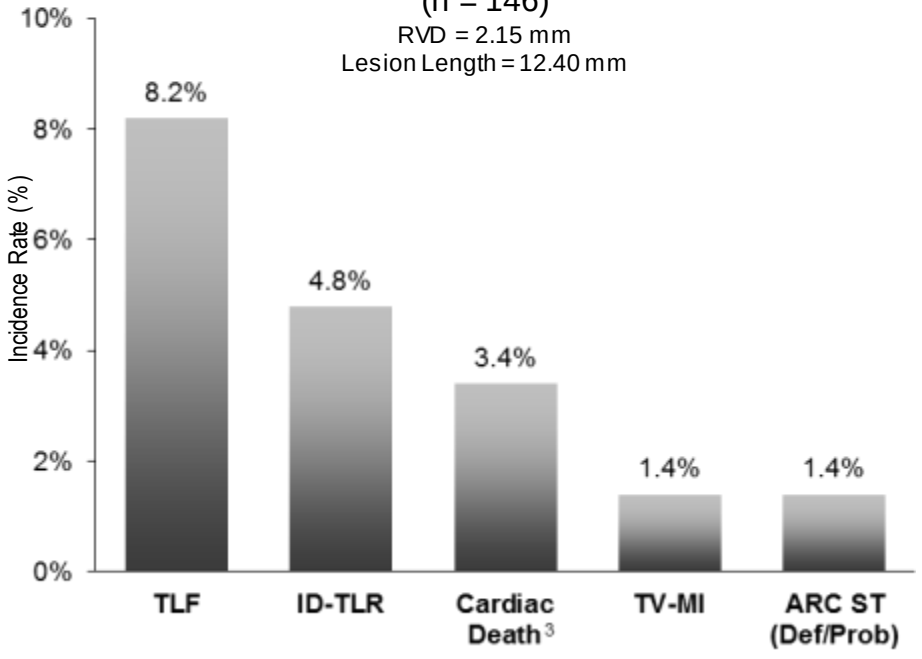
PLATINUM Small Vessel Trial[1,3]

Promus PtCr EES
(n = 89)
RVD = 2.04 mm
Lesion Length = 14.15 mm



RESOLUTE US Trial[2]

Resolute CoNi ZES
(n = 146)
RVD = 2.15 mm
Lesion Length = 12.40 mm



1. PLATINUM Clinical Trial Program studies the PROMUS Element Stent (Promus PtCr EES) and Xience V Stent (Xience CoCr EES). The principal safety and effectiveness information for the Promus PREMIER ELITE Stent System is derived from the global PLATINUM Clinical Trial Program, a series of clinical trials conducted on the PROMUS Element™ Stent System. The PROMUS Element and Promus PREMIER ELITE Stents utilize the same platinum chromium alloy and the same Everolimus and coating, resulting in a similar kinetic release profile. Given the similarities between the PROMUS Element and Promus PREMIER ELITE Stent Systems and supportive bench and animal study information, the findings from the PLATINUM clinical studies are applicable to the Promus PREMIER ELITE Stent System. PLATINUM Small Vessel Trial, Presented by Dominic Allocco MD, PCR 2012. Ian T. Meredith, AM, MBBS, PhD is the PI. There were no MIs in the PLATINUM Small Vessel Trial.
2. Presented by Laura Mauri MD, MSc, ACC 2012. RESOLUTE US Trial studied the Resolute Stent. Results from different studies are not directly comparable. Information provided for educational purposes only.
3. PROMUS Element Stent has a dedicated small vessel 2.25 mm stent model.

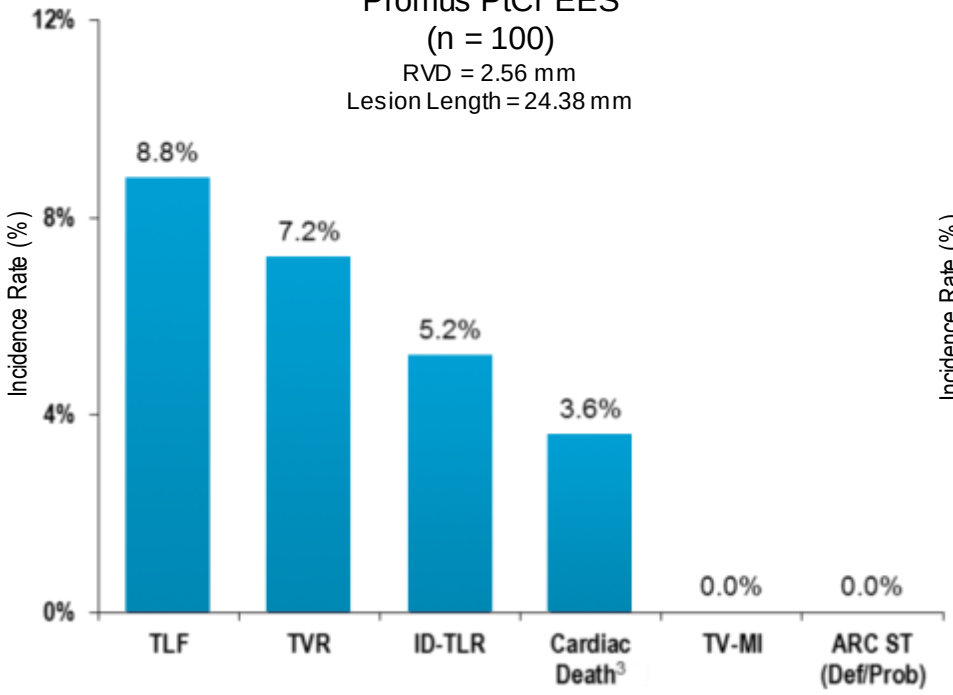
Promus ELITE™ Stent
Long Lesion Trial 2-Year Results in Perspective

No ARC def/prob ST
No Myocardial Infarction

4.8% TV-MI

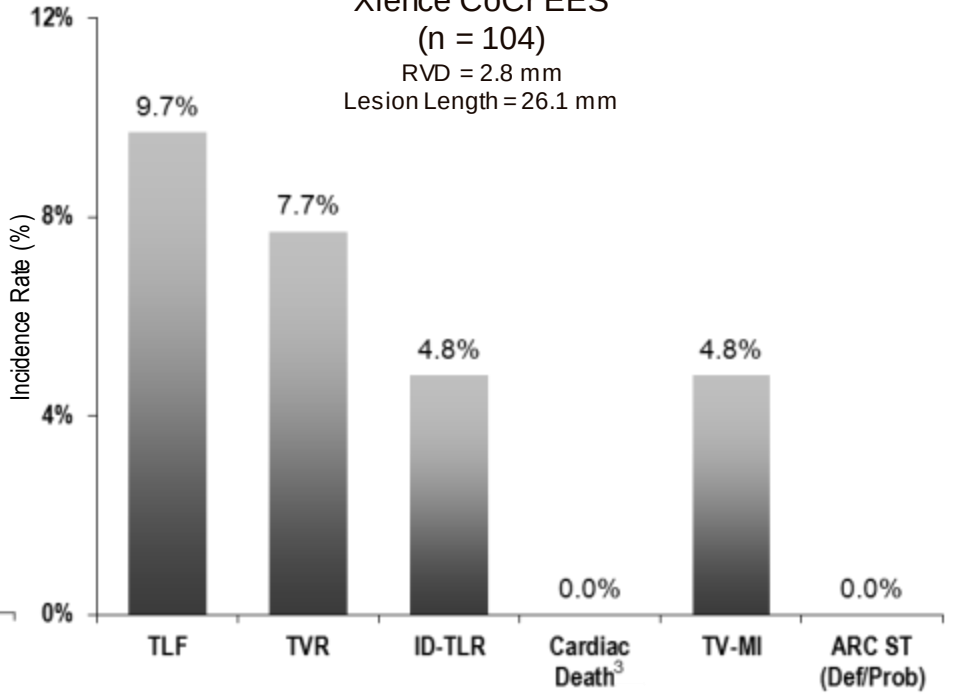
PLATINUM Long Lesion Trial[1]

