

iRHYTHM®

iRhythm Technologies Second Quarter 2025 Results

July 31, 2025



Cautionary statement re forward-looking statements, non-GAAP measures and other matters

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This presentation and the accompanying oral presentation include forward-looking statements within the meaning of Section 27A of the Securities Act of 1933, as amended, and Section 21E of the Securities Exchange Act of 1934, as amended, and the Private Securities Litigation Reform Act of 1995. Forward-looking statements give the Company’s current expectations or forecasts of future events. An investor can identify these statements by the fact that they do not relate strictly to historical or current facts. They use words such as ‘anticipate’, ‘estimate’, ‘expect’, ‘intend’, ‘will’, ‘project’, ‘plan’, ‘believe’, ‘target’ and other words and terms of similar meaning in connection with any discussion of future operating or financial performance. In particular, these include statements relating to future actions, prospective products or product approvals, future performance or results of current and anticipated products, sales efforts, expenses, strategy and plans, market size and opportunity, competitive position, industry environment, potential growth opportunities, business model, reimbursement rates and coverage, the outcome of contingencies such as legal proceedings and our expectations for future operations and results.

These forward-looking statements are subject to a number of risks, uncertainties and assumptions, including, but not limited to, those described herein and in “Risk Factors” in our most recent 10-K and 10-Q filed with the SEC. Moreover, we operate in a very competitive and rapidly changing environment. New risks emerge from time to time. It is not possible for our management to predict all risks, nor can we assess the impact of all factors on our business or the extent to which any factor, or combination of factors, may cause actual results to differ materially from those contained in any forward-looking statements we may make. In light of these risks, uncertainties and assumptions, the forward-looking events and circumstances discussed in this presentation may not occur and actual results could differ materially and adversely from those anticipated or implied in the forward-looking statements.

You should not rely upon forward-looking statements as predictions of future events. Although we believe that the expectations reflected in the forward-looking statements are reasonable, we cannot guarantee that the future results, levels of activity, performance or events and circumstances reflected in the forward-looking statements will be achieved or occur. Moreover, except as required by law, neither we nor any other person assumes responsibility for the accuracy and completeness of the forward-looking statements. We undertake no obligation to update publicly any forward-looking statements for any reason after the date of this presentation to conform these statements to actual results or to changes in our expectations.

This presentation regarding the Company and the accompanying oral presentation shall not constitute an offer to sell or the solicitation of an offer to buy any securities, nor shall there be any sale of these securities in any state or jurisdiction in which such offer, solicitation or sale would be unlawful prior to registration or qualification under the securities laws of any such state or jurisdiction. Sales and offers to sell iRhythm securities will only be made in accordance with the Securities Act of 1933, as amended, and applicable SEC regulations, including prospectus requirements.

This presentation and the accompanying oral presentation contain non-GAAP financial measures. The appendix to this presentation reconciles the non-GAAP financial measures to the most directly comparable financial measure prepared in accordance with Generally Accepted Accounting Principles (GAAP). These non-GAAP financial measure include adjusted operating expenses, adjusted net income (loss), adjusted net income (loss) per share, adjusted EBITDA, and adjusted EBITDA margin. iRhythm reports non-GAAP financial measures in addition to, and not as a substitute for, or superior to, measures of financial performance prepared in accordance with GAAP. We believe that non-GAAP financial measures should only be used to evaluate our results of operations in conjunction with the corresponding GAAP financial measures. Other companies, including other companies in our industry, may not use this measure or may calculate this measures differently than as presented. We encourage investors to carefully consider our results under GAAP as well as our supplemental non-GAAP information and reconciliations between these presentations to more fully understand our business.

