Company Name: AtriCure, Inc. (ATRC)
Event: Stifel 2021 Virtual Healthcare Conference
Date: November 17, 2021

<<Rick Wise, Analyst, Stifel, Nicolaus & Co., Inc.>>

Good morning everybody. My name is Rick Wise, as I hope you know anyway. At this point I'd like to welcome AtriCure, AtriCure management, Mike Carrel, Chief Executive Officer, and the wonderful Angela Wirick, Chief Financial Officer, it'll be $5 Angie. Mike, just to start us off, there's so much – so many exciting topics on the product side, but I feel like let's start first with the current trends of what's happening. It's been hard to resist going through earnings season. And it's only a few weeks later for most of the companies that we've been talking to, but COVID is on everybody's mind. Can you give us any more color on the cadence of COVID? And it's clear that cases have come down it seems in the United States from their summer peaks. Is that translating into anything better, more positive for you? Any color incrementally you can give us?

<<Michael Carrel, President and Chief Executive Officer>>

Yes, I'd say that, I mean, for us what we saw was a really strong July then we definitely saw the impact of vacations and COVID kind of in the August timeframe. And then that continued – it has continued since kind of in the September, October, and even in the November timeframe. I'd say that it's not like some big drop off, it's just you've got pockets that get hit. In particular you're having staffing issues in different areas, but the hospitals are reacting. They want to do these cases. They need to do these cases. And so I'd say, you're not seeing some sort of surge on the upside yet and I don't foresee that happening.

I think we kind of baked that into the way that we talked about our guidance for the year and kind of closing out this year as I think COVID and the staffing issues are going to be with us as we kind of manage the churn here and into 2022. We still feel bullish overall about 2022. We'll probably still have some lingering effects in 2022 as well, most of that I believe is going to be kind of staffing and how hospitals kind of have to manage their case volumes from that standpoint.

<<Rick Wise, Analyst, Stifel, Nicolaus & Co., Inc.>>

All right. And coming into the third quarter, I was conscious of staffing, supply chain, chip shortage and I'm sort of leaving a few weeks later, much more concerned about staffing. And we'll talk about inflation in a minute, but how – is the staffing shortage causing cases to be canceled for AtriCure or postponed or delayed or how is that – how are you experiencing it in more concrete terms?

<<Michael Carrel, President and Chief Executive Officer>>

Not as much canceling just case aren't getting booked as much or they're just doing fewer cases in certain areas or they'll do fewer cases for a period of time, but it's not like they're booking and canceling. I think they're trying to really look ahead and kind of see what staffing needs and what they have for staffing. You've got lots of sites that are kind of meeting on a daily basis, kind of monitoring that. I mean our team has always have to be reactive to new cases that get booked and things like that for emerging cases and things. But I wouldn't say that, not like you saw back a year and a half ago when things were getting canceled all the time and it was just like they were canceled and we didn't know what was going to happen. These are more – it's just a planful thoughtful. We're not going to book or we're going to keep our levels down just to make sure we've got some beds available just in case. Those are the kinds of things that you're seeing more so than cancellations.

<<Rick Wise, Analyst, Stifel, Nicolaus & Co., Inc.>>

Got you. And you've talked about it, but just again is supply chain a bigger challenge in November than it was in October or August. And maybe talk as well about inflationary pressures. We had obviously just reported the highest inflation rates in long time. How's that affect you or your planning process?

<<Michael Carrel, President and Chief Executive Officer>>

I mean so far I'd say that when you look at the supply chain, we've been very fortunate. Our teams worked really diligently to make sure that we've got enough parts and inventory on hand to make sure that we can make product. And we're trying to buy as much as we possibly can in advance, so that we are not in any kind of issue or concern on backlog. We have not had any backlog issues because of supply chain today. I'm not going to suggest that that's never going to happen. But right now we're in a very good place and we monitor and look at that every day. We're incredibly diligent about it. We got a whole tiger team focused on that and to make sure where are we, where are Achilles heels? Where do we have weaknesses? What can we be doing to negotiate second, third, fourth suppliers in those different areas?

