

Media Interaction Guide

Getting the attention of local and regional media outlets can increase awareness of the Hybrid AF™ Therapy at your medical center. Use the tips below as you engage local media outlets, who may pick up a story about your facility, the treatment, and the impact to patient lives.

When is the Right Time to Reach Out to Media

- When your facility has a new treatment that would be of interest to the media outlet's audience.
 - Local and regional news outlets have a great interest in their community's public health.
 - Readers and viewers could benefit from the treatment.
- When treatment options or medical conditions are featured in the national news, such as September's Atrial Fibrillation (Afib) Awareness Month or February's Heart Month.
 - Reporters often cover stories in the national news, but with a hometown twist, relating it to their audience.
 - This is a great opportunity to share successful treatment stories and patient experiences.

How to Identify the Right Reporters

- Gather a list of media contact information that includes print and online publications, TV networks, and radio stations.
 - These lists can be pieced together manually or automatically generated from online services, free and paid.
 - Be sure your research includes the reporter's beat or area of specialty. This will help you target those interested in healthcare and public health stories. (A commercial development reporter is not likely to pick up your story or read your release.)
 - If you cannot reach the editor or reporter, call the general news desk and ask for the assignment editor who will direct you to the best contact for the story.
- Do your research and gather local knowledge of news—it is the best way to know who is likely to pick up your story. Note the bylines on other healthcare stories to help you refine your primary list of contacts.
- Visit your local news sources' websites and search for healthcare-related stories or competitors' names. Seeing who wrote other stories on heart health and healthcare can help narrow your research.

What are the Tools to Engage Reporters

- Pitch Email
 - Use pitch emails to communicate with the reporters who are likely to cover your story. Pick a reporter you want to cover your story and tailor your pitch to suit their interests and audience. Put the reporter's first name in the subject line; it allows them to see that they're not on a mass email list. Be sure to follow up with a phone call to answer any questions. Offer access to your physicians or patients for possible interviews (with their consent).
 - Consider this pitch email below:
 - Hello <NAME>, I am excited to share that <HOSPITAL NAME> is now offering a minimally invasive therapy for patients with advanced Afib, Hybrid AF™ Therapy. This condition affects many of your <READERS /VIEWERS>. In fact, 1 in 4 adults over 40 will develop Afib in their lifetime¹. Afib affects over 59 million people worldwide², and about 10 million people here in the U.S³. Approximately 45% of patients with Afib have advanced Afib, affecting more than 4 million patients in the U.S³. Patients with Afib are at 5x more risk of stroke⁶, have greater than 5x the risk of heart failure¹¹, have a 46% greater risk of all-cause mortality¹¹ and have more cardiac complications. With the EPi-Sense ST™ coagulation device FDA approval, patients with advanced Afib now have a treatment option available to them. In addition to the information below, I can connect you with one of our physicians performing the procedure and perhaps a patient too. Thank you for your consideration. I'll follow up with you soon.
- News Release
 - News releases are sent more widely to anyone interested in picking up the story. News releases can be sent manually via email or through a wire service. For local news stories, sending the release manually to your contact is usually best. Personalize the email by inserting the reporter's name and a sentence or two at the beginning.
 - Be prepared to follow-up with the reporter via phone the next day to ask if they received your release and offer to answer questions or organize interviews. Reporters generally prefer to write their own story based on your release rather than simply publishing a release as is.
 - To reach a specific reporter, it's best to distribute a press release via email so you can reach the reporter as quickly as possible.

Media Interview Guide

Conducting a media interview can be intimidating, but with a little planning you can deliver quality information to media outlets. Review the information below to help you plan for an interview explaining the Hybrid AF™ Therapy and its impact on patients.

Suggested Talking Points:

What Is Hybrid AF Therapy?

Hybrid AF Therapy is a minimally invasive procedure to treat patients with advanced Afib. Hybrid incorporates both epicardial ablation (outside of the heart) and endocardial ablation (inside the heart) procedures, compared to endocardial catheter ablation alone. In this way, Hybrid AF Therapy targets key trigger areas in the heart where Afib originates.

Millions of People Need Treatment

- **Key Point #1:** Afib affects about 59² million people worldwide and approximately 10 million people in the U.S.³ More than 4 million of those people in the U.S. have advanced Afib.³
- **Key Point #2:** 1 in 4 adults over 40 years of age will develop Afib in their lifetime¹ If Afib is not properly treated, it leads to a higher risk of chronic fatigue, decreased activity level, diminished quality of life, and sudden death. Moreover, Afib can lead to a 5x increase in stroke risk⁶ and heart failure¹¹, and a 3x increased risk for dementia.¹²