Promus PtCr EES
(n = 100)
RVD = 2.56 mm
Lesion Length = 24.38 mm



SPIRIT PRIME Long Lesion Registry[2]

Xience CoCr EES
(n = 104)
RVD = 2.8 mm
Lesion Length = 26.1 mm

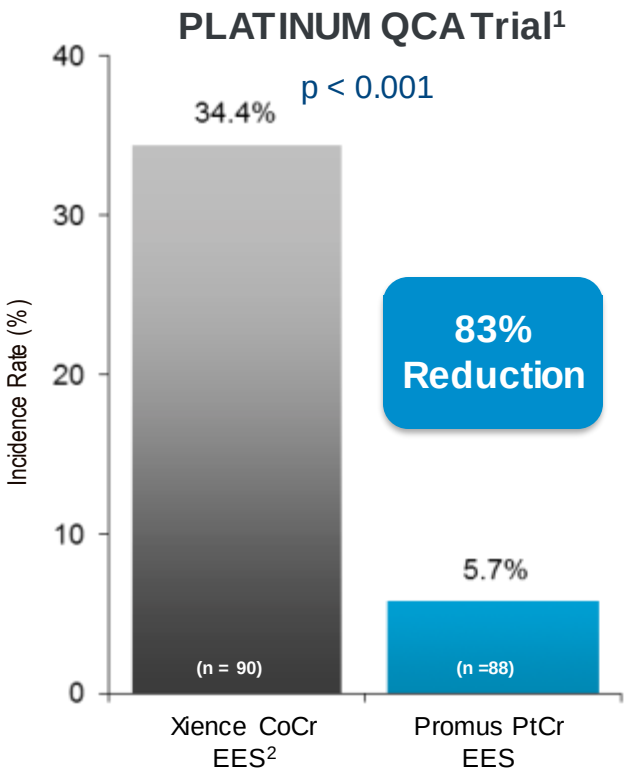


1. PLATINUM Clinical Trial Program studies the PROMUS Element Stent (Promus PtCr EES) and Xience V Stent (XienceCoCr EES). The principal safety and effectiveness information for the Promus PREMIER ELITE Stent System is derived from the global PLATINUM Clinical Trial Program, a series of clinical trials conducted on the PROMUS Element™ Stent System. The PROMUS Element and Promus PREMIER ELITE Stents utilize the same platinum chromium alloy and the same Everolimus and coating, resulting in a similar kinetic release profile. Given the similarities between thePROMUS Element and Promus PREMIER ELITE Stent Systems and supportive bench and animal study information, the findings from the PLATINUM clinical studies are applicable to the Promus PREMIERELITE Stent System. PLATINUM Long Lesion Trial, Presented by Teirstein, P, MD. TCT 2012.
2. SPIRIT Prime Trial, Presented by Costa, M et al. TCT 2012. SPIRIT PRIME Trial studied the Xience Prime Stent. Results from different studies are not directly comparable. Information provided for educational purposes only.
3. Deaths due to unknown causes were adjudicated as cardiac death.

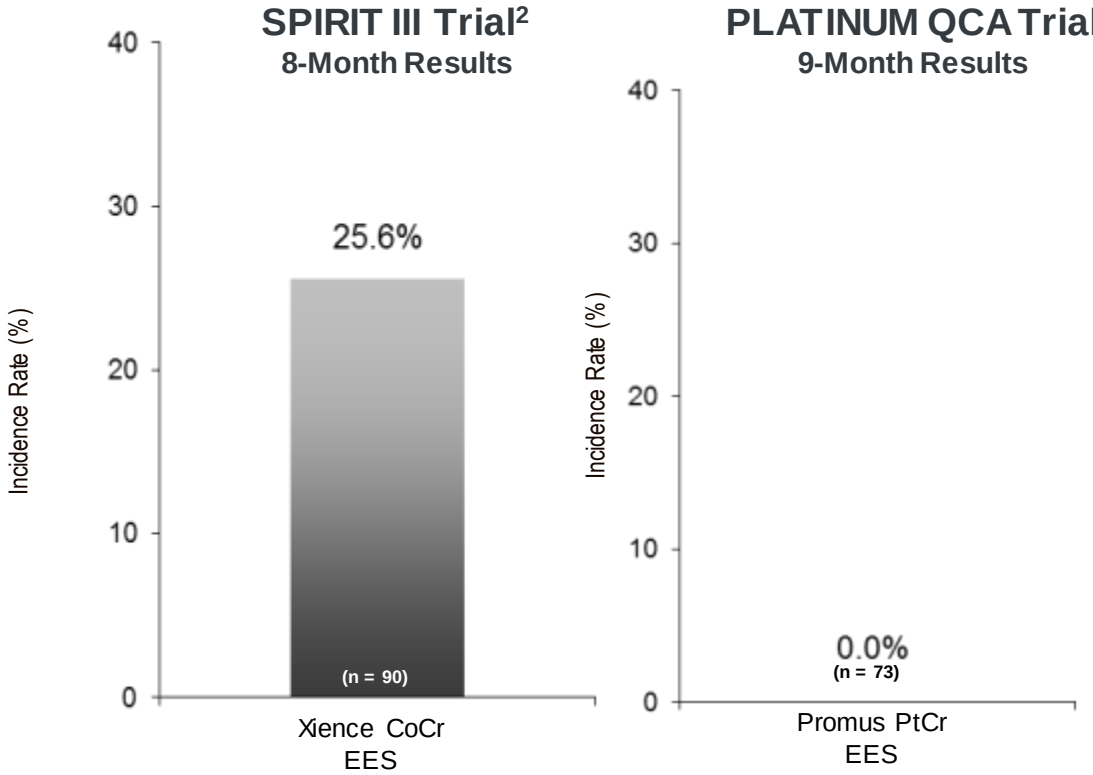
Promus ELITE™ Stent
Incomplete Stent Apposition Results in Perspective