\$186.7 million

Second quarter 2025 revenue, a
26.1% increase compared to
second quarter 2024

2+ million

Patient reports posted annually

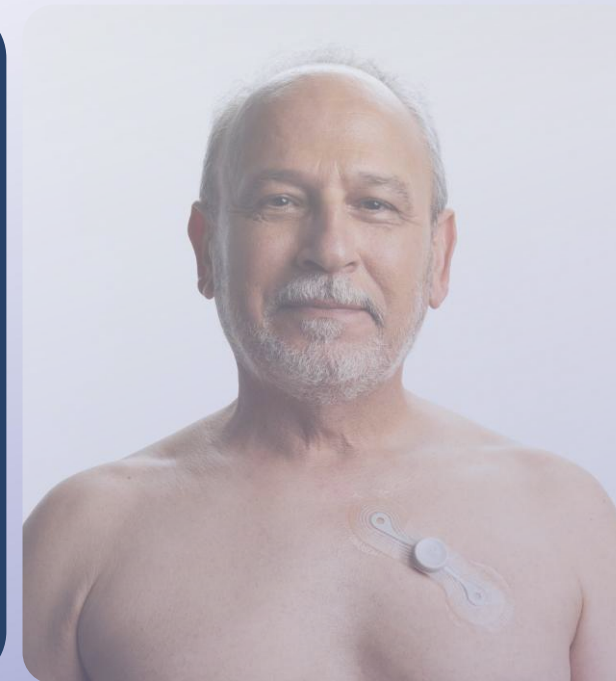


27+ million

Potential patients in the United
States who could benefit from
ambulatory cardiac monitoring*

5+ million tests

Target market opportunity across
prioritized EU and APAC
countries*



Over 30%

penetration in core
U.S. ambulatory cardiac
monitoring market as of
December 31, 2024

