Boston Scientific

Survey reveals many U.S. women are seeking new weight loss methods as Boston Scientific launches Endura Weight Loss Solutions

MARLBOROUGH, Mass., Aug. 6, 2025 – Boston Scientific Corporation (NYSE: BSX) today announced data from a recent national survey of 2,000 U.S. women between the ages of 30 and 65, which examined women's motivations, frustrations and approaches related to weight loss. The release of the data coincides with the launch of Boston Scientific's Endura Weight Loss Solutions, a new category name for a range of minimally invasive weight loss procedures.

In the U.S., more than 40% of adults are living with obesity[1], and a new study revealed that while most women surveyed (74%) considered weight loss important to their overall personal health, losing weight can be a challenge. Of the women surveyed who had tried to lose weight, their average number of weight loss attempts was seven, but they did not meet their weight loss goals six out of those seven times. Approximately 41% of the women said they were not happy with their current weight and, of those, more than half (54%) are searching for new weight loss methods.[2]

"At Boston Scientific, we're advancing science in ways that make a real difference in people's health," said Brian Dunkin, M.D., FACS chief medical officer, Endoscopy, Boston Scientific. "Losing weight is personal – no single method is going to work for everyone. By introducing Endura Weight Loss Solutions we're meeting people where they are. It's a new name for a different kind of approach – one that is clinically supported and minimally invasive for those who may not want to undergo surgery or take weight loss medications long-term."

Data from the survey showed significant interest in weight loss topics with 40% of respondents sharing that they think about weight loss daily.[2]

- **The biggest motivations for wanting to lose weight are appearance and physical health, but mental health also plays a role:** When given multiple options to select, respondents cited appearance (65%), physical health (63%), personal satisfaction (59%) and self-esteem (59%) as their biggest motivations for wanting to lose weight. 43% of women said their weight has decreased their self-confidence, while 22% said it has increased their self-confidence.[2]

- **Weight loss methods vary, but dieting is most popular:**Respondents who had attempted to lose weight shared that they have tried a number of weight loss methods, including a healthier diet (78%), weight loss supplements (41%), weight loss beverages (39%), fad diets (31%), weight loss medications like GLP-1 drugs (14%), bariatric surgery (5%) and endoscopic procedures (2%).[2]

- **Many women are not aware of endoscopic procedures for weight loss:**Nearly half (47%) of respondents who had tried to lose weight before said they were unaware of endoscopic procedures for weight loss, but a third (33%) said they would consider an endoscopic procedure for weight loss.[2]

Endura Weight Loss Solutions from Boston Scientific represents a range of weight loss procedures, including endoscopic sleeve gastroplasty, or ESG, and endoscopic intragastric balloon placement using the Orbera™ Intragastric Balloon System. Both procedures do not involve any external incisions or scars and are designed to reduce the amount of space in the stomach, allowing patients to eat less, feel full faster and stay full longer.

- In an ESG procedure, an endoscope with a specialized sewing device called the OverStitch™ Endoscopic Suturing System mounted to the tip is passed through the mouth of a patient under anesthesia and guided into the stomach. The stomach is then sewn from the inside to reduce its capacity by 70 to 80%, helping patients feel full and stay full longer with smaller portions of food.[3]

- During placement of the Orbera balloon, performed under anesthesia, a deflated balloon is passed through the mouth and positioned in the stomach. Once in place, it is filled with sterile saline to approximately the size of a grapefruit, taking up space so patients feel full sooner and stay full longer.[4] After six months, it's removed in a similar, simple procedure.

In a clinical study, people who received an ESG procedure typically went home the same day as the procedure and returned to routine daily activities within two to three days.[3] Similarly, the Orbera balloon is typically placed during an outpatient procedure and people return to routine daily activities within several days to a week.[5] Clinical evidence has demonstrated that these procedures can lead to effective and proven weight loss when used in conjunction with lifestyle changes, including healthy eating and exercise.[3,4]

To increase awareness of endoscopic weight loss options for people living with obesity, the company is launching a companion initiative: *Break Through*, a national consumer media campaign that addresses some of the concerns voiced by women in the

survey. The campaign shines a spotlight on minimally invasive weight loss procedures that may help qualified people break through the mental and physical barriers of dieting, high-cost weight loss medications and surgical fear and try a new approach.

