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.

Know Your Key Points

Create a simple and concise outline of the key points you want to convey in the interview. Consider who is interviewing you and who their audience is. Why do they care about Hybrid AF Therapy?

Interviews can last only minutes. Know your message and deliver it quickly and clearly. It can help to practice your points beforehand with a colleague. (See the Key Points, p. 2.)

Give Added Weight to Your Points

Begin statements with phrases such as "What we're focused on …" and "The most important factor is …" to create a strong lead into your key points.

Bring the Conversation Back

An interviewer may not ask questions directly related to your key points, but you still need to convey your message in the short time you have. Use this as an opportunity to answer the question in a way that brings you back to one of your key points.

- Reporter: "My aunt has heart failure. Should she get checked for Afib?"
- Interviewee: "Even though your aunt may have never felt symptoms of Afib, we often see a strong link between heart failure and Afib. She should talk to her doctor about it, since we know 1 in 4 people over the age of 40 will develop Afib during their lifetime."[1] In a recent study, patients with more advanced forms of Afib who also had reduced left ventricular ejection fraction (LVEF), a key indicator of heart failure, showed significant improvements in LVEF after undergoing Hybrid AF therapy.[2]

Navigate Tough Questions

- The interviewer is tasked with telling the whole story, not just putting a positive spotlight on your hospital or treatment. S/he might ask difficult questions relative to safety and efficacy.
- Be prepared for these types of questions. In your response, be sure to politely answer the question with your perspective and bring it back to your key messages whenever possible, ending on a positive note.
- Consider everything you say before, during, and after an interview to be "on the record."

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.[3] 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 37 million people worldwide[5] and approximately 8 million people in the U.S.[6] More than 3.5 million of those people in the U.S. have advanced Afib.[7]

- **Key Point #2:** 1 in 4 adults over 40 years of age will develop Afib in their lifetime[1] If Afib is not properly treated, it leads to a higher risk of chronic fatigue, decreased activity level, diminished quality of like, and sudden death.

- Moreover, Afib can lead to a 5x increase in stroke risk[4] and heart failure[10], and a 3x increased risk for dementia.[11]

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.[8] Hybrid AF Therapy, which combines ablation on both sides of the heart wall, can be a lasting solution for patients with Advanced Afib.[3]

- **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[3, 12-25]

- Up to 94% of patients had reduced Afib burden after being treated with Hybrid AF Therapy[12,16,23,24]

- Patients reported > 2x improvement in quality of life[9,25]

- Patients reported > 3x improvement in Afib symptoms[9]

- 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"[26]

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 for early stage and advanced stage Afib are different.

Symptoms for advanced Afib [9,10] 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.

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

U.S. Indications: The EPi-Sense Guided Coagulation System 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 post-procedure to monitor for signs of delayed onset pericarditis or pericardial effusion.Rx Only

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