

**UNITED STATES
SECURITIES AND EXCHANGE COMMISSION
WASHINGTON, DC 20549**

FORM 8-K

CURRENT REPORT

**PURSUANT TO SECTION 13 OR 15(d) OF THE
SECURITIES EXCHANGE ACT OF 1934**

Date of Report (Date of earliest event reported): May 3, 2022

AtriCure, Inc.

(Exact name of registrant as specified in charter)

Delaware
(State or other jurisdiction of
incorporation)

000-51470
(Commission File Number)

34-1940305
(IRS Employer Identification No.)

7555 Innovation Way, Mason OH 45040
(Address of Principal Executive Offices, and Zip Code)

(513) 755-4100
(Registrant's Telephone Number, Including Area Code)

Not Applicable
(Former name or former address, if changed since last report)

Check the appropriate box below if the Form 8-K filing is intended to simultaneously satisfy the filing obligation of the registrant under any of the following provisions (see General Instruction A.2. below):

- Written communications pursuant to Rule 425 under the Securities Act (17 CFR 230.425)
- Soliciting material pursuant to Rule 14a-12 under the Exchange Act (17 CFR 240.14a-12)
- Pre-commencement communications pursuant to Rule 14d-2(b) under the Exchange Act (17 CFR 240.14d-2(b))
- Pre-commencement communications pursuant to Rule 13e-4(c) under the Exchange Act (17 CFR 240.13e-4(c))

Securities registered pursuant to Section 12(b) of the Act:

Title of each class	Trading Symbol(s)	Name of each exchange on which registered
Common Stock, \$.001 par value	ATRC	NASDAQ

Indicate by check mark whether the registrant is an emerging growth company as defined in Rule 405 of the Securities Act of 1933 (§230.405 of this chapter) or Rule 12b-2 of the Securities Exchange Act of 1934 (§240.12b-2 of this chapter).

Emerging growth company

If an emerging growth company, indicate by check mark if the registrant has elected not to use the extended transition period for complying with any new or revised financial accounting standards provided pursuant to Section 13(a) of the Exchange Act.

Item 2.02. Results of Operations and Financial Condition.

On May 3, 2022, AtriCure, Inc. issued a press release regarding its financial results for the first quarter ended March 31, 2022. The Company will hold a conference call on May 3, 2022 at 4:30 p.m. Eastern Time to discuss the financial results. A copy of the press release is furnished as Exhibit 99.1 to this Form 8-K and is incorporated herein by reference.

Item 7.01. Regulation FD Disclosure.

During the week of May 3, 2022 the Company is holding meetings with investors discussing, among other topics, an overview of the Company's business and growth strategy. A copy of the investor presentation, which is available at www.atricure.com, is furnished as Exhibit 99.2 to this Form 8-K and is incorporated herein by reference.

Information in the presentation contains forward-looking statements regarding future events and performance of the Company. All such forward-looking statements are based largely on the Company's experience and perception of current conditions, trends, expected future developments and other factors, and on management's expectations, and are subject to risks and uncertainties that could cause actual results to differ materially, including, but not limited to, those factors described in the presentation and in the Company's filings with the Securities and Exchange Commission. The Company disclaims any intention or obligation to update or revise any financial or other projections or other forward-looking statements, whether because of new information, future events or otherwise.

The information in Item 2.02 of Form 8-K and in the press release attached as Exhibit 99.1 and the presentation attached as Exhibit 99.2 is being furnished and shall not be deemed "filed" for purposes of Section 18 of the Securities Exchange Act of 1934, as amended (the "Exchange Act"), or otherwise subject to the liabilities of that Section. The information in each of Item 2.02 and Item 7.01 of this Form 8-K and Exhibit 99.1 and Exhibit 99.2 shall not be incorporated by reference in any filing or other document under the Securities Act of 1933, as amended, or the Exchange Act, except as shall be expressly set forth by specific reference in any such filing or document.

Item 9.01. Financial Statements and Exhibits.

(d) Exhibits

No.	Description
99.1	Press Release dated May 3, 2022 relating to financial results for the first quarter ended March 31, 2022
99.2	Investor Presentation
104	Cover Page Interactive Data File--the cover page XBRL tags are embedded within the Inline XBRL document.

SIGNATURES

Pursuant to the requirements of the Securities Exchange Act of 1934, the registrant has duly caused this report to be signed on its behalf by the undersigned hereunto duly authorized.

ATRICURE, INC.

Dated: May 3, 2022

By: /s/ Angela L. Wirick
Angela L. Wirick
Chief Financial Officer

For immediate release
May 3, 2022

AtriCure Reports First Quarter 2022 Financial Results

MASON, Ohio, May 3, 2022 – [AtriCure, Inc.](#) ([Nasdaq: ATRC](#)), a leading innovator in surgical treatments and therapies for atrial fibrillation (Afib), left atrial appendage (LAA) management and post-operative pain management, today announced first quarter 2022 financial results.

“Our team delivered exceptional first quarter performance, with broad-based growth across all key products,” said Michael Carrel, President and Chief Executive Officer of AtriCure. “With EPi-Sense® adoption building, continued expansion of our Cryo Nerve Block team, and the full commercial launch of our EnCompass® clamp now underway, we are confident in the strength of our portfolio today while we invest in additional long-term drivers for sustained growth.”

First Quarter 2022 Financial Results

Revenue for the first quarter 2022 was \$74.6 million, an increase of 25.8% (an increase of 26.7% on a constant currency basis) over first quarter 2021 revenue. U.S. revenue was \$62.3 million, an increase of \$12.0 million or 23.8%, compared to first quarter 2021 revenue. U.S. revenue growth was driven by sales across key product lines, notably the cryoSPHERE® probe and AtriClip® Flex-V devices. International revenue increased \$3.3 million or 37.2% (an increase of 43.1% on a constant currency basis) to \$12.3 million, reflecting growth in most major markets and across product lines. On a sequential basis, worldwide revenue for the first quarter 2022 increased approximately 1.9% over fourth quarter 2021.

Gross profit for the first quarter 2022 was \$55.6 million compared to \$44.5 million for the first quarter 2021. Gross margin was 74.5% and 75.1% for the first quarters 2022 and 2021 respectively, reflecting geographic and product mix, as well as increasing costs. Loss from operations for the first quarter 2022 was \$14.2 million, compared to \$15.9 million for the first quarter 2021. Basic and diluted net loss per share was \$0.33 for the first quarter 2022, compared to \$0.38 for the first quarter 2021.

Adjusted EBITDA was negative for the first quarter 2022 at \$4.2 million, compared to negative \$4.7 million for first quarter of 2021. Adjusted loss per share for the first quarter 2022 was \$0.33 compared to \$0.32 for the first quarter 2021.