And the team is constantly working on that as I'm sure many other companies are doing similar types of activities. I don't know that we're unique, but fortunately so far we have not seen that, but it's not that it's – you're always waiting for that day that I'm going to get the phone call and say this is going to be out of order for a period of time – for a short period of time here or there, but so far very fortunate. That's not been the case. And I think – and we're solid on inventory for – as far as we can see right now. As it relates to inflation, we haven't seen really that – that much of an impact on it so far. That doesn't mean that it's not going to happen. I feel like we've got our good margins in place. And I feel like we're in a solid spot from that standpoint. I don't know Angie do you want to add anything else on the inflation side?

<<Angela L. Wirick, Chief Financial Officer>>

No, I think it's another area of caution as we lead into 2022. We've had the – we've enjoyed good margins this year, some – some benefit of geographic mix earlier in the year and then the charge that we took in the third quarter brought us below the 75%, but those are areas when you think about-long term what margins we could sustain, inflation is good one the point to, and then the potential for supply chain disruption, even though we're hopeful we can manage through that. Those are two areas that are caution.

<<Rick Wise, Analyst, Stifel, Nicolaus & Co., Inc.>>

Right. And given your comments about the trends, and it sounds like things aren't getting worse, but it sounds like things aren't getting dramatically better on the procedure front. If I think about your fourth quarter guidance, at the low end it suggests a sequential decline, obviously at the higher end something better. I hate to ask, but not that much. Are you feeling – should we be prepared? Is the lower end still maybe more the right way to think about it, given the trends we're halfway through the quarter here so far?

<<Michael Carrel, President and Chief Executive Officer>>

I don't know that I want to get into any kind of specifics on that. I think we feel like we'll post a solid number for the quarter. I think we're going to be within the guidance that we gave. And we feel like we should be in a fairly good spot that everybody would be pleased with when we kind of close out the quarter.

<<Rick Wise, Analyst, Stifel, Nicolaus & Co., Inc.>>

Okay. And I know you – Angie urge me to ask you about 2022 that you wanted to give us really detailed commentary. That's a joke, of course. You haven't provided guidance. We're going to talk next obviously about CONVERGE and AtriClip and many of the other initiatives, but just at a high level Mike beyond COVID what do you – what are the key drivers for 2022? Is it just executing the amazing portfolio honestly that you have in hand today? Is that just it is that simple or how are you thinking about…

<<Michael Carrel, President and Chief Executive Officer>>

I am going to answer that and I'll kind of also add to something that you said. I'd say that yes. I mean, the number one thing is to execute for us. And we have got a rich pipeline of products and clinical data that allow us to have many, many years of strong execution in front of us. And our team is really laser focused on making that happen. That is our – those are our priorities as a business, and that's we're going to be focused on. So the answer to the first one is yes. But I will say we've given some guidance. I mean, we haven't given a specific number, but we have guided really for a while now where we said in 2022 we will grow at a faster CAGR than we've grown previously.

And if you look at our CAGR previously, we were 14% to 15% almost any way that you look at it. And so, we're talking about obviously being north of those numbers. So, I think – and I think The Street has taken to that. If you look at the numbers that are out there

overall that are in line with what we talk, what we've said. In general that will be above that number. And so, we've given some guidance. We just haven't given a specific kind of – here is the exact range that we're basically targeting for and we will do that early part of next year.

<<Rick Wise, Analyst, Stifel, Nicolaus & Co., Inc.>>

And you just don't feel uncomfortable obviously with that otherwise you wouldn't say it again. So turning to CONVERGE on April 29th, if I recall for some reason, FDA approved your hybrid AF therapy and just it's funny, I've sort of gotten this. I was preparing for this just it's really powerful to say again, the only FDA approval for patients with longstanding AF it's actually quite extraordinary – if you – as you think about it again, 45% of all diagnostic – diagnosed patients. So, Mike, my question is it's been six or seven months. How are you feeling about the rollout again in the context of COVID and in the context of doctor distraction or patient distraction, where are you now just at a high level?