Boston Scientific

Post-Procedure Incomplete Stent Apposition

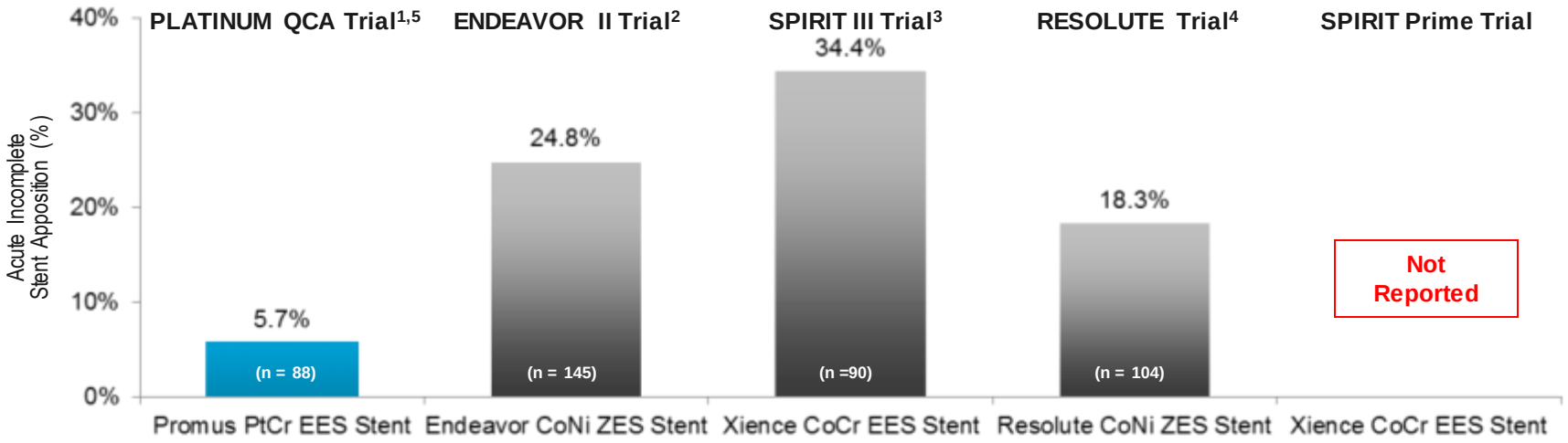


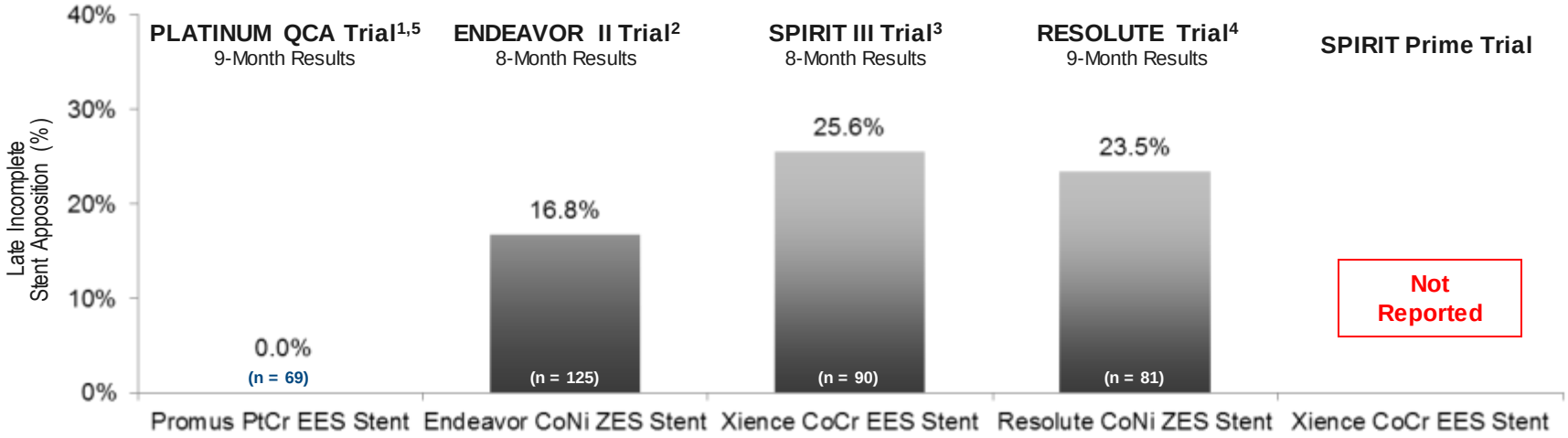
Late Incomplete Stent Apposition
In perspective



1. PLATINUM Clinical Trial Program studies the PROMUS Element Stent (Promus PtCr EES) and Xience V Stent (Xience CoCr EES). The principal safety and effectiveness information for the Promus PREMIER ELITE Stent System is derived from the global PLATINUM Clinical Trial Program, a series of clinical trials conducted on the PROMUS Element™ Stent System. The PROMUS Element and Promus PREMIER ELITE Stents utilize the same platinum chromium alloy and the same Everolimus and coating, resulting in a similar kinetic release profile. Given the similarities between the PROMUS Element and Promus PREMIER ELITE Stent Systems and supportive bench and animal study information, the findings from the PLATINUM clinical studies are applicable to the Promus PREMIER ELITE Stent System. PLATINUM QCA Trial; Meredith, et al. Eurointervention 2011;7:84. Performance goal based on data from SPIRIT III.
2. SPIRIT III: Stone, et al. JAMA. 2008;299:1903. The SPIRIT III Trial studied the Xience V™ Stent (Xience CoCr EES). Results from different studies are not directly comparable. Information provided for educational purposes only.