Constant currency revenue, adjusted EBITDA and adjusted loss per share are non-GAAP measures. We discuss these non-GAAP measures and provide reconciliations to GAAP measures later in this release.

2022 Financial Guidance

Full year 2022 revenue is projected to be approximately \$318 million to \$330 million, reflecting growth of approximately 16% to 20% over full year 2021. Management continues to expect full year 2022 adjusted EBITDA to be a loss of approximately \$2 million to \$4 million, and the full year 2022 adjusted loss per share of approximately \$1.07 to \$1.12.

Conference Call

AtriCure will host a conference call at 4:30 p.m. Eastern Time on Tuesday, May 3, 2022 to discuss its first quarter 2022 financial results. The call may be accessed through an operator by calling (844) 884-9951 for domestic callers and (661) 378-9661 for international callers using conference ID number 6061899. A live audio webcast of the presentation may be accessed by visiting the Investors page of AtriCure’s corporate website at [ir.atricure.com](#). A replay of the presentation will be available for 90 days following the presentation.

About AtriCure

AtriCure, Inc. provides innovative technologies for the treatment of Afib and related conditions. Afib affects more than 33 million people worldwide. Electrophysiologists and cardiothoracic surgeons around the globe use AtriCure technologies for the treatment of Afib and reduction of Afib related complications. AtriCure’s Isolator® Synergy™ Ablation System is the first medical device to receive FDA approval for the treatment of persistent Afib. AtriCure’s AtriClip® Left Atrial Appendage Exclusion System products are the most widely sold LAA management devices worldwide. AtriCure’s Hybrid AF™ Therapy is

a minimally invasive procedure that provides a lasting solution for long-standing persistent Afib patients. AtriCure's cryoICE cryoSPHERE® probe is cleared for temporary ablation of peripheral nerves to block pain, providing pain relief in cardiac and thoracic procedures. For more information, visit AtriCure.com or follow us on Twitter @AtriCure.

Forward-Looking Statements

This press release contains "forward-looking statements" – that is, statements related to future events that by their nature address matters that are uncertain. This press release also includes forward-looking projected financial information that is based on current estimates and forecasts. Actual results could differ materially. For details on the uncertainties that may cause our actual results to be materially different than those expressed in our forward-looking statements, visit <http://www.atricure.com/forward-looking-statements> as well as our Annual Reports on Form 10-K and Quarterly Reports on Form 10-Q which contain risk factors. Except where otherwise noted, the information contained in this release and the related attachment is as of May 3, 2022. We assume no obligation to update any forward-looking statements contained in this release and the related attachment as a result of new information or future events or developments, except as may be required by law.

Use of Non-GAAP Financial Measures

To supplement AtriCure's condensed consolidated financial statements prepared in accordance with accounting principles generally accepted in the United States of America, or GAAP, AtriCure provides certain non-GAAP financial measures in this release as supplemental financial metrics.

Revenue reported on a constant currency basis is a non-GAAP measure, calculated by applying previous period foreign currency exchange rates, which are determined by the average daily Euro to Dollar exchange rate, to each of the comparable periods. Management analyzes revenue on a constant currency basis to better measure the comparability of results between periods. Because changes in foreign currency exchange rates have a non-operating impact on revenue, the Company believes that evaluating growth in revenue on a constant currency basis provides an additional and meaningful assessment of revenue to both management and investors.

Adjusted EBITDA is calculated as net income (loss) before other income/expense (including interest), income tax expense, depreciation and amortization expense, share-based compensation expense, acquisition costs, legal settlement costs, impairment of intangible asset and change in fair value of contingent consideration liabilities.

Management believes in order to properly understand short-term and long-term financial trends, investors may wish to consider the impact of these excluded items in addition to GAAP measures. The excluded items vary in frequency and/or impact on our continuing results of operations and management believes that the excluded items are typically not reflective of our ongoing core business operations and financial condition. Further, management uses adjusted EBITDA for both strategic and annual operating planning. A reconciliation of adjusted EBITDA reported in this release to the most comparable GAAP measure for the respective periods appears in the table captioned "Reconciliation of Non-GAAP Adjusted Loss (Adjusted EBITDA)" later in this release.

Adjusted income (loss) per share is a non-GAAP measure which calculates the net income (loss) per share before non-cash adjustments in fair value of contingent consideration liabilities, impairment of intangible asset and legal settlement costs. A reconciliation of adjusted income (loss) per share reported in this release to the most comparable GAAP measure for the respective periods appears in the table captioned "Reconciliation of Non-GAAP Adjusted Loss Per Share" later in this release.

The non-GAAP financial measures used by AtriCure may not be the same or calculated in the same manner as those used and calculated by other companies. Non-GAAP financial measures have limitations as analytical tools and should not be considered in isolation or as a substitute for AtriCure's financial results prepared and reported in accordance with GAAP. We urge investors to review the reconciliation of these non-GAAP financial measures to the comparable GAAP financials measures included in this press release, and not to rely on any single financial measure to evaluate our business.

CONTACTS:

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ATRICURE, INC. AND SUBSIDIARIES
CONDENSED CONSOLIDATED STATEMENTS OF OPERATIONS
(In Thousands, Except Per Share Amounts)
(Unaudited)

	Three Months Ended March 31,	
	2022	2021
United States Revenue:		
Open ablation	\$ 18,974	\$ 17,439
Minimally invasive ablation	8,615	8,385
Pain management	8,014	3,898
Total ablation	35,603	29,722
Appendage management	26,669	20,587
Total United States	62,272	50,309
International Revenue:		
Open ablation	6,492	4,434
Minimally invasive ablation	1,533	1,274
Pain management	140	—
Total ablation	8,165	5,708
Appendage management	4,139	3,258
Total International	12,304	8,966
Total revenue	74,576	59,275
Cost of revenue	18,981	14,735
Gross profit	55,595	44,540
Operating expenses:		
Research and development expenses	13,629	11,217
Selling, general and administrative expenses	56,116	49,208
Total operating expenses	69,745	60,425
Loss from operations	(14,150)	(15,885)
Other expense, net	(977)	(1,001)
Loss before income tax expense	(15,127)	(16,886)
Income tax expense	56	31
Net loss	\$ (15,183)	\$ (16,917)
Basic and diluted net loss per share	\$ (0.33)	\$ (0.38)
Weighted average shares used in computing net loss per share:		
Basic and diluted	45,528	44,632

ATRICURE, INC. AND SUBSIDIARIES
CONDENSED CONSOLIDATED BALANCE SHEETS
(In Thousands)
(Unaudited)

