GUIDANT CORP
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March 15, 2006

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The following material relates to a presentation given by Boston Scientific at the Analyst Meeting at ACC and made available on Boston Scientific s website.

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Analyst Meeting at ACC

Introduction

Larry Best

March 13, 2006

[LOGO]

Safe Harbor:
Forward-Looking Statements

This presentation contains forward-looking statements, including, among other statements, statements regarding the proposed business combination between Boston Scientific Corporation and Guidant Corporation, and the anticipated consequences and benefits of such transaction. Statements made in the future tense, and words such as anticipate , expect , project , believe , plan , estimate , intend , will , may and s expressions are intended to identify forward-looking statements. These statements are based on current expectations, but are subject to certain risks and uncertainties, many of which are difficult to predict and are beyond the control of Boston Scientific or Guidant. Relevant risks and uncertainties include those referenced in Boston Scientific s and Guidant s filings with the Securities and Exchange Commission (SEC) (which can be obtained as described in Additional Information below), and include: general industry conditions and competition; economic conditions, such as interest rate and currency exchange rate fluctuations; technological advances and patents attained by competitors; challenges inherent in new product development, including obtaining regulatory approvals; domestic and foreign health care reforms and governmental laws and regulations; and trends toward health care cost containment. Risks and uncertainties relating to the proposed transaction include: required regulatory approvals will not be obtained in a timely manner, if at all; the proposed transaction will not be consummated; the anticipated benefits of the proposed transaction will not be realized; and the integration of Guidant s operations with Boston Scientific will be materially delayed or will be more costly or difficult than expected. These risks and uncertainties could cause actual results to differ materially from those expressed in or implied by the forward-looking statements, and therefore should be carefully considered. Neither Boston Scientific nor Guidant assumes any obligation to update any forward-looking statements as a result of new information or future events or developments.

Safe Harbor: Additional Information

Boston Scientific and Guidant have filed a definitive prospectus/joint proxy statement with the SEC in connection with the proposed transaction. The material contained herein is not a substitute for the definitive prospectus/joint proxy statement or any other documents that Boston Scientific and Guidant have filed or will file with the SEC. Investors and security holders are urged to read the definitive prospectus/joint proxy statement and any other relevant documents filed or to be filed by Boston Scientific or Guidant, because they contain or will contain important information about the proposed transaction. The definitive prospectus/joint proxy statement is, and other documents filed or to be filed by Boston Scientific and Guidant with the SEC are or will be, available free of charge at the SEC s website (www.sec.gov) or from Boston Scientific by directing a request to Boston Scientific Corporation, One Boston Scientific Place, Natick, Massachusetts 01760-1537, Attention: Milan Kofol, Investor Relations, or from Guidant by directing a request to Guidant Corporation, 111 Monument Circle, 29th Floor, Indianapolis, Indiana 46204, Attention: Investor Relations.

Boston Scientific, Guidant and their respective directors, executive officers and other employees may be deemed to be participants in the solicitation of proxies from the security holders of Boston Scientific or Guidant in connection with the proposed transaction. Information about Boston Scientific s directors and executive officers is available in Boston Scientific s Annual Report on Form 10-K for the year ended December 31, 2005, and information about Guidant s directors and executive officers is available in Guidant s Annual Report on Form 10-K for the year ended December 31, 2005. Additional information about the interests of potential participants is included in the definitive prospectus/joint proxy statement referred to above.

Agenda

Introduction	Larry Best, Executive Vice President and Chief Financial Officer
Business Update	Paul LaViolette, Chief Operating Officer
TAXUS Clinical Program Update	Joerg Koglin, M.D., Senior Medical Director, Vice President, Cardiovascular Clinical Sciences
Cardiovascular Business Update	Paul LaViolette, Chief Operating Officer
Q&A	All

[LOGO]

Business Update

Paul LaViolette

March 13, 2006

[LOGO]

Key Take-Aways

DES Global Leadership (x-Japan) strengthening

U.S. TAXUS® share stable at 54%

Q4 TAXUS® Liberté Launch

Int l TAXUS share stable ≥ 50%

TAXUS® Liberté Launch Expansion

Endeavor / Cypher® share exchange

Compelling pipeline, progressing steadily

Apex, Barracuda, Petal

Xience* program upside

TAXUS Clinical Program repeatedly demonstrates safety & efficacy in more complex patients and lesions