Promus ELITE™ Stent
Incomplete Stent Apposition Results in Perspective



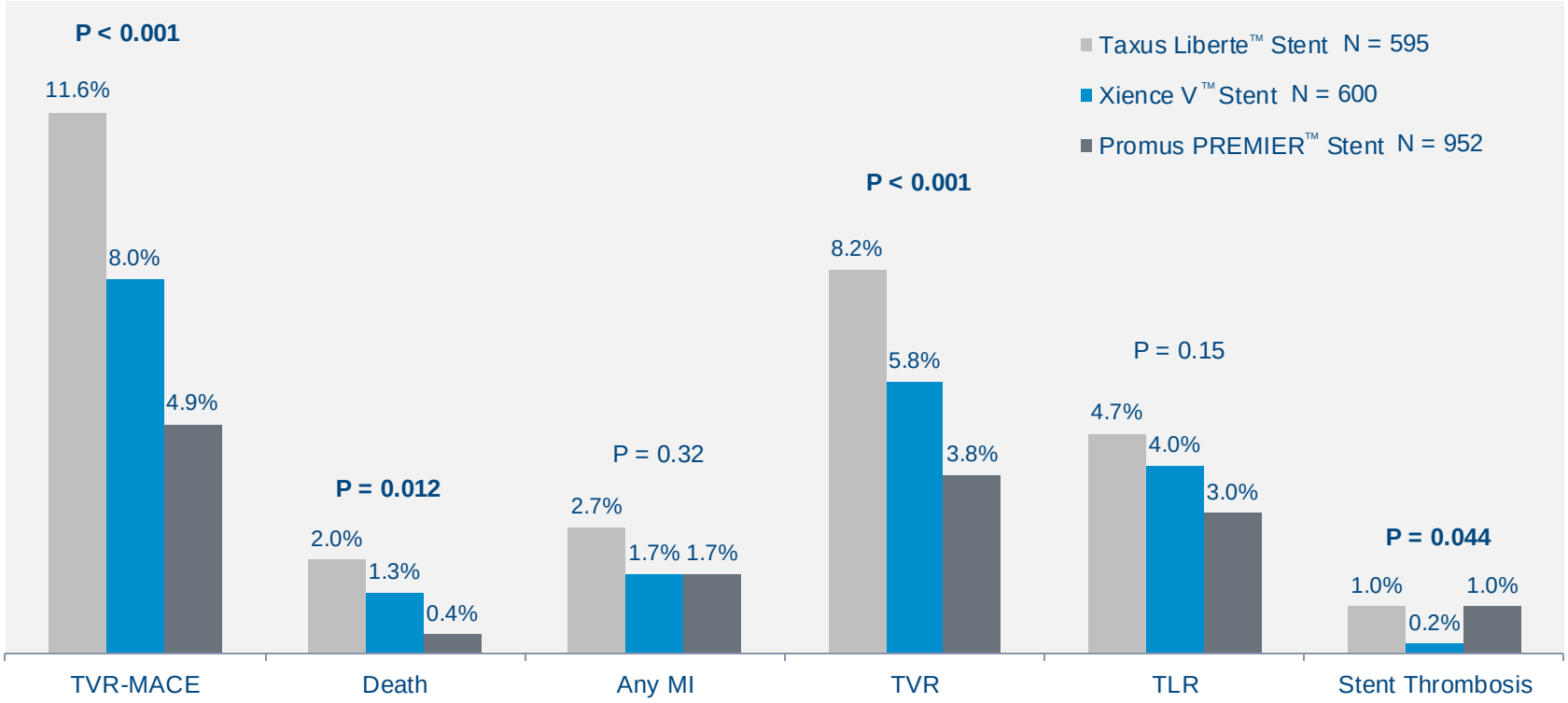


1. PLATINUM QCA Trial; Meredith, et al. Eurointervention 2011;7:84. PLATINUM Clinical Trial Program studies the PROMUS Element Stent (Promus PtCr EES) and Xience V Stent (Xience CoCr EES). The principal safety and effectiveness information for the Promus PREMIER ELITE Stent System is derived from the global PLATINUM Clinical Trial Program, a series of clinical trials conducted on the PROMUS Element™ Stent System. The PROMUS Element and Promus PREMIER ELITE Stents utilize the same platinum chromium alloy and the same Everolimus and coating, resulting in a similar kinetic release profile. Given the similarities between the PROMUS Element and Promus PREMIER ELITE Stent Systems and supportive bench and animal study information, the findings from the PLATINUM clinical studies are applicable to the Promus PREMIER ELITE Stent System. Results from different studies are not directly comparable. Information provided for educational purposes only.
2. ENDEAVOR II: Endeavor DFU.
3. SPIRIT III: Stone, et al. JAMA. 2008;299:1903. SPIRIT Clinical Trials are sponsored by Abbott.
4. Waseda et al, Circ Journal 2010 74(10): 2097-2102

Promus ELITE™ Stent
PtCr Everolimus-Eluting Clinical Experience

Promus PtCr EES Demonstrated Significantly Lower MACE and Death Compared to other Permanent Polymer DES

CLINICAL EVENTS AT 12 months – REWARDS Premier TLX Registry



1. Michael A. Gaglia, Jr., MD. Presented at CRT 2016. The REWARDS Premier TLX Registry is multicenter, retrospective registry to collect baseline, clinical, procedural, in hospital and 9-12 month follow-up data to compare major adverse events cardiac events in patients receiving Promus Premier drug eluting stent to data already collected from the REWARDS-TLX Registry in which patients received either the Taxus Liberte or Xience V drug eluting stent.

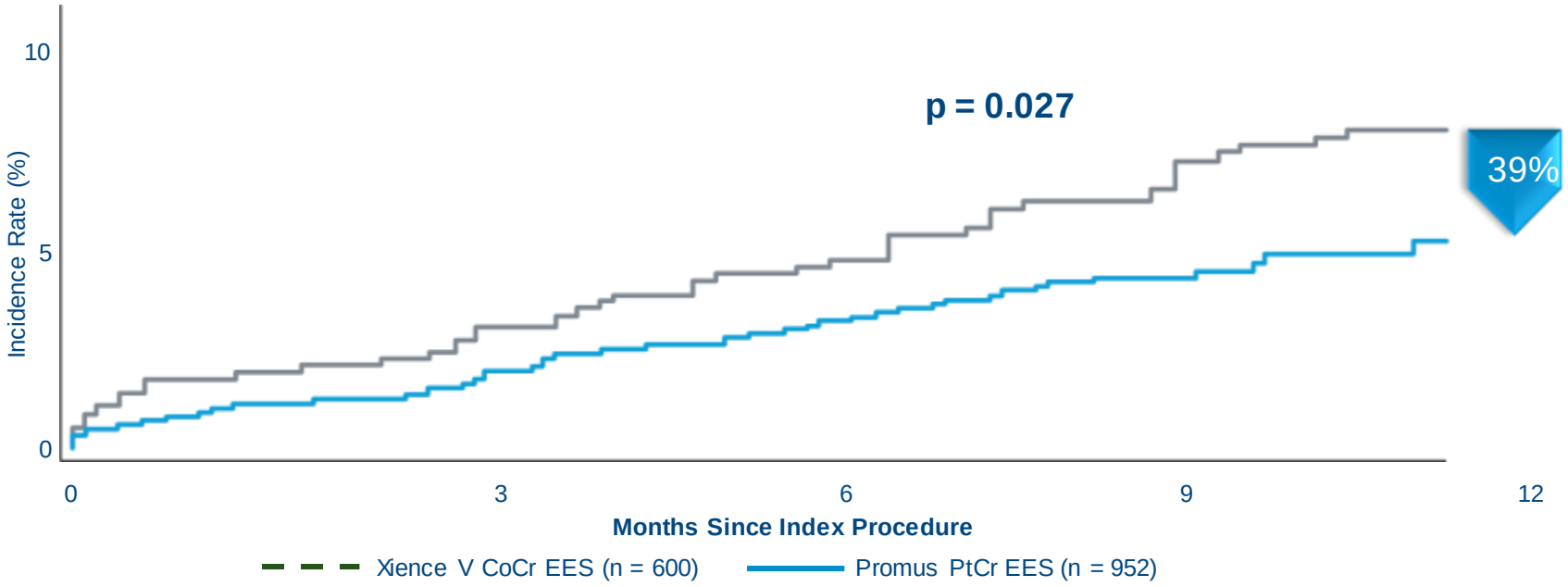
Promus ELITE™ Stent
PtCr Everolimus-Eluting Clinical Experience

Boston Scientific

Proven Clinical Outcomes

Incidence of major adverse cardiovascular events of Promus PtCr EES compared to Xience V™ (CoCr) Stent – REWARDS Premier TLX Registry

Statistically Significant Lower TVR-MACE† at 1 Year[1]



Promus PtCR EES demonstrated a significant reduction in major adverse cardiac events[1]

Adapted from CRT 2015 Presentation by Michael A. Gaglia, Jr., MD, MSc, FSCAI

1 – Results from the REWARDS Premier TLX Registry. Presented by Michael A. Gaglia, Jr., MD, MSc, FSCAI at CRT 2015. The primary objective was to compare Promus Premier DES (PtCr) to Xience V (CoCr) and Taxus Liberte in regards to the incidence of major adverse cardiovascular events at 1 year after percutaneous coronary intervention (PCI).