<<Michael Carrel, President and Chief Executive Officer>>

We're in my mind ahead of plan, overall. We are doing – the team has done just a remarkable job. We've continued to add really strong and important head count. We've added a lot of net new sites that are beginning. They're not driving on a revenue right now, but these are sites that will drive revenue in 2022, 2023, as they get their programs up and running. Our labs are completely booked out through the end of this year and into early next year. We're getting another mobile lab as we speak, because demand has been greater than we thought. And we're – big thing now we're trying to find cadavers. And so that we can actually do some of the training and we're looking at solutions there. So it's been – we're booked, we've got a course coming up this weekend in Miami supposed to have, we like to have them like at 30, it's going to have probably almost 50 people at this course.

And so – and we're like going to create a separate room for it, so that we can kind of meet the demand that was there, because we like them smaller, more intimate and so it's been great. I mean, I'd say that we've got, the faculty's been wonderful, the uptick in cases and the uptick in sites coming on board, we're not getting a lot of pushback, everybody – you always have these things, everybody's looking at the negative on it. We don't really – there's not a lot of negative to come out of it. Everybody says exactly what you said. They know this is the only solution for this particular patient population. How do we get the word out? How do we protocol it, that's the biggest question we have which is, okay which patients do we do first?

Yes. The label says longstanding, persistent over 12 months. But what does that mean in practical clinical practice, those are the kinds of conversations we're having. That's a very productive conversation to have. That's not, this doesn't work or anything like that, or I don't believe it, it's an old data, you're comparing apples and oranges. None of that comes up in any of the conversations. It's all about which patients do we want to start with and

select first. How do we want to start our program? How do we get the logistics to work out? And which surgeon is going to do it. Those are great questions to be getting asked.

<<Rick Wise, Analyst, Stifel, Nicolaus & Co., Inc.>>

One question I haven't asked you sort of around this rollout, I haven't heard you personally talk a lot about the team that's driving this. So do you have the right leaders? Do you have enough people, given this kind of demand you're talking about in Miami, do you need to double the AtriCure team to get after this? I'll just tell you investing, I spoke to one doc, one EP a couple of weeks ago, who said he was surprised that AtriCure isn't moving even faster. But I heard the positive side of that as well. He wants to be trained and get on board. So just talk about that aspect of this rollout?

<<Michael Carrel, President and Chief Executive Officer>>

Yeah, it's a fair question. We've got an amazing team. I mean, I'm really proud of the group that we've got. We hired about four years ago, a leader to kind of build out on the sales side and commercial end of the business to really build out the team. We were at 10 or 12 people at the time, we're now over 50 people. He's kind of built, trained, got them up and running, really worked on the clinical side and on how we're going to kind of have the case volume flow. He's been a critical part of segmenting the market to make sure we understood how we're going to roll this out.

We've built out a leadership team underneath him that basically is working incredibly well together. On top of that, we've built out a whole marketing team and the woman who is running marketing on that area has just done a great job with the launch. She's built out a whole team in terms of the collateral that we can – that we bring to them, patient we've got this kind of our physician database basically that has people that are kind of certified basically in this area. And they're looking at that and basically they go online, they've done a lot of cases. You can look at that, we've built all that. So there's been a lot of work that's been done by the team in that front.

And then third is that you're right on the education side, how do we go faster to do the education, right. We actually did just bring on a senior leader who came to us from Abiomed and has done a just remarkable job of really kind of helping us kind of scale up the business from a training standpoint. And we feel like we are in a great spot, but we've got a lot of work to do. I mean there's a lot of people to train and we've got a great leadership team I think that's kind of putting that together.