This Treatment Is More Effective

- **Key Point #3:** For people with advanced stages of Afib, catheter ablation alone often does not work, even with repeat ablations.⁹ Hybrid AF Therapy, which combines ablation on both sides of the heart wall, can be a lasting solution for patients with Advanced Afib.⁴
- **Key Point #4:** Results from more than 1,100 patients with advanced Afib who underwent Hybrid therapy:
 - Up to 88% of patients treated with Hybrid AF Therapy were free from Afib^{5, 13-26}
 - Up to 94% of patients had reduced Afib burden after being treated with Hybrid AF Therapy^{13,17,24,25}
 - Patients reported > 2x improvement in quality of life^{10,26}
 - Patients reported > 3x improvement in Afib symptoms¹⁰
 - Patients included in these studies: enlarged left atria, Afib for greater than 1 year, failed medical management
- **Key Point #5:** The 2023 ACC/AHA/ACCP/HRS Guidelines state: Hybrid epicardial and endocardial ablations is a 2b recommendation and “it is advised to do a hybrid ablation for symptomatic advanced Afib”²⁷

Who Would Benefit from This Therapy?

- People who have Advanced Afib. These people have had Afib for more than 12 months.
- Afib is a progressive disease and without effective treatment, a case of mild, or paroxysmal Afib can eventually become Advanced Afib.
- Patients who present with Heart Failure, Scarred Left Atrial Posterior Wall, Enlarged Left Atrium, and those who have failed catheter ablation and medical management should be considered for Hybrid AF Therapy.
- Historically, people with the more severe form of advanced Afib had few options to treat their Afib, that is why Hybrid AF Therapy is so important.

What Patients Should Know

The symptoms of early and advanced stage Afib are different.

Symptoms for advanced Afib ^{10,11} include:

- Shortness of breath
- Weakness
- Dizziness or Fainting
- Fatigue
- Low Blood Pressure
- Chest Pain or Pressure
- Lightheadedness

What Patients Should Do

- Talk to their doctor to find out what treatment is best for them.
- If a patient has had treatment for Afib and symptoms continue, they should consider Hybrid AF Therapy. It is important to speak to their doctor about treatment.
- It's important for each person to find an effective treatment that can restore sinus rhythm, so their Afib does not progress and worsen.

Additional Tips:

- Tell the story of someone in the community who has benefited from the procedure. It adds credibility and relatability.
- Confirm the patient's consent to share their story and consult your legal team before sharing with media. If you use patient stories, be sure the patient is in good health and discharged before reaching out to media.
- When you make follow-up calls with reporters ask them if they are likely to publish your story and, if not, ask why. This will help tailor future stories that might be a better fit for them.
- When sending a release, make your subject line clear and concise. Don't send the release as an attachment, paste it into the body of the email so it can be easily read.

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EPI-Sense® Coagulation System/EPI-Sense ST™ Coagulation Device

The EPI-Sense Coagulation System/EPI-Sense ST™ Coagulation Device is intended for the treatment of symptomatic long-standing persistent atrial fibrillation (continuous atrial fibrillation greater than 12 months duration) when augmented in a hybrid procedure with an endocardial catheter listed in the instructions for use, in patients (1) who are refractory or intolerant to at least one Class I and/or III antiarrhythmic drug (AAD); and (2) in whom the expected benefit from rhythm control outweighs the potential known risks associated with a hybrid procedure such as delayed post-procedure inflammatory pericardial effusions. Contraindications include patients with Barrett's Esophagitis, left atrial thrombus, a systemic infection, active endocarditis, or a localized infection at the surgical site at the time of surgery. Adverse Events: Reported adverse events associated with epicardial ablation procedure may include, but are not limited to, the following: pericardial effusion/cardiac tamponade, pericarditis, excessive bleeding, phrenic nerve injury, stroke/TIA/neurologic complication. Please review the Instructions for Use for a complete listing of contraindications, warnings, precautions and potential adverse events located at the following AtriCure web address: <https://www.AtriCure.com/EPI-Sense-Coagulation-Device>. Warnings: Physicians should consider post-operative anti-inflammatory medication to decrease the potential for post-operative pericarditis, and/or delayed post-procedure inflammatory pericardial effusions. Physicians should consider post-procedural imaging (i.e. 1-3 weeks post-procedure) for detection of post-procedure inflammatory pericardial effusions. Precautions: Precautionary measures should be taken prior to considering treatment of patients: (1) Deemed to be high risk and who may not tolerate a potential delayed post-procedure inflammatory pericardial effusion. (2) Who may not be compliant with needed follow-ups to identify potential safety risks. To ensure patients undergoing treatment with the EPI-Sense device are well informed, the benefits, potential risks and procedural outcomes associated with the EPI-Sense Hybrid Convergent procedure should be discussed with the patient. Physicians should

document accordingly in the medical record. Qualified operators are physicians authorized by their institution to perform surgical sub-xyphoid pericardial access. The coagulation devices should be used by physicians trained in the techniques of minimally invasive endoscopic surgical procedures and in the specific approach to be used. Operators should undergo training on the use of EPI-Sense device before performing the procedure. Safety and effectiveness of concomitant left atrial appendage closure was not evaluated in the CONVERGE study. Follow-up should be conducted at approximately 30 days postprocedure to monitor f