For more information about Endura Weight Loss Solutions and the *Break Through* campaign, please visit **Endura.com**.

About Boston Scientific
Boston Scientific transforms lives through innovative medical technologies that improve the health of patients around the world. As a global medical technology leader for more than 45 years, we advance science for life by providing a broad range of high-performance solutions that address unmet patient needs and reduce the cost of healthcare. Our portfolio of devices and therapies helps physicians diagnose and treat complex cardiovascular, respiratory, digestive, oncological, neurological and urological diseases and conditions. Learn more at **www.bostonscientific.com** and follow us on **LinkedIn**.

Cautionary Statement Regarding Forward-Looking Statements

This press release contains forward-looking statements within the meaning of Section 27A of the Securities Act of 1933 and Section 21E of the Securities Exchange Act of 1934. Forward-looking statements may be identified by words like "anticipate," "expect," "project," "believe," "plan," "estimate," "intend" and similar words. These forward-looking statements are based on our beliefs, assumptions and estimates using information available to us at the time and are not intended to be guarantees of future events or performance. These forward-looking statements include, among other things, statements regarding our business plans and product performance and impact, clinical trials, and new and anticipated product approvals and launches. If our underlying assumptions turn out to be incorrect, or if certain risks or uncertainties materialize, actual results could vary materially from the expectations and projections expressed or implied by our forward-looking statements. These factors, in some cases, have affected and in the future (together with other factors) could affect our ability to implement our business strategy and may cause actual results to differ materially from those contemplated by the statements expressed in this press release. As a result, readers are cautioned not to place undue reliance on any of our forward-looking statements.

Factors that may cause such differences include, among other things: future economic, competitive, reimbursement and regulatory conditions; geopolitical events; manufacturing, distribution and supply chain disruptions and cost increases; disruptions caused by cybersecurity events; disruptions caused by public health emergencies or extreme weather or other climate change-related events; labor shortages and increases in labor costs; variations in outcomes of ongoing and future clinical trials and market studies; new product introductions; expected procedural volumes; the closing and integration of acquisitions; demographic trends; intellectual property; litigation; financial market conditions; and future business decisions made by us and our competitors. All of these factors are difficult or impossible to predict accurately and many of them are beyond our control. For a further list and description of these and other important risks and uncertainties that may affect our future operations, see Part I, Item 1A – *Risk Factors* in our most recent Annual Report on Form 10-K filed with the Securities and Exchange Commission, which we may update in Part II, Item 1A – *Risk Factors* in Quarterly Reports on Form 10-Q we have filed or will file hereafter. We disclaim any intention or obligation to publicly update or revise any forward-looking statements to reflect any change in our expectations or in events, conditions or circumstances on which those expectations may be based, or that may affect the likelihood that actual results will differ from those contained in the forward-looking statements, except as required by law. This cautionary statement is applicable to all forward-looking statements contained in this document.

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[1] Emmerich S, Fryar C, Stierman B, et al. Obesity and Severe Obesity Prevalence in Adults: United States, August 2021–August 2023. *U.S. Centers for Disease Control National Center for Health Statistics.* 2024. https://www.cdc.gov/nchs/products/databriefs/db508.htm. *Accessed June 17, 2025.*

[2] Data on file. Online survey was conducted by Talker Research on behalf of Boston Scientific Corporation between November 1 and November 7, 2024, among a sample of 2,000 general population adult women aged 30-65 based in the U.S.

[3] Abu Dayyeh BK, Bazerbachi F, Vargas EJ, et al. Endoscopic sleeve gastroplasty for treatment of class 1 and 2 obesity (MERIT): a prospective, multicentre, randomised trial. *Lancet*. 2022;400(10350):441-451. doi:10.1016/S0140-6736(22)01280-6.

[4] Courcoulas A, Abu Dayyeh BK, Eaton L, et al. Intragastric ballon as an adjunct to lifestyle intervention: a randomized controlled trial. US FDA Pivotal Study. *Int J Obes (Lond).* 2017;41:427–433.

[5] Jirapinyo P et al. American Society for Gastrointestinal Endoscopy–European Society of Gastrointestinal Endoscopy guideline on primary endoscopic bariatric and metabolic therapies for adults with obesity. *Gastrointestinal Endoscopy*. 2024; Volume 99, Issue 6, 867 - 885.e64. doi:10.1016/j.gie.2023.12.004.

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