† – TVR-MACE is a composite endpoint of all-cause death, Q-wave MI, and TVR

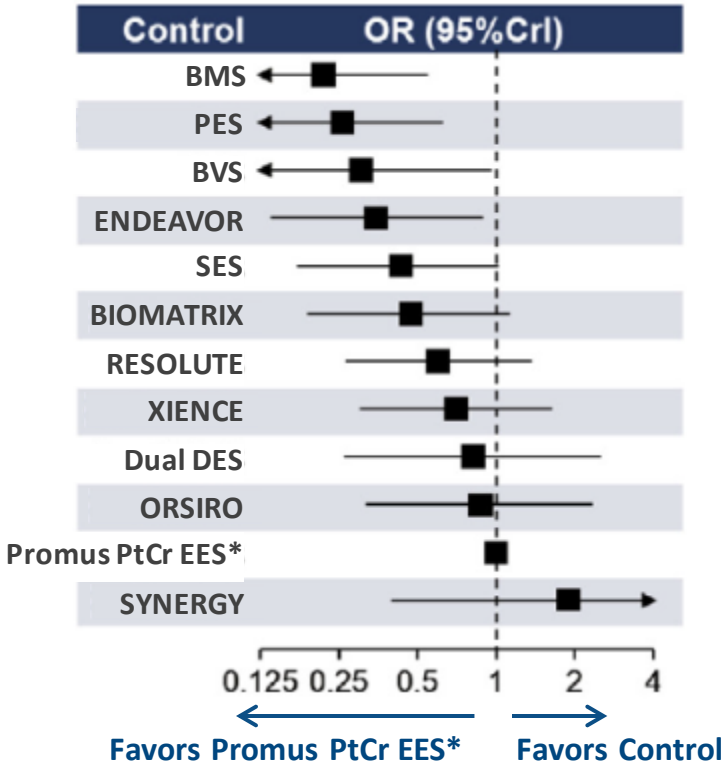
Promus ELITE™ Stent
Clinical Safety

Boston Scientific

Kang Network Meta-Analysis[1]

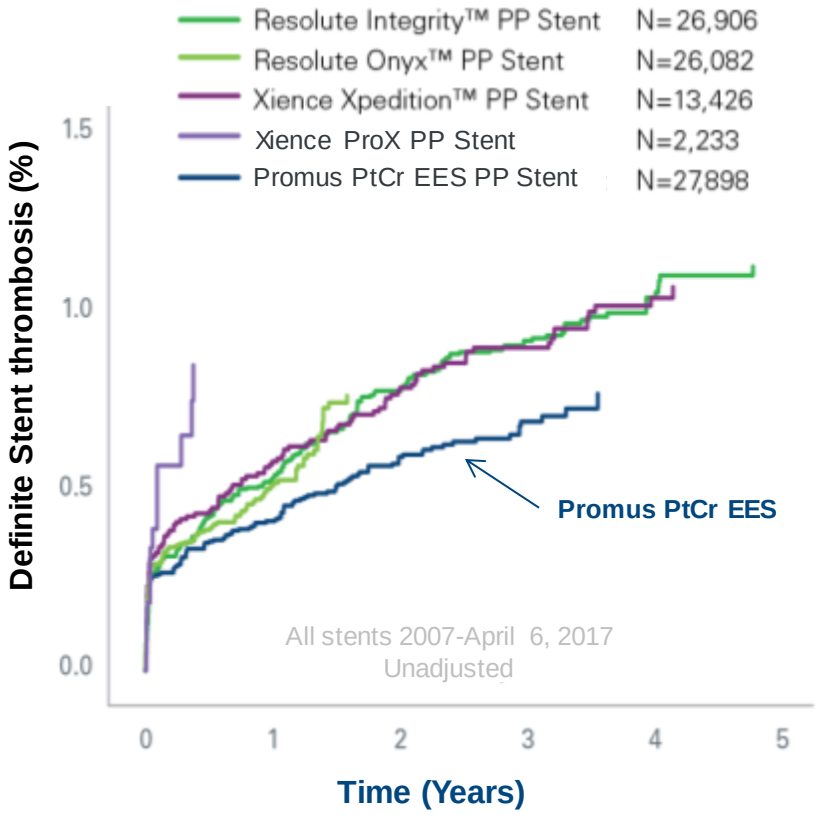
Promus PtCr EES ranked #2 for the lowest relative risk of Def/Prob Stent Thrombosis

Promus PtCr EES vs. comparators



SCAAR Registry[2]

Promus PtCr EES reported numerically lowest Permanent Polymer ST rates in real-world SCAAR registry



1. Caution should be taken in interpreting study results, as some stents had limited numbers of comparisons, and some of the studies had a potential risk of bias. *All Promus PtCr-EES stents, also includes PROMUS Element , PROMUS Element Plus and Promus PREMIER. Def/prob ST was available in 110 studies with 111,088 patients.
Kang, S.et al. J Am Coll Cardiol Intv. doi:10.1016/j.jcin.2016.03.038

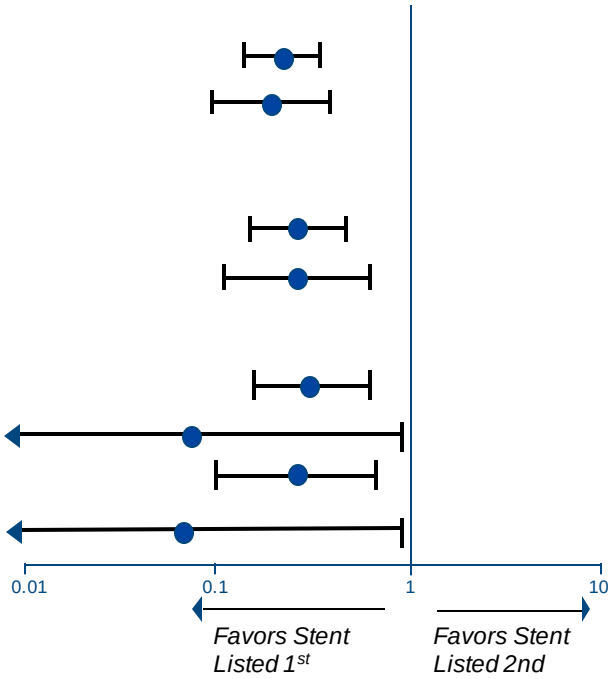
2. Adapted from Presentation by Stefan James, MD at Euro PCR 2017 (Swedish SCAAR database, real-world outcomes of latest DES generations). Promus PtCr EES PP Stent Family includes the Promus PREMIER PP Stent.