TAXUS V-ISR

***Subject to closing of Guidant transaction**

Key Take-Aways

Warning Letter remediation making measured progress with new systems

Guidant on track

VI Divestiture and close

Week of April 3rd

Diversification and Growth

Cardiovascular / Full BSC continues strong performance

Corporate Warning Letter
Internal Progress Underway

Quality System Components

Management Responsibility

Product Surveillance/MDR Reporting

Field Action Decision Making

CAPA

Leading BSC change that will be

Company- wide

Cross-functional

Rapid

Comprehensive

Corrective Action	Global Quality and Compliance Improvement Program	Compliance Excellence through Continuous Improvement

Warning Letter Response Status

Filed response with FDA 3/3

Currently under review

Face to Face meetings being scheduled

Monthly updates to be provided to FDA

On-going execution of remediation

Measured progress

Expansion of new systems

Global Complaint System

Global CAPA System

[LOGO]

TAXUS Clinical Program Update
Joerg Koglin, M.D.

March 13, 2006

Boston Scientific Analyst Meeting
Clinical Research Update

[LOGO]

Joerg Koglin, MD

Senior Medical Director, Vice President Medical Sciences

[LOGO]

The DES Clinical Trial Landscape in Perspective

	1 Year	2 Years	3 Years
[LOGO]	n=4487	n=1204	n=987
[LOGO]	n=3792	n=902	n=683
[LOGO]	n=1027	n=100	
[LOGO]	n=694		
[LOGO]	n=40		
[LOGO]	n=28		

Atlanta, March 13, 2006 ACC Clinical Research Update

Stairway to Evidence-Based Medicine

[CHART]

SYNTAX: Expanding into 3-Vessel and Left Main

[LOGO]

All patients with Left main and/or 3-Vessel Disease

Minimal In- or Exclusion Criteria

Local Heartteam (Interventional Cardiologist & Cardiothoracic Surgeon)

eligible for both treatment options		eligible for only one treatment options	
Randomized Trial		Nested Registries	
CABG (n=900)	TAXUS (n=900)	CABG	TAXUS

SYNTAX on Track to Address Remaining Needs
Indication Expansion to 3-Vessel Disease & LM

[LOGO]

Enrollment status

[CHART]

15

SYNTAX Expanding Procedural Complexity

[LOGO]

# Lesions per patient	4.11±1.74 (1,12)
# of stents per patients	4.58±2.19 (1,13)
Patients with total stent length ≥100 mm	34.3%

Site reported as of March 10, 2006

SYNTAX - Addressing the Remaining Needs

[CHART]

Site reported as of March 10, 2006

SYNTAX in perspective

[LOGO] [LOGO]

FREEDOM	SYNTAX
2- and 3-vessel disease in diabetics	3-vessel disease and/or left main
Superiority trial	Equivalence trial
2300 patients planned	1800 patients planned
5 year MACCE	1 year MACCE
Study start April 2005	Study start March 2005
100 patients (4%) enrolled at 50 sites	**1101 patients** (62%) enrolled at 71 sites

TAXUS V ISR Mastering Another Step

[CHART]

TAXUS Changing the Way Patients Are Treated

[GRAPHIC]

simultaneous publication in JAMA available online since Mar 12, 2006 available in print on Mar 15 2006

Why In-Stent Restenosis ?

an unsolved clinical problem

12% of the US market is still BMS (150,000 stents in 2005)

50% of the OUS market is still BMS (1,000,000 stents in 2005)

an excellent surrogate for lesion complexity

if it works well in ISR, it will work well in all lesions

a well defined restenotic challenge model allowing technology comparisons

Brachytherapy versus DES

DES versus DES

In-stent Restenosis - an Unsolved Clinical Problem

[GRAPHIC]

	TLR after PCI	TLR after VBT
Focal	19%	17%
Diffuse	35%	25%
Proliferative	50%	30%
Total Occlusion	83%	?