<<Rick Wise, Analyst, Stifel, Nicolaus & Co., Inc.>>

That's exciting. No question. And I know that AtriCure is agnostic, I guess financially to the idea of whether patients are treated one day at one time or several days or two visits, but how is that aspect of the story playing out in these early days? Are you seeing physicians favor one way or another? And are you in some ways secretly hoping that folks go down one path or another, how do we think about the future?

<<Michael Carrel, President and Chief Executive Officer>>

Yeah. And we are agnostic, as you said. And I don't secretly think one way or the other, whatever they think is in their best clinical interest for the patient, they've got to manage flow at their hospital, they understand how their hospital logistics work and so that's up to them in terms of what they do. What we do is we help them with, depending on which way they select, how do you make sure – based on best practices that we've seen in the field, how do you make sure you're managing that patient really well. And kind of what are the tricks that we're seeing in best practices from other places, that's what we bring to the table.

But which way they go, we don't care. Many of them are going staged. I'd say that we just heard yesterday that we're at about 80% of our sites, our new sites coming on board, et cetera are going towards the stage part. A lot of that has to do with clinically, they think it's better and two, logistically it's easier for them to get that patient flow to work, because they're trying to coordinate schedules of two different staffing groups and to make all of that work to get the patients and not have to be on anesthesia and kind of move from one like an OR into an EP lab. It's just logistically making it work a lot easier for a lot of these sites, again we're agnostic, but we'll support that. And we're definitely seeing the trend towards the staging side.

<<Rick Wise, Analyst, Stifel, Nicolaus & Co., Inc.>>

One doctor pushed back and said about the stage to me that it costs more. It's more expensive for his hospital and fine, so he'll do it the other way. But can – how do you help hospitals deal with that aspect of it? Or is it more on their shoulders?

<<Michael Carrel, President and Chief Executive Officer>>

It's more on their shoulders. I mean, they know the cost structures that they've got, that's surprising, most people will say the opposite of what you just described. So I'd say it – and but that this telling, it is dependent upon the hospital and how their system runs and where their EP labs and ORs are and can they make that work. They're probably – they're taking all that into account as they make their decisions. I'm sure.

<<Rick Wise, Analyst, Stifel, Nicolaus & Co., Inc.>>

Got it. And just maybe lastly…

<<Michael Carrel, President and Chief Executive Officer>>

I'll just suggest whether they do same day or they do it staged, these are procedures that really have this kind of win-win scenario. The patient does better. Like when they get treated this way, they live longer, they do better. You also have the situation in which you've got that – the hospital does not lose money doing this. They've got lot of new

procedures that come into a hospital there are loss procedures, just think of TAVR when it first came out and they were losing tons of money and they just needed to have this program in place.

That is not the case here, whether you stage it or you do it the same day, the hospital can make money. And so they can also – they've got an incentive to treat these patients as well. So there's a win-win from that standpoint.

<<Rick Wise, Analyst, Stifel, Nicolaus & Co., Inc.>>

Yeah. That's an excellent point. And maybe just last time converge for now. And it's a sort of a dumb question. I don't know how to ask it better, but is there going to be an adoption inflection point? I mean, how are you thinking about this? It just seems like, I mean we've got the data, we've got the approval, we've got a difficult to treat patient population, it seems like there would be a serious acceleration at some point. Are you thinking about it that way? Or what would – how would you answer?

<<Michael Carrel, President and Chief Executive Officer>>

Well, I'd say that you're definitely seeing, inflection point is a strong word. I always go back to TAVR for a second, because if you look at TAVR it's been around for 10 years and it's just consistently grown, at a really strong rate for 10 years. And I think that's, what's going to happen here. You're not going to have overnight every single patient that has long standing persistent Afib is all of a sudden going to get treated.

