
The Power to Heal: Biosense Webster launches campaign to heal more hearts and save more lives.

New campaign demonstrates commitment to treating the new millennium epidemic of Atrial Fibrillation

Barcelona, March 19, 2018 – Biosense Webster EMEA, a Division of Johnson & Johnson Medical NV/SA and leader in the treatment of Atrial Fibrillation, is launching its ‘Power to Heal’ campaign across Europe, the Middle East and Africa at the European Heart Rhythm Association (EHRA) Congress 2018. The campaign reflects the company’s ongoing dedication and mission to cure Atrial Fibrillation and alleviate the burden of disease recurrence.

Atrial Fibrillation can have life-altering consequences for patients, increasing a patient’s risk of stroke five-fold and mortality two-fold.¹ It is fast becoming one of the world’s most significant health issues – affecting 14 million people across Europe, the Middle East and Africa², as well as placing a critical burden on healthcare systems with up to 2.5% of total healthcare expenditure associated with the disease³.

Despite the significant socio-economic burden associated with the condition, management of Atrial Fibrillation is not optimal. Existing antiarrhythmic drug therapies alone are not well managed for almost half of patients⁴ and just 4% of eligible patients receive ablation to treat the condition⁵. Patients often go under-diagnosed and/or are referred too late, when they could instead have access to ablation treatment with success rates reported as high as 92%, as demonstrated with CARTO VISITAG™ Module with Ablation Index⁶.

“I’m pleased to say that for over 20 years Biosense Webster has pioneered the development of Atrial Fibrillation ablation treatment and through working closely with healthcare professionals have been able to give thousands of patients their lives back” said Gabriele Fischetto, Vice President of Johnson & Johnson Cardiovascular Specialty Solutions in EMEA “but – there are still thousands who are yet to enjoy their lives once again. These patients are our driving force. Through continued partnership and collaboration, we believe that we will be able to power positive outcomes for the benefit of patients, providers and healthcare systems. Together, we have the Power to Heal”.

The Power to Heal campaign, launched at the EHRA Congress, is in direct response to this growing epidemic, where Biosense Webster is hosting a series of educational events designed to help clinicians effectively treat patients with Atrial Fibrillation through radiofrequency ablation.

A satellite symposium entitled ‘Improving the Full Range of AF Ablation Outcomes’ will provide attendees with insight about the value of using contact force technology in treating Atrial Fibrillation, whilst the Agora session ‘How to get better in Paroxysmal Atrial Fibrillation Ablation’ will introduce attendees to the latest technologies to reproduce and standardise ablation treatment. In addition, a Learning Village will provide physicians with the opportunity

to improve the efficiency of Atrial Fibrillation ablations through practical and presentation-based sessions.

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About Biosense Webster

Biosense Webster, a division of Johnson & Johnson Medical NV/SA, is a global leader in the science of diagnosing and treating heart rhythm disorders and has pioneered the development of Atrial Fibrillation treatment for over 20 years. The company partners with clinicians to develop innovative technologies that improve the quality of care for arrhythmia patients worldwide. With a 21-year legacy of expertise in electrophysiology, Biosense Webster's mission is to deliver breakthrough innovations that help restore a patient's regular heart rhythm. More information can be found at www.biosensewebster.com.

Important information: Prior to use, refer to the instructions for use supplied with this device for indications, contraindications, side effects, warnings and precautions.

This product can only be used by healthcare professionals in EMEA.

The CARTO VISITAG™ Module provides access to data collected during the application of RF energy. The data does not indicate the effectiveness of RF energy application. Refer to the CARTO® 3 System Instructions for use and Optimum Device Performance Guide for proper recommendations and settings. Tag Index values can only be compared when created with the same CARTO VISITAG™ Module settings. The Tag Index values should not be used to replace standard handling precautions or other clinically accepted endpoints for RF applications such as reduction of IC signals, impedance drop, force, etc. Tag Index values do not represent clinical outcome.

References

¹Zoni-Berisso M., L. C. D. Epidemiology of atrial fibrillation: European perspective. *Clinical Epidemiology* 2014;6:213-220

²Data extracted by Global Burden Disease (GBD) Results Tool - GHDx website 24/10/2017

³Ball et al. Atrial Fibrillation: Profile and burden of an evolving epidemic in the 21st Century. *International Journal of Cardiology* 167 (2013) 1807 – 1824.

⁴Calkins H, Reynolds MR, Spector P, Sondhi M, Xu Y et al. (2009) Treatment of atrial fibrillation with antiarrhythmic drugs or radiofrequency ablation: two systemic literature review and meta-analyses. *Circ Arrhythm Electrophysiol* 2 (4): 349 – 361.

⁵Pillarsetti J, Lakkireddy D. Atrial fibrillation in Europe: state of the state in disease management! Bloch Heart Rhythm Center, Division of Cardiovascular Diseases, Cardiovascular Research Institute, University of Kansas Hospital & Medical Center, Kansas City, KS. *European Heart Journal* (2014) 35, 3326–3327

⁶Taghji, P. et al. Evaluation of a Strategy Aiming to Enclose the Pulmonary Veins With Contiguous and Optimized Radiofrequency Lesions in Paroxysmal Atrial Fibrillation, *Journal of American College of Cardiology: Clinical Electrophysiology*, article in press (2017)

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