10+ million

Patient reports posted since
company inception through
March 31, 2025

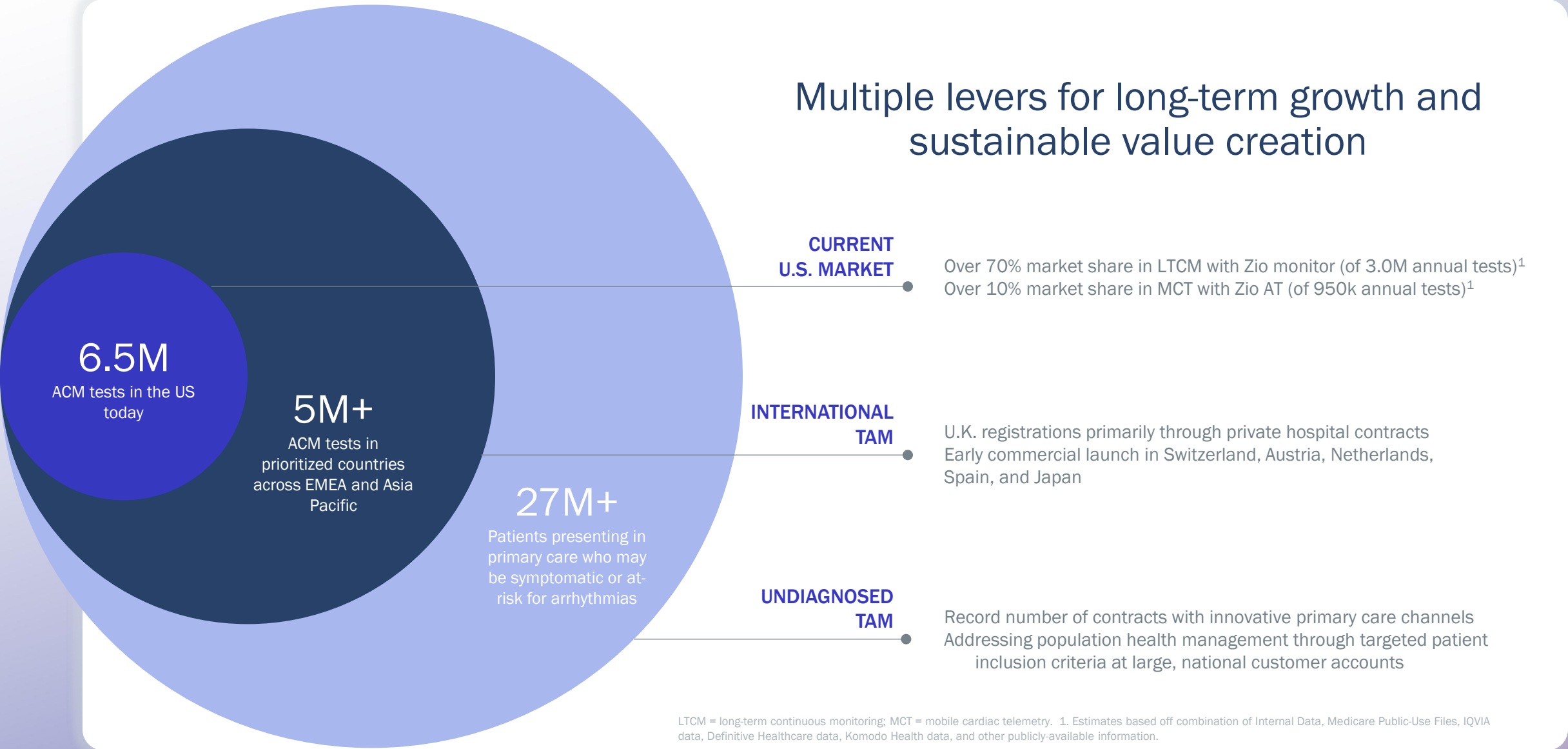


125+

Original scientific research
manuscripts

2.5+ billion

Hours of curated
ECG data since company
inception thru 2024



iRhythm uniquely positioned to win with clinically accurate, trusted services and the ability to scale in expanded channels, international markets, and additional vitals

iRHYTHM®

Competitive
Advantage

AI: FDA cleared AI, expansive data set for future signal development, and world-class clinical oversight deliver comprehensive, curated clinical reports to support clinicians and physicians

Provider preference: Long-term continuous monitoring market dominance, first mover advantage into primary care physician channels, and positioned to own additional specialties

Superior workflows: Proven seamless staff and provider workflow with bidirectional, EHR-agnostic integrations, including a new collaboration with Epic

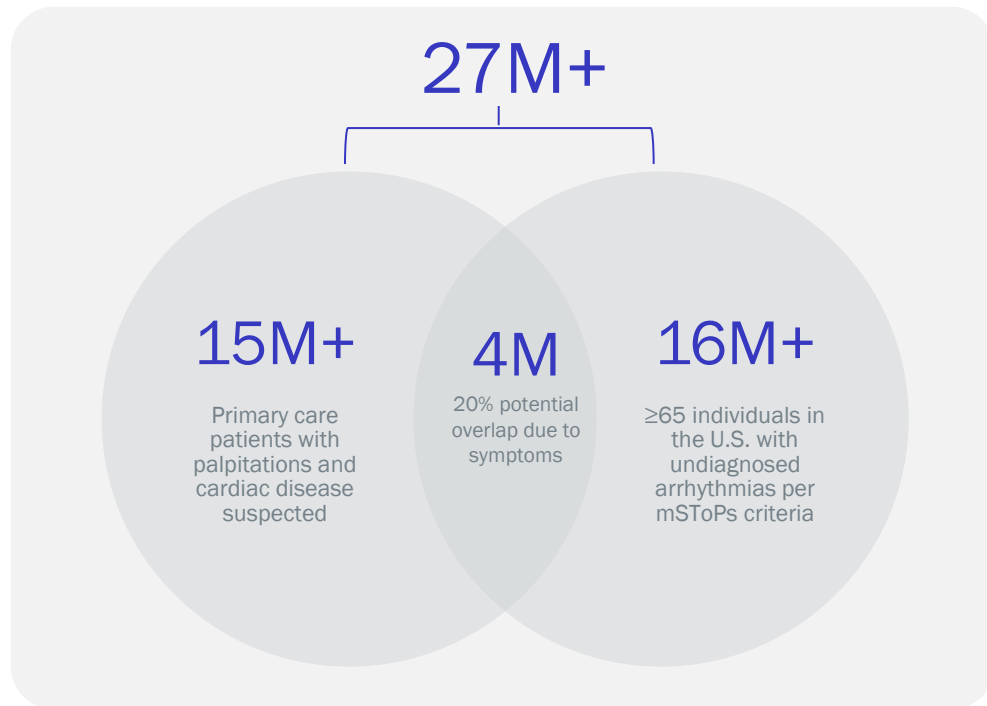
Ability to scale: Continuous operational excellence delivering clinically accurate product at efficient scale and cost profile maximizing commercial opportunities