You've got to get people trained. They've got to begin to get patient flow. They've got to get word out to the referring physician base, but the good news about that is, as that happens, the momentum continues to build. It allows you to continue to grow at strong rates on bigger numbers for a really long period of time. And that to me is what's most exciting about it. This isn't some hockey stick and then it's like a fly by the night you get to your point and you're going to have to stop there. This is going to be a long curve at a really a robust rate for a long period of time. So we're thinking decades, we're not thinking kind of quarters, when we think about it.

<<Rick Wise, Analyst, Stifel, Nicolaus & Co., Inc.>>

Not centuries? Come on, Michael…

<<Michael Carrel, President and Chief Executive Officer>>

I'm not quite. I don't think….

<<Rick Wise, Analyst, Stifel, Nicolaus & Co., Inc.>>

You're so conservative about this.

<<Michael Carrel, President and Chief Executive Officer>>

Exactly, I think century is a long time. Probably in centuries they are going to have other ways to treat is my guess.

<<Rick Wise, Analyst, Stifel, Nicolaus & Co., Inc.>>

I won't be around to know, I guess. Anyway turning to aMaze briefly, look I think you've said it publicly very well. I mean, this is a worthy effort and you know, but maybe one last question there, we saw the aMaze data in AHA. I'm just curious, what is the reaction? Do we care, what do I do with this now? Is this just our last time we speak about it?

<<Michael Carrel, President and Chief Executive Officer>>

I don't know if this is last, but I mean we did not meet the endpoints of the trial on the benefits side. Obviously the safety is strong, but we did not meet the benefits. So the PMA pathway is just unlikely. There's just not a lot of – we're not going to hit that side of it. That being said, obviously the data came out and we're going to work with the FDA about what does it mean, it was a large trial. And so the data shows that closure was good and it also shows that it was a very safe procedure to do. And those are the conversations that we've had in the field.

But quite frankly, I mean, it's one of those ones where we've gotten a lot out of it, we've got a lot of IP and we look at it with great relationships with our EP community. I think taking the bet made a ton of sense, but it's unclear what the true pathway to kind of growth out of that or any kind of major success with it at this point. That's why we wrote things off, we're looking at this and saying, hey it's a therapy that is out there, it does obviously do – again, safe and it closes really well. But, I would say that there's not going to be a lot. We're not going to be bringing up on our conference calls, because we're really focused on those that we've got in front of us that are going to kind of drive the growth for the business.

<<Rick Wise, Analyst, Stifel, Nicolaus & Co., Inc.>>

No question. Speaking of growth, let’s speak about AtriClip. It’s been an amazing, continues to be an amazing franchise. I remember a meeting we had in New York a few years back, and you talked about the franchise and what was next and the pipeline. How do I think about AtriClip from here? And is that pipeline is compelling today as it was whenever that was probably three, four, five years ago, who knows that we were looking ahead to the pipeline, then is there enough innovation left to drive that forward? How do we think about that?

<<Michael Carrel, President and Chief Executive Officer>>

Well, it’s a couple of. First of all, some of the innovations we’ve had, haven’t even, I mean, we’re still so underpenetrated in this area. There’s a long way to go for growth

with the products that we've got today. We did innovate several years ago with the V clip franchise, and that has been a great product on the market. People use it, it's not only safe. It closes really, really well. And so we feel really good about kind of the pipeline from that standpoint, because we're not penetrated. And we've got a lot of room for growth within the Afib patient population.

On top of that, we do have products in the pipeline, but they're a little bit further out. We're always looking at ways to make it smaller, more accessible, go through smaller trocars, et cetera. So we're going to continue to look at ways that we can miniaturize it, but get the same effect. And so I'd say that, there's nothing to announce to talk about today, but yes, we've got a rich pipeline of activity that will continue down that pathway.