Mehran et al.; Circulation 1999; 100: 1872-1878

Costantino et al.; Am J Cardiol 2001; 92: 1214-1217

In-Stent Restenosis in TAXUS V ISR

before procedure

[GRAPHIC]

lesion length 39 mm
vessel diameter 2.5 mm
diameter stenosis 77%

after procedure

[GRAPHIC]

2 TAXUS Express stents
3.0x24mm and 3.0x32 mm

9 months after

[GRAPHIC]

Study Design [LOGO]

Patients with in-stent restenosis of a previously implanted bare metal stents in a native coronary artery lesions
≤ 46mm in length and ≥ 2.5mm to ≤ 3.75mm in diameter
(n=396)

Randomize 1:1

Brachytherapy	TAXUS
(n=201)	(n=195)

Primary endpoint 9-month Target Vessel Revascularization (TVR)
powered for sequential non-inferiority & superiority

TAXUS Approach

PTCA catheter	Old stent	New stent
	[GRAPHIC]	
5mm Proximal edge	In-Stent	5mm Distal edge

Injury Segment
Area in which balloon was inflated against the wall

Analysis Segment
Stented segment plus 5 mm on each edge

Vascular Brachytherapy Approach

PTCA catheter | Old stent | β radiation source

[GRAPHIC]

Injury Segment
Area in which balloon was inflated against the wall

5mm Proximal edge | Radiation Segment
Area exposed to brachytherapy | 5mm Distal edge

Analysis Segment
Radiation segment plus 5 mm on each edge

Patient Enrollment and Follow-up [LOGO]

	Randomized (n=396)		TAXUS Registry (n=25)
Brachytherapy (n=201)		TAXUS (n=195)	TAXUS Registry (n=25)
	9m Follow-Up (n=385; 97.2%)		9m Follow-Up (n=25; 100%)
Brachytherapy (n=194)		TAXUS (n=191)	TAXUS Registry (n=25)

Primary Superiority Endpoint Met

Reduced 9-Month TLR and TVR with TAXUS

[CHART]

Cumulative TVR out to 9-Month

Superior Outcomes for TAXUS with Early Separation

[CHART]

9-Month MACE Advantage Driven by Reduced TVR

[CHART]

9-Month Target Vessel Thrombosis Comparable

[CHART]

Evolving Statistical Standards

Mean		**Median**
Normal distribution (bell-shaped, symmetric)		Non-Normal distribution (skewed, asymmetric)
Reported as *mean ± standard deviation*	statistical discussion as part of the JAMA submission	Reported as *median (interquartile range)*
Parametric comparison taking advantage of distribution type		Non-parametric comparison ranking each observation
Two-Sample t-test		Wilcoxon Rank Sum test
reported for cross-reference across trials		used for analysis of continuous angiographic variables

MLD Analysis Segment

[CHART]

Late Loss - Paired Angiographic Analysis

[CHART]

9-Month Restenosis Superior in TAXUS

[CHART]

No Differences in Aneurysms

	Brachytherapy	TAXUS	p
Post-Procedure	6 (3.0%)	3 (1.6%)	0.50
9-Month Follow-up	8 (4.7%)	2 (1.2%)	0.06
Paired Analysis			
Resolved	0	1 (0.6%)	1.00
Persistent	5 (2.9%)	1 (0.6%)	0.12
Late Acquired	3 (1.8%)	1 (0.6%)	0.37

Aneurysms defined as ≥20% increase in diameter compared to reference vessel

Conclusions Superiority in a Non-Inferiority Trial

The use of TAXUS Express for treatment of in-stent restenosis has been shown to be

safe with low rates for target vessel thrombosis, myocardial infarction, late acquired aneurysms

effective with TLR rate of 6.3% and an angiographic restenosis rate of 7.0%

when compared to vascular brachytherapy as the preexisting gold standard .

TAXUS V ISR In Perspective
Study Design

[LOGO] [LOGO]

SISR	TAXUS V ISR
CYPHER vs VBT	TAXUS vs VBT
384 patients 2:1	396 patients 1:1
6 months angio f/u 9 months clinical f/u	**9 month** angio f/u 9 months clinical f/u
RVD ≥2.5 and ≤3.5mm	RVD ≥2.5 and ≤3.75mm
Lesion ≥15 and **≤40mm**	Lesion **≤46mm**
no additional PCI	**additional PCI allowed** in non target vessel

TAXUS V ISR In Perspective
Baseline characteristics

[LOGO] [LOGO]

SISR		TAXUS V ISR
9.3% insulin-treated		**19.5%** insulin treated
17.2 mm lesion length		**18.5 mm** mean lesion length
	not reported	2.68 mm mean RVD
	not reported	81.9% B2/C lesions

TAXUS V ISR In Perspective
Clinical 9-Month Outcomes

[LOGO] [LOGO]