	March 31, 2022	December 31, 2021
Assets		
Current assets:		
Cash, cash equivalents, and short-term investments	\$ 111,397	\$ 119,090
Accounts receivable, net	40,878	33,021
Inventories	40,762	38,964
Prepaid and other current assets	6,570	5,001
Total current assets	199,607	196,076
Long-term investments	70,514	104,338
Property and equipment, net	32,867	31,409
Operating lease right-of-use assets	4,509	4,761
Goodwill and intangible assets, net	276,801	277,773
Other noncurrent assets	685	955
Total assets	<u>\$ 584,983</u>	<u>\$ 615,312</u>
Liabilities and Stockholders' Equity		
Current liabilities:		
Accounts payable and accrued liabilities	\$ 45,615	\$ 54,689
Other current liabilities and current maturities of leases	1,760	1,756
Total current liabilities	47,375	56,445
Long-term debt	59,848	59,741
Finance lease liabilities	9,845	10,082
Operating lease liabilities	3,865	4,068
Other noncurrent liabilities	1,225	1,220
Total liabilities	122,158	131,556
Stockholders' equity:		
Common stock	46	46
Additional paid-in capital	761,580	764,811
Accumulated other comprehensive loss	(3,465)	(948)
Accumulated deficit	(295,336)	(280,153)
Total stockholders' equity	462,825	483,756
Total liabilities and stockholders' equity	<u>\$ 584,983</u>	<u>\$ 615,312</u>

ATRICURE, INC. AND SUBSIDIARIES
RECONCILIATION OF GAAP RESULTS TO NON-GAAP RESULTS
(In Thousands)
(Unaudited)

Reconciliation of Non-GAAP Adjusted Loss (Adjusted EBITDA)

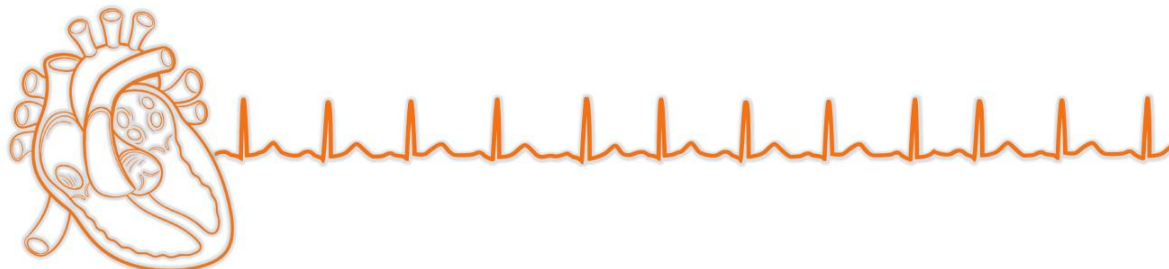
	Three Months Ended March 31,	
	2022	2021
Net loss, as reported	\$ (15,183)	\$ (16,917)
Income tax expense	56	31
Other expense, net	977	1,001
Depreciation and amortization expense	2,867	2,122
Share-based compensation expense	7,049	6,604
Change in fair value of contingent consideration	—	2,500
Non-GAAP adjusted loss (adjusted EBITDA)	<u>\$ (4,234)</u>	<u>\$ (4,659)</u>

Reconciliation of Non-GAAP Adjusted Loss Per Share

	Three Months Ended March 31,	
	2022	2021
Net loss, as reported	\$ (15,183)	\$ (16,917)
Change in fair value of contingent consideration	—	2,500
Non-GAAP adjusted net loss	<u>\$ (15,183)</u>	<u>\$ (14,417)</u>
Basic and diluted adjusted net loss per share	<u>\$ (0.33)</u>	<u>\$ (0.32)</u>
Weighted average shares used in computing adjusted net loss per share		
Basic and diluted	<u>45,528</u>	<u>44,632</u>

AtriCure Investor Presentation

Creating a World Class Afib Platform



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AtriCure

Forward Looking Statements

This presentation and oral statements made in connection with this presentation contain “forward-looking statements,” which are statements related to future events that by their nature address matters that are uncertain. Forward-looking statements address, among other things, AtriCure’s expected market opportunity, future business, financial performance, financial condition, and results of operations, and often contain words such as “intends,” “estimates,” “anticipates,” “hopes,” “projects,” “plans,” “expects,” “seek,” “believes,” “see,” “should,” “will,” “would,” “opportunity,” “target,” and similar expressions and the negative versions thereof. Such statements are based only upon current expectations of AtriCure. All forward-looking information is inherently uncertain and actual results may differ materially from assumptions, estimates, projections or expectations reflected or contained in the forward-looking statements as a result of various risk factors.

Reliance should not be placed on forward-looking statements because they involve known and unknown risks, uncertainties and other factors which may cause actual results, performance or achievements to differ materially from those expressed or implied. These risks, uncertainties and other factors include, but are not limited to, those identified at <http://www.atricure.com/forward-looking-statements> and/or described in AtriCure’s Annual Reports on Form 10-K and Quarterly Reports on Form 10-Q, particularly the “Risk Factors” sections thereof, as filed with the U.S. Securities and Exchange Commission and available at <http://www.sec.gov>.

With respect to all forward-looking statements, AtriCure claims the protection of the safe harbor for forward-looking statements contained in the Private Securities Litigation Reform Act of 1995. Forward-looking statements speak only as of the date they are made. AtriCure undertakes no obligation, and does not expect, to publicly update or revise any forward-looking statements to reflect new information or future events or otherwise unless required by law.

Non-GAAP Financial Measures

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We are
passionately
focused on
reducing the
global Afib
epidemic and
healing the lives
of those affected



Large Markets

Addressing an underserved and growing patient population



Strong Portfolio

Existing products and solutions driving consistent growth



Bright Future

Novel therapies supported by growing body of clinical evidence

Afib: a Serious Problem



Atrial Fibrillation (Afib) is an irregular heartbeat (or arrhythmia) that affects more than 33 million people worldwide.¹

Approximately 1.2 million Afib diagnoses annually in the US.²

1 in 4 adults over 40 will develop Afib in their lifetime.³

5x

Risk of **Stroke**⁴

>5x

Higher risk of **Heart Failure**⁵

46%

Greater risk of all cause **Mortality**⁶

Significant Global Market Opportunity

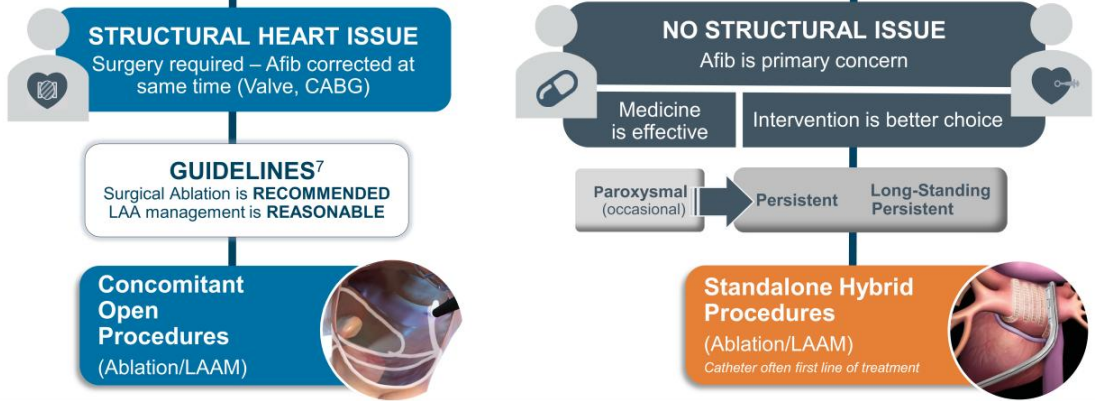


Market opportunity based on internal estimates and research, as well as from publicly available information. See Supplemental Information for additional detail.