On top of that, I'd say, the next big leg of investments going to be around clinical science. I mean, because while we're under penetrated in Afib, we're even less penetrated to do prophylactic treatment. And if you recall, we did a trial several years ago called ATLAS which was what we call a hypothesis generating trials really show. If you treat these patients prophylactically is their benefit to them and what we saw and the signals were absolutely. And so, and we've seen more papers on that. So we're going to go and work with the FDA and we're finalizing some things now in a trial will come on LEAAPs that we will roll out sometime next year, and that's going to be a very large patient population trial.

It's going to expand the TAM dramatically. So you got kind of have two real benefits to it. One is many more patients are going to get the benefit of getting a clip on top of – and it's going to be great data we believe. On top of that, it also makes it more difficult for someone else to come in, because we're going to go after a stroke reduction label and nobody else. And so for anybody that's going to want to enter in the space, they're going to want to have to commit to going after that stroke label. So we think we've got a lot of exciting things for a really long period of time on the clinical and on the innovation side.

<<Rick Wise, Analyst, Stifel, Nicolaus & Co., Inc.>>

Great. that's excellent color. The more I read and think about cryoSPHERE and Cryo Nerve Block, the more exciting it seems it is, I mean, I was thinking about it originally as something nice and good and incremental, but this seems like a major growth – more major growth driver. Maybe then folks understand just start us off at a high level. Is that the right way to think about it? And how do you take it from here to back to that thought earlier on CONVERGE? How does it become standard of care? What do you have to do to get it there?

<<Michael Carrel, President and Chief Executive Officer>>

I mean, it's your points really valid. I'd say it's surprised us the positive as well. So it's been a – we always said, we always thought that this was something that could – it would be a great solution, but I'd say the growth we're seeing and the uptake on it has been better than we had expected. It's been really wonderful to see the benefits to these

patients. It's incredibly dramatic and it's sticky, people do it and then they never want to go back. Because these patients recover more quickly and they get home faster and they do better, they get better lung function more quickly. So it's just a – it really, really works incredibly well. And that's been nice to see because now that we we've done over 9,000 cases this year, I mean, that's a lot of patients.

So we're getting a lot of feedback on it and we're seeing really, really good results relative to that. I'd say that as we move forward, we think we've just scratched the surface. It's about a 300 million plus market opportunity in the U.S. alone. We just got a clearance or approval over in Europe as well. So we'll start to sell there. We think that those – so that's going to obviously expand the TAM over the course of the next five, 10 years. And so what's it going to take for standard of care? One we've got to expand our team so that we're in more places and more geographies and just create awareness and we have to create awareness work because once people use it, they see the benefit. I mean, it's like it's instantaneous.

Two is we'll likely have to look at what types of clinical trials could expand some of the knowledge on it relative to opioid reduction is probably one of the big ones. We can't say that. We know some people do reduce the amount of opioids that they need to administer, but we – in order to make it truly standard of care and everybody. I think we've got to probably go after that at some point in time. The tricky part is actually defining that trial and getting it right, because everybody's got different regimens at their hospital.

And so we're trying to think through what does that look like? So we'll probably have some different trials that we will continue to find on a single center basis and look to what is it – what happens. I think that it's going to be important because then that's going to drive guidelines. And guidelines are going to then be the thing that are going to really kind of tip that to being a true standard of care. So it's starting with us just creating awareness with what they've got today, getting more clinical evidence and then changing the guidelines are really the three major steps to making it true standard of care in every one of those patients.

<<Rick Wise, Analyst, Stifel, Nicolaus & Co., Inc.>>

And just briefly if you put your visionary strategic hat on, are you more intrigued with the concept of pain management as a result of this and could this be in some way, shape or form a stepping stone to maybe being building a more comprehensive pain portfolio as you look the next three to five years?

<<Michael Carrel, President and Chief Executive Officer>>

It's a fair, yes, I'd say that we're definitely intrigued by pain. But I mean right now we want to make sure we get this right. We understand it. We continue to learn over the course of the next couple of years. We're not looking to expand outside of where we are right now. We know the thoracic space. So it's something that was an easy jump off point for us.