SISR		TAXUS V ISR
8.5%	TLR	**6.3%**
10.8%	TVR	10.5%
12.4%	TVF	11.5%
0.4%	Q-wave MI	0.5%
2.3%	Non-Q-wave MI	3.1%
2 pts (0.8%)	Stent thrombosis	3 pts (1.6%) one patient would not be included under the CYPHER definition

TAXUS V ISR In Perspective
Angiographic Outcomes

[LOGO] [LOGO]

SISR		TAXUS V ISR
0.27±0.65 mm	Late Loss	**0.29**±0.54 mm
at **6-Month**	analysis segment	at **9-Month**
not reported	Late Loss	0.38±0.49 mm
	in-stent	at 9-Month
19.8%	Binary restenosis	**14.5%**
at **6-Month**	analysis segment	at **9-Month**
not reported	Binary restenosis	7.0%
	in-stent	at 9-Month

TAXUS Express:
Closing the Development Cycle from Simple to Complex

[LOGO] [GRAPHIC]

What is Next:
TAXUS ATLAS as the First Second Generation DES

[LOGO]

[GRAPHIC]

[LOGO]

[LOGO]

Cardiovascular Business Update
Paul LaViolette

March 13, 2006

[LOGO]

TAXUS® Liberté Stent System
International Market Performance

The good news:

Impacting international markets

Increasing revenue by approximately 16%

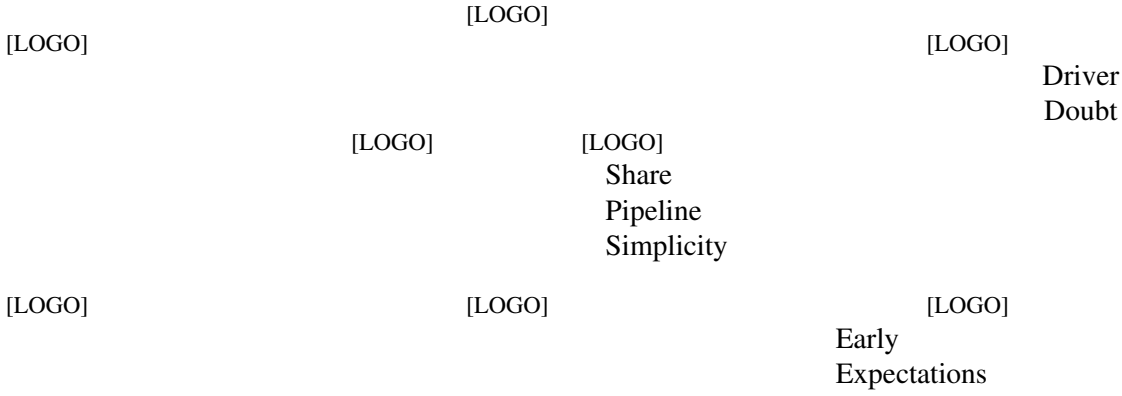
Converting accounts previously unable to convert

The better news

Not fully launched in largest international markets

Maintaining share and ASP in crowded market

International DES Space is Crowding



International
TAXUS® Liberté Stent Sales Increasing

[CHART]

Launched in all EU countries & 14 Operations in IC

>65% Conversion; Target >70% at end of Q1 06

ASP: Avg. 5% price premium over TAXUS Express

BSC Internal Estimates

TAXUS® Market Share remains stable

Cypher® share declining

[CHART]

TAXUS steady

Cypher® down significantly

Endeavor hitting plateau

Endeavor share coming from Cypher®

TAXUS® Liberté Launched in 65% of Int l Market, 35% Additional Opportunity

[GRAPHIC]

TAXUS Liberté launched in all EU. In 4 months later, GDR, ESP, ITA, & UK gained 16% revenue

[GRAPHIC]

TAXUS Liberté has launched in 14/ 21 IC markets; largest yet to come (Brazil, Australia, Canada)

If France follows trend, potential 10% market share increase

France/Belgium received reimbursement and launched in late February 2006

10% Share Gain Possible

[GRAPHIC]

[CHART]

65% of International is now converted from TAXUS Express to TAXUS Liberté

TAXUS® Liberté Stent Design
Achieving the Optimal Balance

[GRAPHIC]	[GRAPHIC]	[GRAPHIC]
Conformability	**Deliverability**	**Side Branch Access**

This product is not yet approved for sale in the United States.