IDTF: Largest IDTF in the ACM space with physician and clinician trust to deliver accurate monitoring with ability to expand well beyond arrhythmias at scale, effectively and efficiently

Clinical evidence: Clinical evidence translated rapidly to product feature set demonstrating excellent outcomes and costs for continued traction with clinicians, health systems, payers

Underpenetrated ambulatory cardiac monitoring market in the United States

TOTAL MARKET OPPORTUNITY



[See appendix for sources](#)

BENEFITS OF BRINGING DIAGNOSIS EARLIER IN CARE PATHWAY

Nearly half (46.3%) of all counties in the U.S. – including 86.2% of rural counties – do not have any cardiologists

Many patients are referred for cardiology specialty care due to concerns of symptoms without any diagnostic testing performed

Average wait time to see a cardiologist in the U.S. is around 26.6 days for non-urgent appointments, representing significant increase compared to prior years

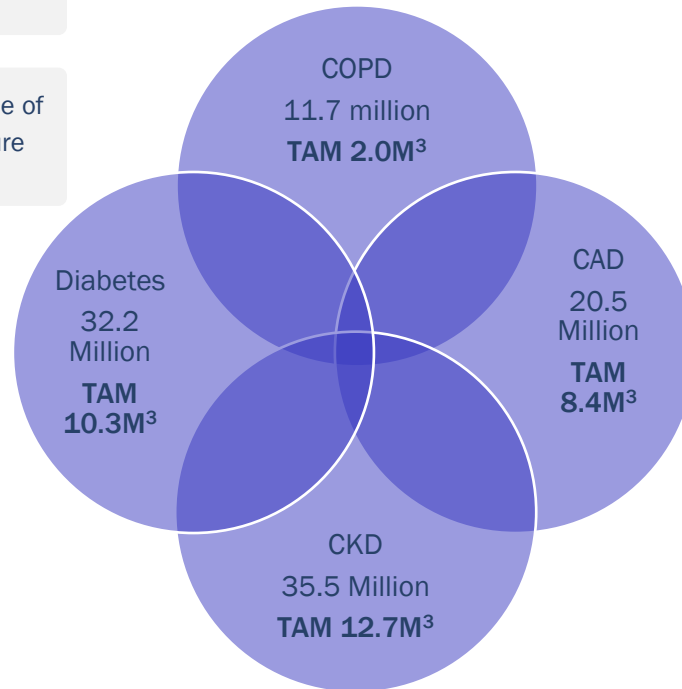
Addressing population health management through the power of artificial intelligence¹ to enable targeted monitoring for undiagnosed arrhythmias



SLEEP APNEA: US prevalence of 40.1 million, with up to 80% of AFib patients having sleep apnea²



HEART FAILURE: US prevalence of 8.4 million, with 25% of heart failure patients having AFib²



ARRHYTHMIA PATIENTS USE THE HEALTHCARE SYSTEM AT A MUCH HIGHER RATE COMPARED TO NON-ARRHYTHMIA PATIENTS³

Arrhythmia patients were hospitalized more than 2x per 1,000 cohort patients per year than non-arrhythmia patients