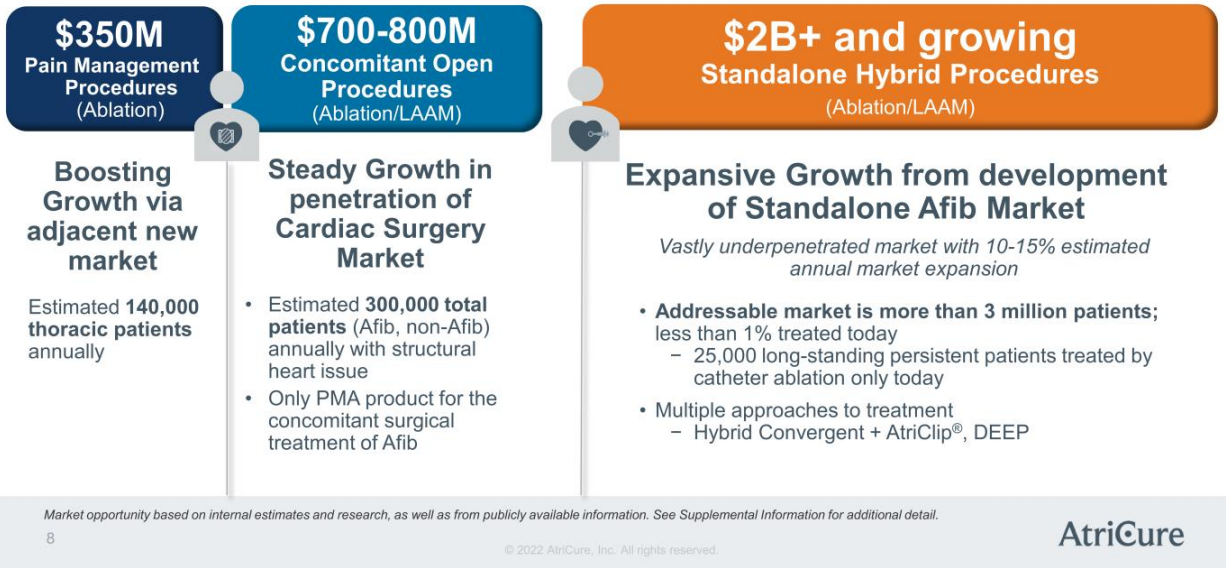
Two Distinct Patient Profiles



Referring Physician: GP, Cardiologist



US Market Opportunity



Market opportunity based on internal estimates and research, as well as from publicly available information. See Supplemental Information for additional detail.

AtriCure: A Decade of Progress

*Differentiated portfolio of solutions
built from continuous innovation and strong clinical evidence,
supported by robust training and education.*

2011

Isolator Synergy Ablation System approved by FDA for treatment of persistent or long-standing persistent Afib concomitant to open heart procedures...
the first medical device to receive FDA approval for the treatment of persistent Afib

- Maze IV Training Program initiated; Advanced Ablation Courses later endorsed by the Society of Thoracic Surgeons (STS)
- Continued innovation in AtriClip platform with FLEX, PRO2 and V-Clip devices for open heart and minimally invasive procedures
- Changes in clinical practice guidelines recommend Afib ablation treatment and state management of LAA reasonable
- Expansion of AtriClip labeling with electrical isolation of LAA
- Completed three acquisitions, moving into EP space with minimally invasive therapies
- Entered pain management market with release of cryoSPHERE® probe and dedicated commercial team

Impacting more than 300,000 patients worldwide.

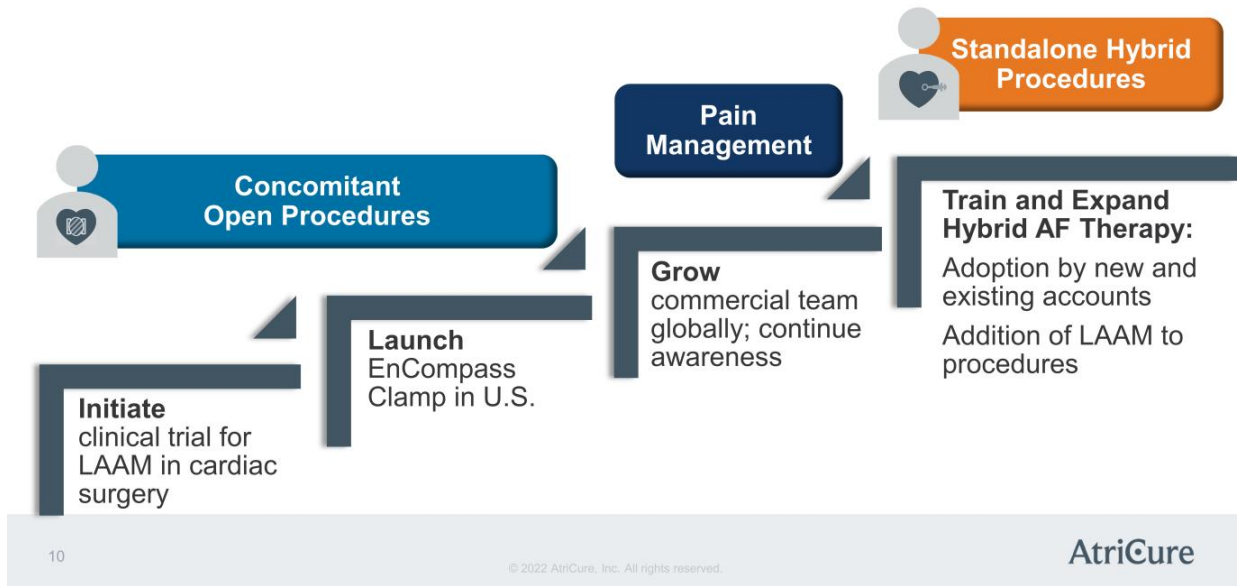
2021

Epi-Sense® Guided Coagulation System approved by FDA for treatment of long-standing persistent Afib