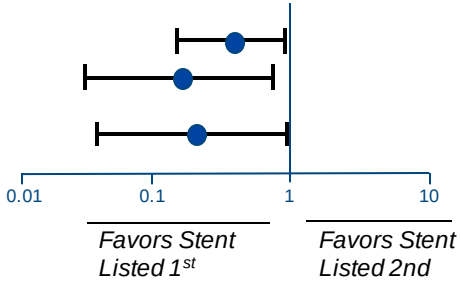
Promus ELITE™ Stent

Stent Thrombosis Network Meta-Analysis Published in *The Lancet*

Significantly lower risk of ARC ST (Def/Prob) with Everolimus-eluting Stents compared to Zotarolimus-eluting or Bare-Metal stents in a **LARGE** Network Meta-Analysis reported[1]

	Odds ratio (95% CI)
1-Year ARC ST (Def/Prob)	
PROMUS®/Xience V® Stent vs BMS	0.34 (0.21-0.53)
PROMUS/Xience V Stent vs Endeavor™ Stent	0.30 (0.15-0.61)
2-Year ARC ST (Def/Prob)	
PROMUS/Xience V Stent vs BMS	0.39 (0.23-0.69)
PROMUS/Xience V Stent vs Endeavor Stent	0.40 (0.17-0.89)
Early ARC ST (Def/Prob)	
PROMUS/Xience V Stent vs BMS	0.32 (0.17-0.60)
PROMUS Element™ Stent vs BMS	0.08 (0.00-0.96)
PROMUS/Xience V Stent vs Endeavor Stent	0.27 (0.10-0.67)
PROMUS Element Stent vs Endeavor Stent	0.07 (0.00-0.91)
Late ARC ST (Def/Prob)	
PROMUS/Xience V Stent vs BMS	0.42 (0.17-0.95)
PROMUS/Xience V Stent vs Endeavor™ Stent	0.19 (0.04-0.75)
PROMUS/Xience V Stent vs Resolute Integrity™ Stent	0.24 (0.05-0.94)





1. Stent Thrombosis with Drug-Eluting Stents and Bare-Metal Stents: Evidence from a Comprehensive Network Meta-Analysis; Palmerini, et al. Lancet 2012;7:84.

Promus ELITE™ Stent
Indications and Labeling

Promus ELITE™ Stent
Clinical Indications

CE Mark
✓ Concomitant Diabetes mellitus (DM)
✓ Ostial Lesions
✓ Unprotected Left Main Coronary Artery Lesions
✓ Chronic Total Occlusion[1]
✓ In-Stent Restenosis[2]
✓ Acute Myocardial Infarction (AMI)
✓ Coronary Bifurcation[3]

[1] For treatment of occluded vessels, contrast visualization of the distal vessel to confirm position of guidewire within the lumen is recommended.
[2] For in stent restenosis, where details of the original stent are known, the expanded inner diameter of the new stent should not exceed the dilation limits of the original stent. Where details of the original stent are not known, the expanded inner diameter of the new stent should not exceed the reference vessel diameter.
[3] When treating Bifurcations, care must be exercised to access the secondary vessel via the repeating geometry in the body of the stent within the primary vessel.

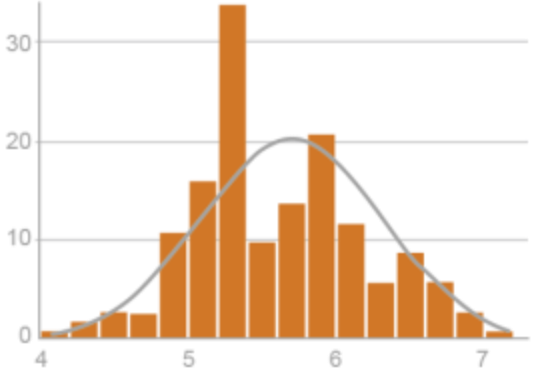
Indications, contraindications, warnings and instructions for use can be found in the product labeling supplied with each device. Information for the use only in countries with applicable health authority product registrations. The expanded indications (bifurcation, ISR, LM, OL and CTO) are for CE Mark countries only

Promus ELITE™ Stent
Left Main Stenting

- **Left Main Vessels are Large (>5.5mm on average[1])**
  - Promus ELITE Stent is indicated for treatment of patients presenting with unprotected left main coronary artery lesions
  - Promus ELITE has a labeled overexpansion of up to 5.75mm[2]

- **Left Main Vessels require stents with significant radial strength**
  - Promus ELITE offers excellent radial strength[3]

IVUS LM in male patients



Graph 2. IVUS data on 865 LAD->LM pullbacks, male patients (Rotterdam). Average vessel Diameter (VD): 5.60 mm , Mean VD: 5.47 mm. Only in 13% <5 mm.

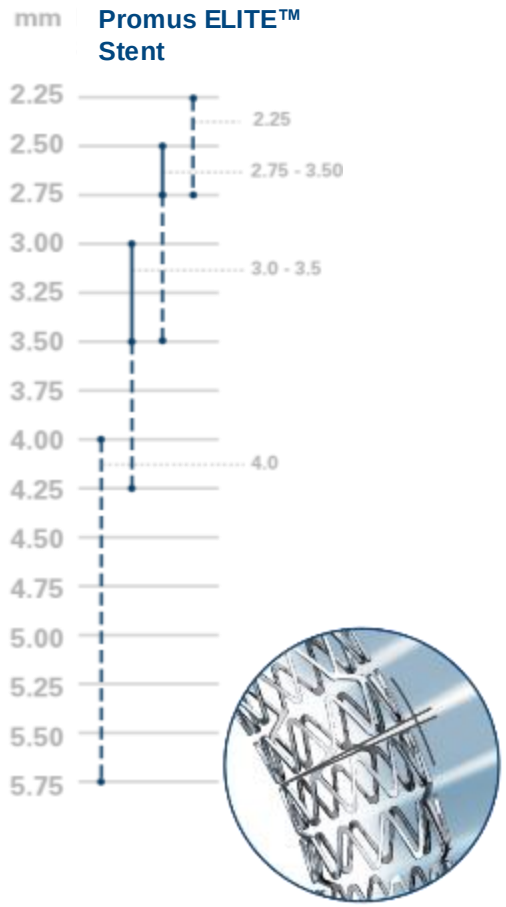
1. Shand J, et al. Prospective Intravascular Ultrasound Investigation of the Necessity for and Efficacy of Postdilation Beyond Nominal Diameter of 3 Current Generation DES Platforms for the Percutaneous Treatment of the Left Main Coronary Artery. Cathet Cardiovasc Intv; 2014;84:351-358.
2. Labeled Post-Dilatation Limits. Promus PREMIER Stent, Xience Xpedition Stent , Resolute Integrity Stent and Resolute Onyx DFU
3. Bench testing performed by Boston Scientific Corporation. Data on file at Boston Scientific. All stents 2.5mm. Promus PREMIER Stent n=5, all other stents are n=3. Bench test results not necessarily indicative of clinical performance. The expanded indications (bifurcation, ISR, LM, OL and CTO) are for CE Mark countries only