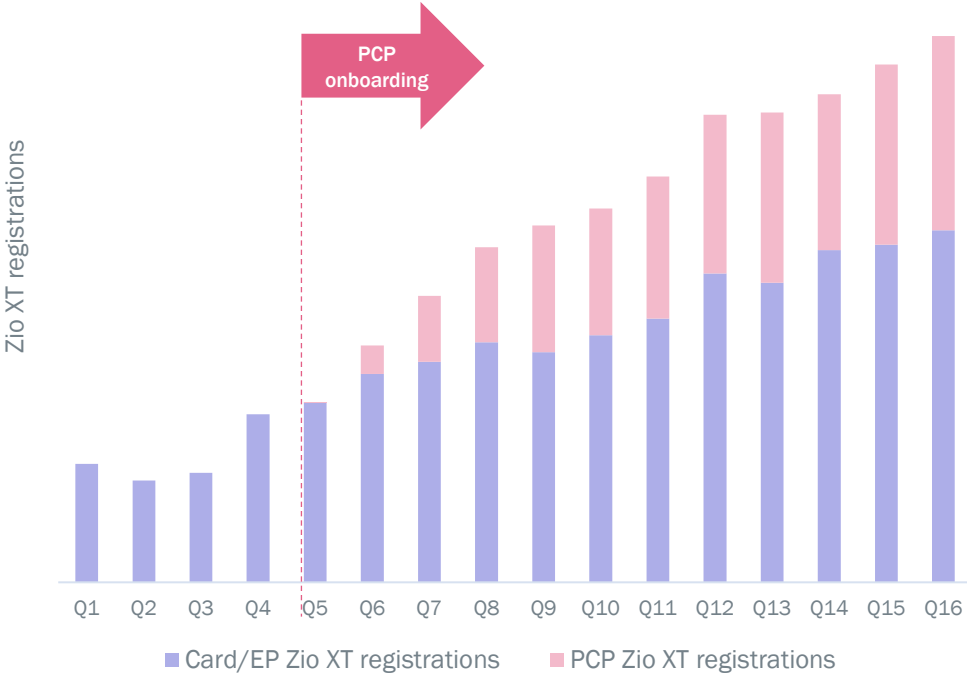
Of those hospitalized, patient length of stay increased by 2-5 days for arrhythmia patients with a combined cohort

The rate of emergency room visits were more than 2x for arrhythmia cohort relative to non-arrhythmia cohorts

1. The predictive-AI solution does not represent the functionality of any Zio branded medical device. 2. See appendix for sources. 3. TAMs are not mutually exclusive as there is likely significant overlap in patient populations. 3. Real World Evidence on Health Care Resource Utilization and Economic Burden of Arrhythmias in Patients with Diabetes and COPD. Abstract presented at: 2024 AHA Scientific Sessions; November 16 to 18, 2024; Chicago, IL.

Approaching the primary care channel through two-pronged strategy within both symptomatic and undiagnosed patient populations