Expanded labeling for Cryo Nerve Block Therapy in adolescents

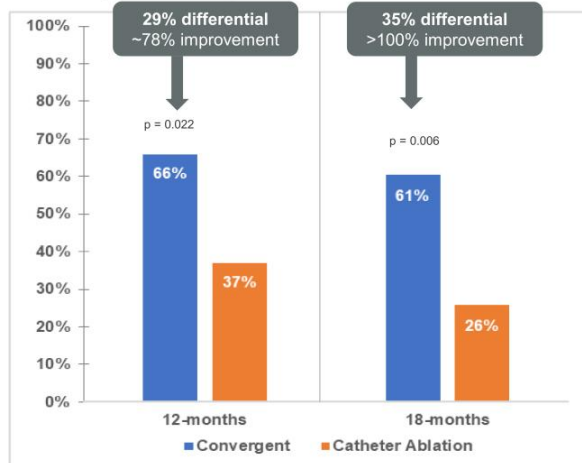
510k clearance of EnCompass® clamp

2022 Priorities: Driving Therapy Expansion



CONVERGE: Long-standing Persistent Afib Patient Analysis

Freedom from AF/AFL/AT from 3-month blanking period through 12-months and 18-months



- **Superior outcomes with hybrid Convergent procedure** when compared to endocardial catheter ablation alone in patients with drug refractory long-standing persistent Afib
- Data for long-standing persistent patients in the trial demonstrated **compelling efficacy and durability**
- **Improved EP lab efficiency demonstrated** by reduction in endocardial ablation time as a result of adding epicardial ablation

Benefits of the Epi-Sense System and Hybrid AF Therapy

Benefits based on 7-day continuous rhythm monitoring at 18-months post procedure

Epicardial:
Outside the heart



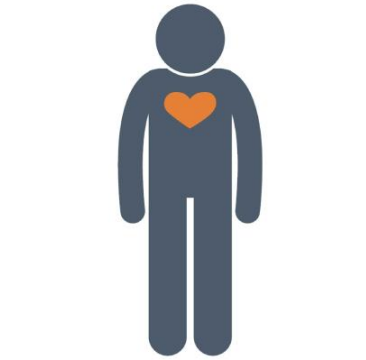
Endocardial:
Inside the heart

2
TRIGGER AREAS TARGETED
where atrial fibrillation begins


Emphasizes value of team-based approach for advanced AF treatment



≥90%
LESS TIME IN AF
For most patients at 1 year



Patients in the Hybrid AF Arm report feeling better, both physically + emotionally⁸



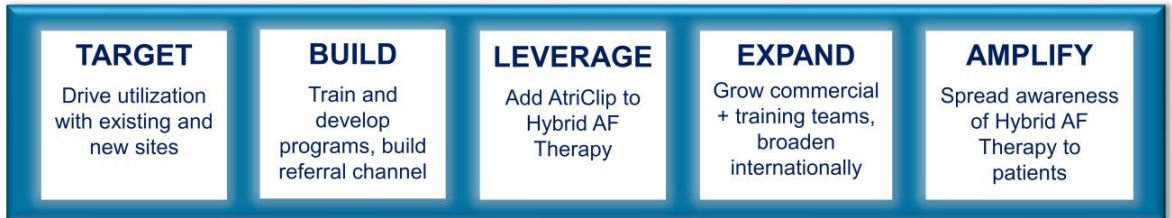
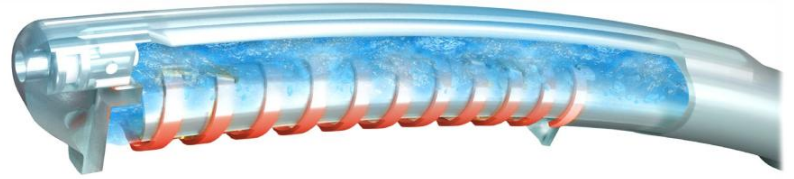
More than
2x AS EFFECTIVE AT
STOPPING AA
(vs endocardial RF ablation alone)

Additive to endocardial catheter ablation



Patients are
2x MORE LIKELY TO
NO LONGER NEED
AF MEDICATION
(vs endocardial RF ablation alone)

Commercial Strategy for the EPI-Sense System



Innovative and Expanding Product Portfolio



Ablation

ISOLATOR[®]
SYNERGY[™]
CLAMP

cryoICE[®]
CRYOABLATION
PROBE

EPI-SENSE[®]
DEVICE

cryoSPHERE[®]
CRYOABLATION
PROBE

ISOLATOR SYNERGY
ENCOMPASS[®]
CLAMP

Continuous innovation toward less invasive, simpler to use, and more efficient products

LAA Management

ATRICLIP[®]
FLEX DEVICE

ATRICLIP PRO[®]
DEVICE

ATRICLIP PRO-V[®]
DEVICE

ATRICLIP FLEX-V[®]
DEVICE



SPOTLIGHT: Cryo Nerve Block for Pain Management

Therapy Overview

- Temporarily stops transmission of pain signals coming from the chest wall during surgery
- Nerve "scaffolds" remain intact allowing axons to regenerate and restore nerve function over time
- Applicability in a wide variety of thoracic surgical approaches (thoracotomy, video-assisted, robotic) and procedures (resection, transplant, thoracoabdominal, surgical rib fixation, pectus repair)
- Can be an important tool in combatting the opioid epidemic – 1 in 7 thoracic surgery patients become reliant upon opioids after their procedure⁹



A new way to freeze out post-operative pain: cryotherapy for temporary pain relief in thoracic surgical procedures

HIGHLIGHTS

- cryoICE® probe made available for Cryo Nerve Block applications in 2015
- Dedicated commercial team established in 2019 and expanding
- Q1 2019 launch of cryoSPHERE® probe
- Label expansion includes adolescent patients as young as 12 years of age
- **~8% of worldwide revenue in 2021**, up from ~5% in 2020
- International launch in Europe in 2022
- Continuing to gather data to support evidence development for therapy

SPOTLIGHT: Isolator Synergy EnCompass® Clamp



Product Overview

- FDA 510(k) clearance to ablate cardiac tissue during surgery
- Designed with same benefits of the AtriCure Isolator Synergy Clamps:
 - + Parallel closure
 - + Uniform pressure
 - + Synergy algorithm provides custom power
- Compatible with existing AtriCure RF generator

*A simpler and faster approach
to ablating the heart in
open procedures*

HIGHLIGHTS

- FDA 510(k) clearance in July 2021
- Limited initial release began 3Q 2021
- Broad commercial launch in U.S. April 2022
- Continue to drive penetration of cardiac surgery market