Balloon Withdrawal Reduced

Significant improvement in bench testing under identical conditions

[CHART]

[CHART]

85% of evaluators rated TAXUS Liberté *Well* or *Very Well* in withdrawal of stent delivery system

Bench testing performed internally by Boston Scientific. Data on file.

Advanced Deliverability of Liberté Stent Driving Up BMS Share in U.S.

[CHART]

BSC Internal Estimates

U.S. TAXUS® Express2 ™
Market Share Stable

[CHART]

Sequential Sales

Competitor supply, publications and campaign

BSC Internal Estimates

Major DES Activities in 06

Q1

TAXUS® Assurance

ACC:

STENT registry

TAXUS V ISR

ARRIVE II

REWARDS Registry

Q2

ATLAS 9 mo

TAXUS VI

TINY Trial Enrollment

Q3

Xience* launch OUS

TAXUS® Express²

Expanded Matrix

2.25/4.0 mm

TAXUS® Liberté

Launch Prep

Q4

TAXUS® Liberté Launch

TCT:

TAXUS IV 4yr

TAXUS V 2yr

Arrive II 1yr

Olympia

***Subject to closing of Guidant transaction**

DES Regulatory Update

TAXUS® Liberté U.S.

final PMA module submitted

Launch expected Q4 06

Xience* CE Mark Q1 06

Launch expected Q3 06

TAXUS® Express™ Japan

approval expected Q1 07

***Subject to closing of Guidant transaction** **BSC Internal Estimates**

Apex Design
Radical Advances

TruFeel™
Hypotube

[GRAPHIC]

[GRAPHIC]

Nano-Composite
Outer Shaft

[GRAPHIC]

TAXUS® Apex Stent System
Commercialization Milestones

Design Freeze	Complete
CE Submission	2H 2006
PMA Submission	2H 2007
Japan Submission	2H 2007
EU/IC Launch	1H 2007
U.S. Launch	1H 2008

BSC Internal Estimates

TAXUS® Barracuda Stent System
Technology Driving DES Performance

Paclitaxel/ Translute drug delivery

[GRAPHIC]

Geometry designed for drug delivery

PERSS: New stent material- thin struts without compromise
Increased flexibility & Conformability
Optimal radiopacity
High radial strength

[GRAPHIC]

Apex -based delivery system

[GRAPHIC]

TAXUS® Barracuda Stent System
Commercialization Milestones

Design Freeze	1Q 2006
IDE Submission	2H 2006
CE Submission	2H 2007
PMA Submission	1H 2008
Japan Submission	2H 2008
EU/IC Launch	1H 2008
U.S. Launch	1H 2009

BSC Internal Estimates

TAXUS® Petal™ Bifurcation
Carina Coverage, Aligning Architecture

[GRAPHIC] [GRAPHIC]

[GRAPHIC] [GRAPHIC]

Rapid Integration of Acquired Bifurcation Stent and BSC Drug-Elution Technology

Bifurcations are involved in 25-30% of all interventions

TAXUS® Petal™ Bifurcation Status

[GRAPHIC]