Are we exploring other ways and other pain kind of pathways? Absolutely. But they're really early stage, but we're intrigued by it for sure. Because it's working and it's working incredibly well. And so we'll continue to kind of get creative on that front. But I'd say in the next couple years I wouldn't expect anything. I'd say, we know this space, we want to execute, no different than any other space. We just want to make sure we get it done right. And these patients do really well and that we continue to track that before we kind of take too big of a jump into another area around pain, but yes, of course we're intrigued by it.

<<Rick Wise, Analyst, Stifel, Nicolaus & Co., Inc.>>

Okay. Turn to the open franchise briefly anything we need – is that franchise more broadly, more impacted by COVID and some of the challenges you talked about earlier, and maybe you could also talk about the ENCOMPASS clamp. I mean, it sounds like the early feedback has been excellent. The rollout has been good. Maybe just as part of all this help us think about ENCOMPASS, the clamp's ability to set up maybe better 22 for the open franchise maybe than I've been appreciating or thinking about.

<<Michael Carrel, President and Chief Executive Officer>>

I articulate the COVID impact a little differently maybe. I would say the least impacted has been kind of the Cryo Nerve Block area overall for our business, that's the least impacted – thoracic cases are happening. Lung cancer resections are happening and that's not been impacted as much. The second would be open. And then the most impacted by COVID would actually be our HYBRID or CONVERGE cases. We happen to have a catalyst there, because we're – we just got the label, but those are the most elective procedures.

And so I'd say that's the most impacted. Yet, we're seeing strength there because of what's happened with CONVERGE. So we've got that benefit from that standpoint. So I'd say it's kind of in that order would be the way to look at it. Rick, I don't know if, hopefully that helps as it relates to ENCOMPASS and what we're looking for our open business.

We feel like we're in a really good spot. It's going to be kind of steady as it goes for many years to come. The ENCOMPASS allows us to continue to grow at a really solid rate. That's not going to be an accelerator for us, but it is going to be just knocking, we like to say just chopping wood going after this and basically continue to treat more and more patients every year, getting more and more penetration and getting, and that's really what ENCOMPASS is allowing us to do. We're not rushing into the rollout. We've gotten great feedback. It works really well, but we have to train people and it takes time to make sure we get that right and get that training right. So they do the procedure correctly. And so we're not going to set too high of an expectation.

Yes, we're beginning to roll it out. We'll have a more robust rollout in 2022, but we're going to do it in a very measured way. And because we're really thinking about the long-term effects that we think this is – if you think about our clamps, they were originally approved back in 2011 and we're still the number one market share player. We continue to grow this. I look at this the same way. This is going to be a product on the market for a really long time. It works really well. And we want people to do the treatment, right. And we want to get it out of the gate right. So that for the long term, this is really sticky.

<<Rick Wise, Analyst, Stifel, Nicolaus & Co., Inc.>>

Okay. Got you. We – I can't believe, time always goes so fast. When you're talking to AtriCure, I can't believe we're basically at the end of our discussion. I haven't even asked Angie a financial question for which she's probably grateful. But listen, thanks to you both really, really appreciate it. It's fascinating. This is an amazing having covered the company for about 15 years or so. I can't – this is an execution story, not the company, the sort of biotech company on that 15 years ago. So it's exciting to see, congratulations. Thank you for being here. Thank you both. And we'll pick on you another time, Angie.

<<Angela L. Wirick, Chief Financial Officer>>

All right.

<<Michael Carrel, President and Chief Executive Officer>>

Rick, thank you. And we appreciate your support all these years as well. So have a great conference.

<<Rick Wise, Analyst, Stifel, Nicolaus & Co., Inc.>>

Thank you.

<<Angela L. Wirick, Chief Financial Officer>>

Thanks.