HEAL-IST
Clinical Trial

HIGHLIGHTS

- **Inappropriate Sinus Tachycardia (IST) is a chronic condition characterized by elevated resting heart rate and exaggerated response to exercise or stress**
 - ✓ Currently, no approved therapies; HEAL-IST is the first clinical trial for this large unmet need
 - ✓ Building off current Synergy product technology
 - ✓ Hybrid therapy leverages expertise and partnership between EP and Cardiac Surgery
- **FDA approval of HEAL-IST clinical trial protocol in February 2022**

HEAL-IST Overview

IDE Trial to support safety and efficacy of hybrid sinus node sparing ablation procedure for the treatment of IST

Using AtriCure ISOLATOR Synergy Ablation System

STUDY DESIGN

Summary

Multi-center, prospective, single arm, Bayesian Adaptive Design

Number of Subjects and Sites

Up to 142 patients at up to 40 sites (US, UK, and EU)

Study Duration

Safety: 30-day follow-up
Efficacy: 12-month follow-up
All subjects followed for a total of 24 months post procedure

PRIMARY ENDPOINTS

Effectiveness

Freedom from IST at 12-months. Freedom from IST is defined as mean heart rate of ≤ 90 bpm or at least a 15% reduction in mean heart rate as compared to baseline, in the absence of new or higher dosage of previously failed medications.

Safety

Incidence of device or procedure-related major adverse events (MAEs) for subjects undergoing the hybrid sinus node sparing ablation procedure from the index procedure through 30-days post procedure.



**Left
Atrial
Appendage Exclusion for
Prophylactic
Stroke Reduction**

HIGHLIGHTS

- **Seminal clinical trial – one of the largest IDE trials in cardiac surgery**
- **Study will have a global reach with sites in the United States, Canada, Europe and Asia**
- **Multiple secondary and other key endpoints will be evaluated**
- **FDA approval of LeAAPS clinical trial protocol in April 2022**

LeAAPS Overview

IDE Trial to evaluate the effectiveness of prophylactic LAA exclusion for the prevention of ischemic stroke or systemic arterial embolism in cardiac surgery patients without pre-operative AF diagnosis

Using AtriClip LAA Exclusion System

STUDY DESIGN

Summary

Multi-center, prospective, randomized control (1:1) trial

Number of Subjects and Sites

Up to 6,500 subjects at up to 250 sites worldwide

Study Duration

Safety: 30-day follow-up
Efficacy: Event-driven trial, with a minimum follow-up of 5 years post procedure

PRIMARY ENDPOINTS

Effectiveness

First occurrence of ischemic stroke or systemic arterial embolism.

Safety

Incidence of safety events through 30-days to demonstrate no increase in risk with LAA exclusion during cardiac surgery.

Key Investments Driving Growth

AtriCure Pillars

Foundation of our past and strengthening our future

Innovation

Increasing pipeline to drive LAAM penetration and build MIS market

Clinical Science

Hybrid AF Therapy proven by CONVERGE trial: a complimentary and differentiated approach for advanced Afib... now focused on expansion of clinical data across franchises

Education

Significant investment in physician education, providing multiple training options

Aligning Expertise with Opportunity

Dedicated commercial and education teams

U.S. Cardiac

134 Sales and Clinical Specialists

U.S. Hybrid Therapies

47 Sales and Clinical Specialists

U.S. Cryo Nerve Block

34 Sales and Clinical Specialists

U.S. Sales Leadership

25 Area Directors across our specialized teams

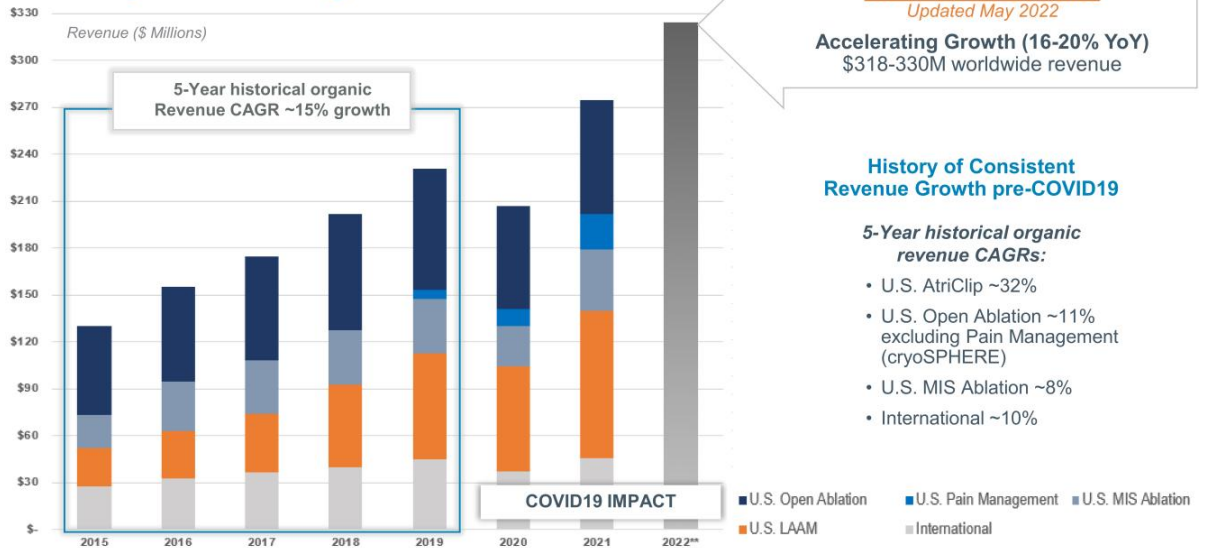
U.S. Education

Over 40 Physician + Field Supporting Roles

International

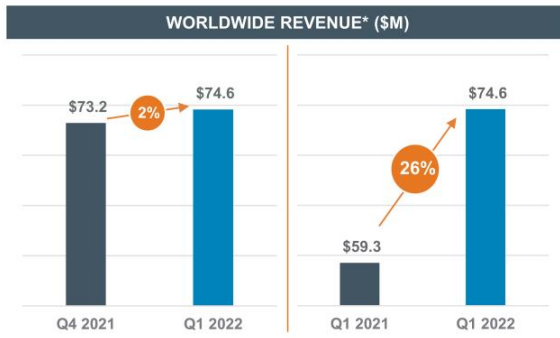
Over 50 Sales and Education Professionals

History of Strong Growth



**Based on midpoint of 2022 Revenue guidance range

First Quarter 2022 Financial Highlights



KEY METRICS*

	Q1 2021	Q1 2022
GROSS MARGIN	75.1%	74.5%
OPERATING EXPENSES	(\$60.4M)	(\$69.7M)
ADJUSTED EBITDA-S**	(\$4.7M)	(\$4.2M)
ADJ. LOSS PER SHARE**	(\$0.32)	(\$0.33)
CASH & INVESTMENTS	\$236M	\$182M

- COVID-19 receding in major markets at end of first quarter
- Strong activity and growing demand across key product lines
- U.S. revenue of \$62.3M (84% of revenue)
- International revenue of \$12.3M (16% of revenue)

* 2022 financial results are preliminary and unaudited

** Reconciliation of Adjusted EBITDA and Adjusted Loss per share to GAAP metrics may be found in Q2 2022 earnings release.