Promus ELITE™ Stent
CTO Stenting

CTO
Chronic Total Occlusion

- **CTO lesions tend to be long and in large vessels**
  - Promus ELITE has a labeled **overexpansion** of **up to 5.75mm**, allowing the physician to customize the stent to the appropriate vessel size[1]

- **Stent mechanical properties are important considerations for CTO stenting**
  - The Promus ELITE Stent features a customized architecture offering exceptional **strength** and **conformability**[2]



For treatment of occluded vessels with the Promus ELITE stent system, contrast visualization of the distal vessel to confirm position of guidewire within the lumen is recommended.

1. Labeled Post-Dilatation Limits. Promus PREMIER Stent, Xience Xpedition Stent , Resolute Integrity Stent and Resolute Onyx DFU
2. Bench testing performed by Boston Scientific Corporation. Data on file at Boston Scientific. All stents 2.5 mm. Promus PREMIER Stent and PROMUS Element Stent n = 15, all other stents n = 3. Bench test results not necessarily indicative of clinical performance. The expanded indications (bifurcation, ISR, LM, OL and CTO) are for CE Mark countries only

Promus ELITE™ Stent
Stenting Bifurcation

Boston Scientific

BIF
Bifurcation Lesions

- **Bifurcation lesions are often tapered[1]**
  - Promus ELITE has a labeled overexpansion of up to 5.75mm, allowing the physician to customize the stent to the appropriate vessel size and ensure great apposition[2]

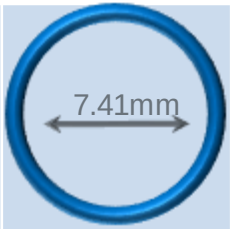
- **With bifurcation we want to maintain the natural vessel shape[1]**
  - The Promus ELITE Stent's customized architecture offers exceptional strength and conformability[3]

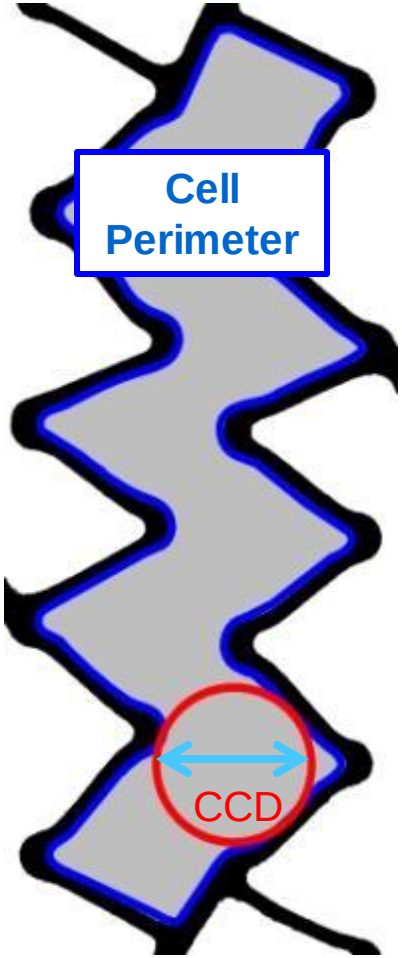
- **Bifurcation PCI benefits from an appropriate Cell Diameter & Expansion[1]**
  - The Promus ELITE Stent has large cell diameters in the body of the stent to accommodate side branch access[4]

When treating Bifurcations, care must be exercised to access the secondary vessel via the repeating geometry in the body of the stent within the primary vessel.

1 Attributes collected from: Curtiss T. Stinis, M.D., F.A.C.C, F.S.C.A.I. - Scripps CI 2013 and ESC/EACTS GUIDELINES 2014. EHJ doi:10.1093/eurheartj/ehu278. **2** Labeled Post-Dilatation Limits. Promus PREMIER Stent, Xience Xpedition Stent , Resolute Integrity Stent and Resolute Onyx DFU **3** Bench testing performed by Boston Scientific Corporation. Data on file at Boston Scientific. All stents 2.5mm. Promus PREMIER Stent n=5, all other stents are n=3. Bench test results not necessarily indicative of clinical performance.
4 Circular Cell Diameter: n = 5. Data on file at Boston Scientific. Size Matrix on the Promus PREMIER Stent DFUs.
The expanded indications (bifurcation, ISR, LM, OL and CTO) are for CE Mark countries only

Promus ELITE™ Stent
Side Branch Access

	2.25mm	2.50-2.75mm	3.00-3.50mm	4.00
Maximum Expanded Cell Diameter (MECD) in Stent Body (mm)				
Circular Cell Diameter (CCD) in Stent Body (mm)	0.63	0.75	0.91	1.06
Cell Perimeter in Stent Body (mm)	13.15	14.75	18.01	23.48
Ratio of Proximal Cell Perimeter to Body Cell Perimeter	1	0.5	0.5	0.4



Circular Cell Diameter: n = 5. Data on file at Boston Scientific.

Promus ELITE™ Stent
1 Month DAPT Labelling

Individualisation of Patient Treatment

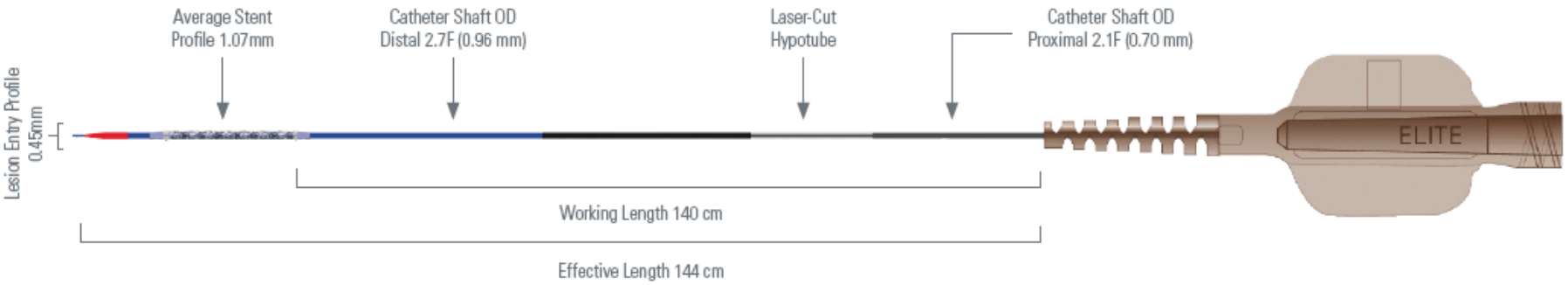
Antiplatelet drugs should be used in combination with (Promus ELITE) drug-eluting stents. Physicians should use the information from the large body of clinical evidence for everolimus-eluting stents, coupled with current literature on drug-eluting stents, current European Society of Cardiology recommendation (or other applicable country guidelines) and the specific needs of the individual patient to determine the specific antiplatelet / anticoagulation regimen to be used for their patients in general practice.