World-Class Technology

New stent design and material

Apex based delivery system

Chronic drug-coated pre-clinical studies underway

Promising acute performance

Targeting end of 2006 to begin first human clinicals

BSC Internal Estimates

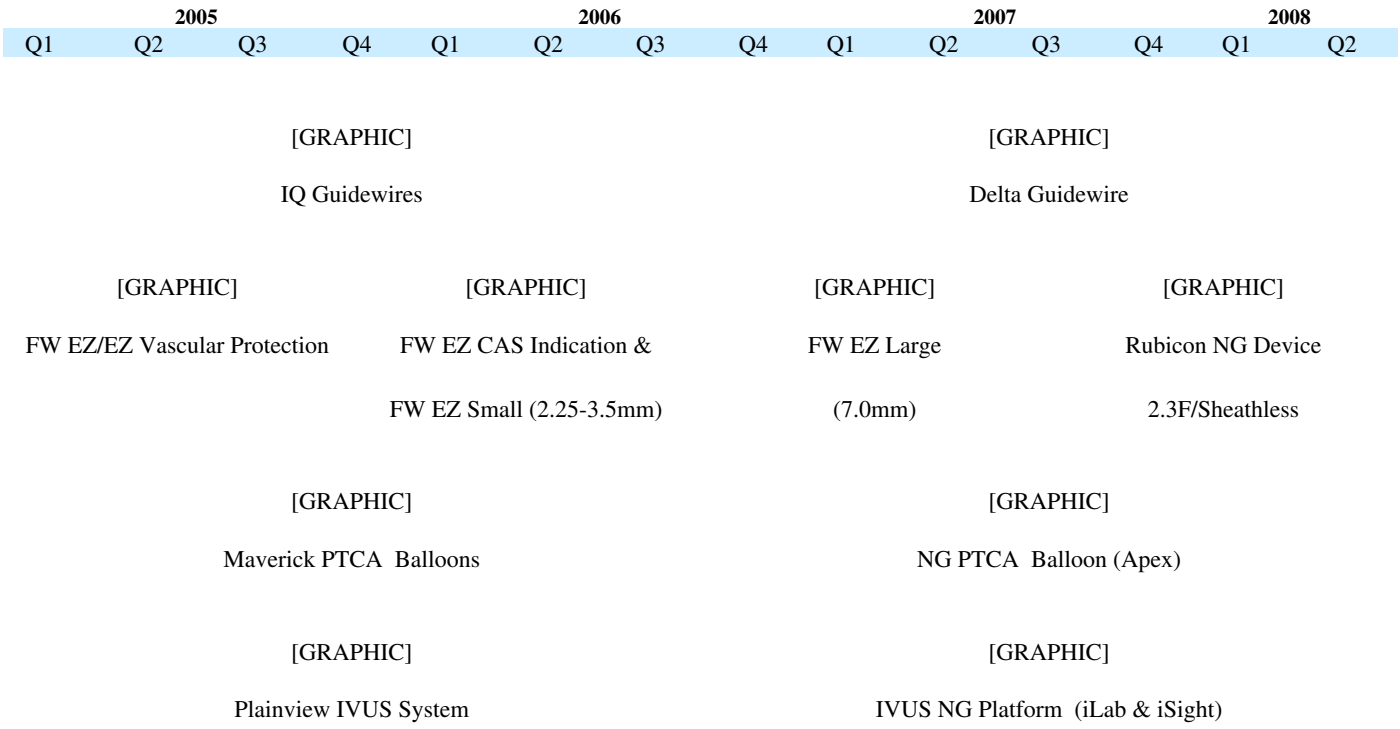
DES Pipeline: Sustainable Advantage

Only TAXUS provides incremental improvements year after year

[GRAPHIC]

***Subject to closing of Guidant transaction** **BSC Internal Estimates**

Interventional Cardiology Pipeline



BSC Internal Estimates

Peripheral & Vascular Surgery Pipeline

2005				2006				2007				2008	
Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2
	[GRAPHIC]							[GRAPHIC]					
	Polarcath							Sterling .018/.014 Balloon					
	[GRAPHIC]				[GRAPHIC]					[GRAPHIC]			
	Sentinol SE Stent				EPIC SE Stent					New Delivery System			
	[GRAPHIC]				[GRAPHIC]					[GRAPHIC]			
	PV Ultra 2				ZipWire Hydrophilic GW					New Fusion Graft			
	Cutting Balloon												

BSC Internal Estimates

Carotid Systems Approval Timeline

[GRAPHIC]

BSC Internal Estimates

CV Core Business Summary
Q1 06, US MS Rankings

	BSC	Cordis	Rank GDT	MDT
INTERVENTIONAL CARDIOLOGY				
Bare Metal Stents	**2**	**4**	**1**	**3**
Balloon Catheters	**1**	**4**	**2**	**3**
Guide Wires	**2**	**3**	**1**	**4**
Guide Catheters	**2**	**1**	**4**	**3**
Diagnostic Catheters	**2**	**1**	**N/A**	**3**
Atherectomy	**1**	**N/A**	**N/A**	**N/A**
IVUS	**1**	**N/A**	**N/A**	**N/A**
Embolic Protection	**1**	**4**	**3**	**2**
Fluid Management	**1**	**3**	**N/A**	**N/A**
Vascular Sealing	**N/A**	**N/A**	**N/A**	**N/A**
PERIPHERAL / VASCULAR SURGERY				
Peripheral Stents	**2**	**1**	**3**	**5**
Balloon Catheters	**1**	**2**	**4**	**N/A**
Guide Wires	**1**	**4**	**5**	**N/A**
EVAR	**N/A**	**N/A**	**N/A**	**1**

BSC Internal Estimates

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[LOGO]

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Q&A

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