Change in Revenue Presentation

Summary of Changes

Presentation of revenue aligns with current product line offerings.

Changes implemented in Q1 2022 include:

- **Pain Management** revenue (sales of cryoSPHERE probe), historically included in Open ablation revenue, is now separately presented.
- **Valve** revenue, historically shown as a separate product type, is now included in Open ablation revenue.

	Three Months Ended (in \$000s)			
	March 31, 2021	June 30, 2021	September 30, 2021	December 31, 2021
United States Revenue:				
Open ablation	\$17,439	\$19,503	\$17,893	\$17,561
Minimally invasive ablation	8,385	9,702	9,990	11,303
Pain management	3,898	5,709	6,253	6,927
Total ablation	29,722	34,914	34,136	35,791
Appendage management	20,587	25,156	23,401	25,424
Total United States	\$50,309	\$60,070	\$57,537	\$61,215
International Revenue:				
Open ablation	\$4,434	\$5,526	\$6,690	\$6,544
Minimally invasive ablation	1,274	1,575	1,849	1,711
Pain management	—	11	11	39
Total ablation	5,708	7,112	8,550	8,294
Appendage management	3,258	4,194	4,373	3,709
Total International	\$8,966	\$11,306	\$12,923	\$12,003
Total Revenue	\$59,275	\$71,376	\$70,460	\$73,218

An Exciting Future Ahead

COMPREHENSIVE PLATFORM OF THERAPIES

for differentiated population of Afib patients

Surgical Ablation || AtriClip

ACCELERATING GROWTH IN EP LANDSCAPE

Hybrid AF Therapy

EXPANDING WITH PAIN MANAGEMENT

Cryo Nerve Block



Thank You!

Supplemental Information

References for any comments, statistics, or figures in this presentation are available upon request.

Key Investment Rationale



Large Markets
Addressing an underserved
and growing patient population

- Approximately 33 million Atrial Fibrillation patients globally, with majority having advanced forms of the disease¹
- Multibillion dollar annual market opportunity
- Current standard of care for intervention (catheter ablation) does not adequately address the most advanced forms of the disease



Strong Portfolio
Existing products and solutions
driving consistent growth

- Strong history of double-digit revenue growth, driven by great products, clinical evidence, commitment to education, and societal guideline support
- Only PMA product for the concomitant surgical treatment of Afib
- The AtriClip device is the most widely used Left Atrial Appendage device with over 300,000 sold to date
- Diverse and expanding product portfolio from internal development and acquisitions



Bright Future
Novel therapies supported by
growing body of clinical evidence

- Only PMA product for treatment of LS persistent Afib with Hybrid AF Therapy
- Growing pain management business to address pain associated with surgery
- Early in market development process – evolution to minimally invasive therapies expected to drive growth, diversifying and accelerating in 2022 and beyond

COVID-19 Response

Positioning AtriCure for long-term growth



Health & Safety

Provide a safe work environment for our employees

- Enabling employees to work remotely; implemented hybrid workplans
- Providing personal protection and other measures to ensure the safety of those working in our offices and with customers



Maintaining Operations

Deliver products and support to our customers

- Maintaining manufacturing, assembly, fulfillment – modified to adhere to safety recommendations
- Continuing case coverage support
- Utilizing online and mobile training venues to educate our customers

While our plans will continue to evolve in response to changes caused by the COVID-19 pandemic, we remain committed to the AtriCure Team and to the execution of our strategic initiatives.

US Concomitant Market Opportunity

Estimated **Afib** Opportunity in Cardiac Surgery

Annual Cardiac Surgeries ¹³	300,000
Pre-Operative Afib Rate ¹¹	~28%
Cardiac Opportunity – Pre-Op Afib	85,000
ASP Mix (Ablation and Appendage Management) ¹⁴	\$4,500
Open Cardiac Surgery Opportunity – Afib	\$382M

Estimated **Non-Afib** Opportunity in Cardiac Surgery

Annual Cardiac Surgeries	300,000
Pre-Operative Non-Afib Rate	~72%
Cardiac Opportunity – Pre-Op Afib	215,000
ASP Mix (Appendage Management ONLY) ¹⁴	\$1,750
Open Cardiac Surgery Opportunity – Non-Afib	\$376M



- US annual cardiac surgery volume steady over the past 5 years with shifts in procedure types¹⁰
- Pre-Op Afib occurs frequently in cardiac surgery patients¹¹
- New onset Post-Op Afib is a well-documented complication of cardiac surgery, even if patients do not present with pre-op Afib¹²

US Standalone Market Opportunity

Estimated Standalone Afib Opportunity		
	2020	Projected 2025
Long-standing Persistent Afib Catheter Ablation ¹⁷	25,000	45,000
ASP Mix (Ablation + Appendage Management) ¹⁴	\$15,000	\$15,000
Immediate Standalone Afib Opportunity	\$375M	\$675M
<hr/>		
Additional penetration Long-standing Persistent Afib patients (estimated at 5% penetration)	150,000	175,000
ASP Mix (Ablation + Appendage Management) ¹⁴	\$15,000	\$15,000
Incremental Standalone Afib Opportunity (estimated at 5% penetration)	\$2B+	\$3B+



Market opportunity in analysis at left considers:

- Addition of ablation and LAAM to existing catheter ablation procedures
 - Catheter ablation procedures have grown 10-15% annually¹⁵
- Incremental penetration of advanced Afib patient population
 - Today, long-standing persistent Afib population represents more than 3 million patients in the United States, expected to grow to more than 4.4 million by 2025¹⁶
- ASP Mix reflects both ablation and AtriClip

HIGHLIGHTS

- Completed enrollment August 2018
- Data released at virtual Heart Rhythm Society (HRS) conference May 2020
- PMA submission seeking approval for treatment of long-standing persistent Afib November 2020
- Trial results published in *Circulation: Arrhythmia and Electrophysiology* November 2020
- Long-standing persistent Afib patient sub-group analysis presented at 26th Annual Atrial Fibrillation (AF) Symposium January 2021 and 14th Annual Western AF Symposium February 2021
- **FDA approval of Epi-Sense System for treatment of long-standing persistent Afib April 2021**