It is very important that the patient be compliant with post-procedural antiplatelet recommendations given by their physician. In selected higher risk patients where the physician determines that the risks outweigh the benefits of continued DAPT, it may be reasonable to interrupt or discontinue therapy after 1 month of DAPT based on the low stent thrombosis rates and no observed increased risk of stent thrombosis demonstrated in the current literature. Patients who require premature discontinuation of antiplatelet therapy should be monitored closely and have their antiplatelet therapy restarted as soon as possible per the discretion of their treating physician.

Misc Product Information

Promus ELITE™ Stent System

Key Stent Delivery System Specifications



	Monorail® Stent Delivery System
Lesion Entry Profile	0.045 mm
Average Stent Profile	1.07 mm
Guide Catheter Compatibility	5F ≥1.42 mm (0.056”)
Y-Adapter Ports	Single access port to inflation lumen Guidewire exit port located 26 cm from tip Designed for guidewire ≤ 0.014” (0.36 mm)
Balloon Fold	5 wings
Marker Band Material and Length	Platinum Iridium; 1 mm
Balloon Material	PEBAX
Marker Band Placement	Nominally placed 0.4 mm (0.016”) beyond stent on each end
Distal Shaft Coating	Bioslide™ hydrophilic coating
Proximal Shaft Hypotube Coating	PTFE
Shelf Life	24 months

Promus ELITE Stent System
Compliance Chart (Inner Diameter*)

Pressure	Stent I.D. (mm)					
Atm - kPa	2.25	2.50	2.75	3.00	3.50	4.00
8 - 814	---	2.29	2.50	2.72	3.24	3.72
9 - 910	2.13	2.37	2.58	2.81	3.34	3.81
10 - 1014	2.19	2.43	2.65	2.88	3.43	3.89
11 - 1117	**2.24**	**2.50**	**2.72**	**2.95**	**3.51**	**3.96**
12 - 1213	2.29	2.55	2.78	3.01	3.58	4.02
13 - 1317	2.34	2.60	2.84	3.06	3.63	4.08
14 - 1420	2.38	2.65	2.89	3.10	3.68	4.13
15 - 1517	2.42	2.68	2.93	3.14	3.73	4.17
16 - 1620	2.45	2.72	2.96	3.17**	3.77**	4.21**
17 - 1724	2.47	2.75	2.99	3.20	3.81	4.25
18 - 1827	2.50**	2.77**	3.03**	3.24	3.85	4.30
19 - 1924	2.52	2.80	3.06	3.28	3.91	4.36
20 - 2027	2.55	2.83	3.09	3.32	3.97	4.43
21 - 2130	2.57	2.87	3.13	---	---	---
22 - 2227	2.60	2.90	3.17	---	---	---

NOMINAL **RBP**

*See DFU for outer diameter. ** Rated Burst Pressure. DO NOT EXCEED

Promus ELITE™

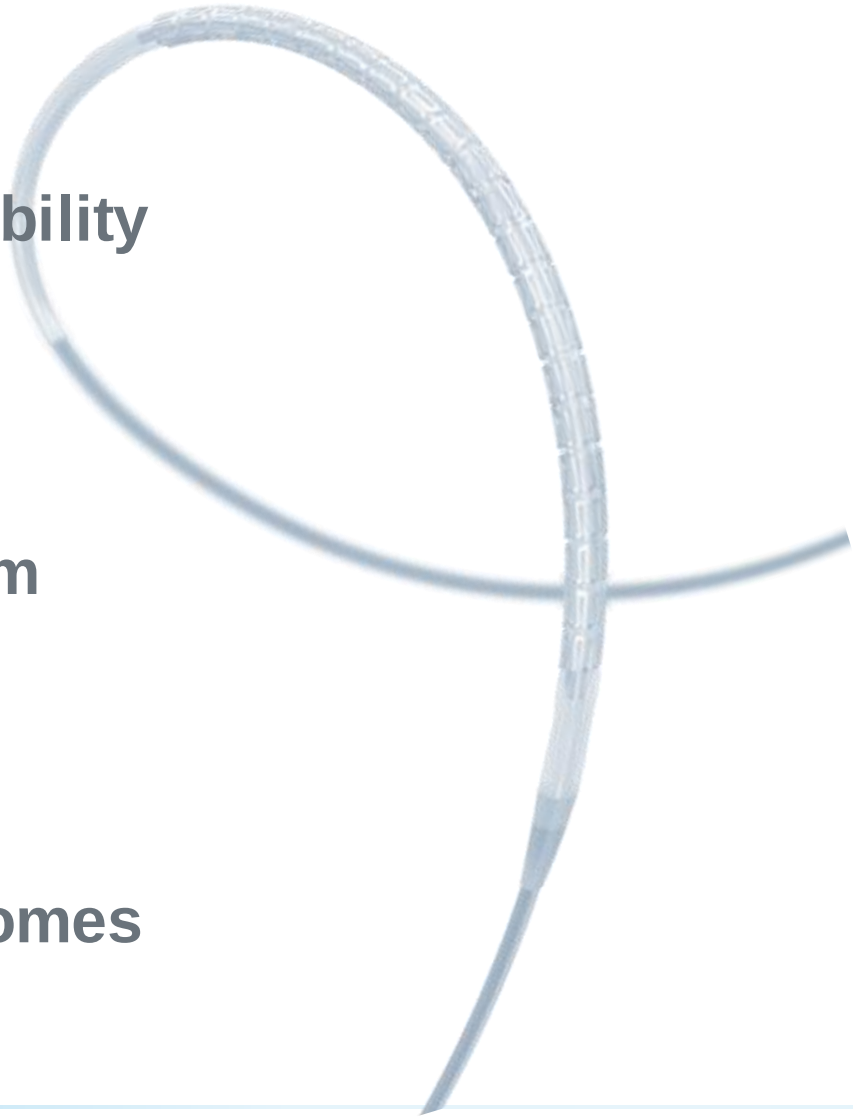
Broad Size Matrix to Optimize Treatment

Diameter (mm)	Length (mm)							
2.25	8	12	16	20	24	28	32	n/a
2.50	8	12	16	20	24	28	32	38
2.75	8	12	16	20	24	28	32	38
3.00	8	12	16	20	24	28	32	38
3.50	8	12	16	20	24	28	32	38
4.00	8	12	16	20	24	28	32	38

Promus ELITE™ Stent System

Outstanding Acute Performance. Proven Long-term Outcomes

Boston Scientific



Outstanding Deliverability

Trusted Stent Platform

Proven Clinical Outcomes

Thank You

Boston Scientific
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