CONVERGE Overview

SUPERIORITY TRIAL designed to support
FDA approval of the Epi-Sense device

Achieved statistical superiority for primary endpoints

STUDY DESIGN

Summary

Multi-center, prospective, open label randomized 2:1 (Hybrid Convergent procedure vs endocardial catheter ablation) pivotal study

Number of Subjects and Sites

153 subjects
27 sites (25 US and 2 OUS)

Study Duration

12 month and 18 month monitoring, then 3 and 5 year follow-up of all subjects

PRIMARY ENDPOINTS

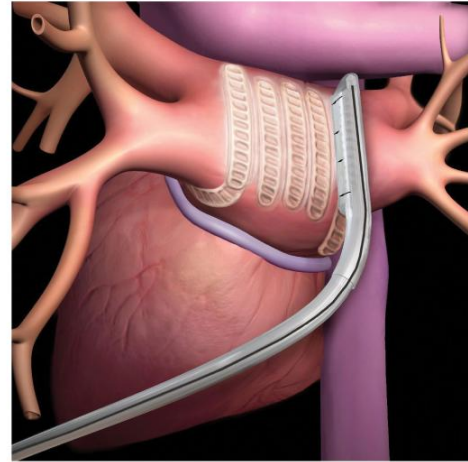
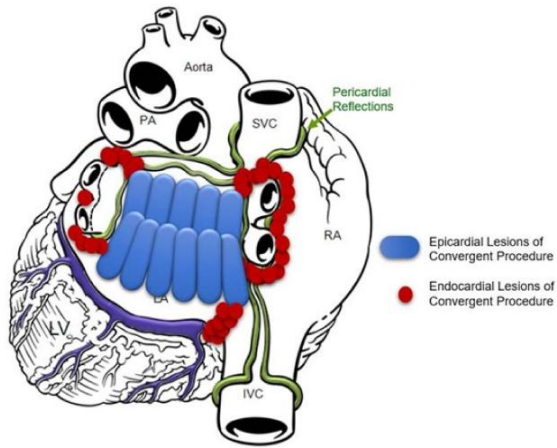
Effectiveness

Primary efficacy endpoint is success or failure to be AF/AT/AFL-free absent class I and III AADs except for a previously failed or intolerant class I or III AAD with no increase in dosage following the 3 month blanking period through the 12 months post procedure follow-up visit

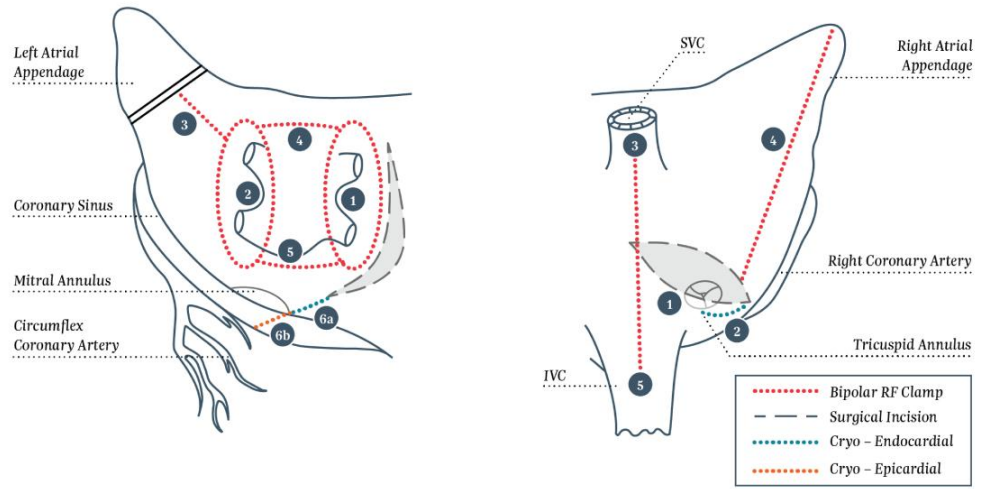
Safety

Predetermined performance goal for the study is 12% freedom from MAE's as adjudicated by the CEC for the procedural to 30-day post procedure time period

Hybrid AF Therapy: the Convergent Procedure



The Cox-Maze IV Procedure



References and Abbreviations

Note	Reference
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2	The American Journal of Cardiology (2013), 112: 1142-1147
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4	J Geriatr Cardiol. 2016 Oct; 13(10): 880-882, doi: 10.11909/j.issn.1671-5411.2016.10.004
5	Santhanakrishnan R et al., "AF Begets Heart Failure and Vice Versa," Circulation, 133 (2016):484-492
6	Odutayo, A. et al. (2016). Atrial fibrillation and risks of cardiovascular disease, renal disease, and deaths systematic review and meta analysis. BMJ 2016; 354:i4482
7	The Society of Thoracic Surgeons 2017 Clinical Practice Guidelines for the Surgical Treatment of Atrial Fibrillation
8	IFU for EPI-Sense® Guided Coagulation System Data: PMA# P200002
9	The Society of Thoracic Surgeons, Current News Release (1/30/2018): 1 in 7 Lung Surgery Patients at Risk for Opioid Dependence
10	STS Adult Cardiac Surgery Database, 2018/2019 Harvest Executive Summary
11	McCarthy, P.M. et al. (2019). Prevalence of atrial fibrillation before cardiac surgery and factors associated with concomitant ablation. J Thorac Cardiovasc Surg. PII: S0022-5223(19)31361-3, DOI: 10.1016/j.jtcvs.2019.06.062.
12	Lin et al, Stroke 2019 Jun; 50(6):1364-1371. doi: 10.1161/STROKEAHA.118.023921. Epub 2019 May 2.
13	Harvested from data previously available through the Society of Thoracic Surgeons
14	Average Selling Prices (ASPs) are management estimates based on a mix of products used for the various procedures
15	Estimated based on various catheter company presentations
16	Medical management estimate: Collia, et al. Estimates of Current and Future Incidence and Prevalence of Atrial Fibrillation in the U.S. Adult Population. Am Journal of Cardiology 2013, 112: 1142-1147 Persistent patient estimate: Berisso et al Epidemiology of atrial fibrillation: European perspective Clin Epidemiol. 2014; 6: 213-220
17	Estimated based on Advisory Board data, along with various scientific presentations

Key Abbreviations	
Afib or AF	Atrial Fibrillation
AA	Atrial Arrhythmia
AAD	Anti-Arhythmic Drugs
AFL	Atrial Flutter
AT	Atrial Tachycardia
CABG	Coronary Artery Bypass Graft
CEC	Clinical Events Committee
EP	Electrophysiologist
FDA	Food & Drug Administration
IST	Inappropriate Sinus Tachycardia
LAA	Left Atrial Appendage
LAAM	LAA Management
LS	Long-standing
MAE	Material Adverse Event
PMA	Pre-Market Approval
RF	Radio Frequency