LAND-AND-EXPAND WITHIN INTEGRATED DELIVERY NETWORKS¹



TOP-DOWN INTEGRATION AT LARGE NATIONAL ACCOUNTS

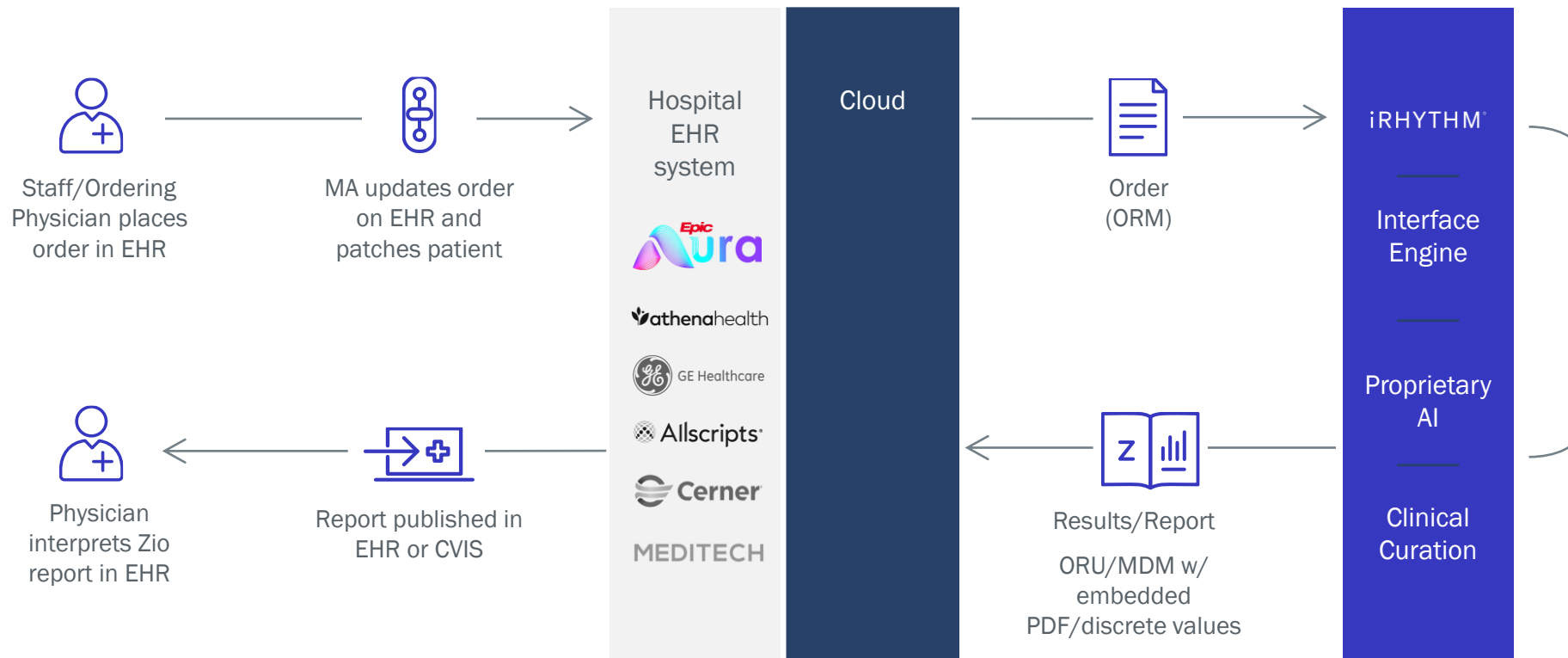




Over 80%
of patients in representative customer programs
had at least one arrhythmia identified²

1. Data on file. iRhythm Technologies, June 2024. 2. Data on file. iRhythm Technologies, January 2025.

Collaboration with Epic Aura enables bidirectional data flow, enhances clinician workflow efficiency, and supports rapid system-wide implementation



System requirements: HL7 version 2.3 or higher; secure communication interface (e.g. VPN, HTTPS, SFTP). Integration Service are also available with the option for physicians to interpret Zio Patient Reports in ZioSuite.com. Physician interpreted reports can then be posted to the EHR/CVIS system.

International opportunity represents \$1+ billion TAM with 5+ million tests in prioritized countries across EMEA and Asia Pacific

UNITED KINGDOM

Early commercialization

500,000

Ambulatory cardiac monitoring tests annually

GOALS

Pursue growth in private market
Pursue long-term reimbursement

PRIORITIZED EU COUNTRIES

Switzerland, Spain, Austria, the Netherlands, Germany and France

Early commercialization

2,100,000+

Ambulatory cardiac monitoring tests annually in target countries

GOALS

Continue to build commercial presence in Switzerland, Spain, Austria, and the Netherlands

JAPAN

Early commercialization

1,600,000

Ambulatory cardiac monitoring tests annually

GOALS

Commercially launched in 2025



Artificial intelligence underpins core capabilities and enables future service innovation

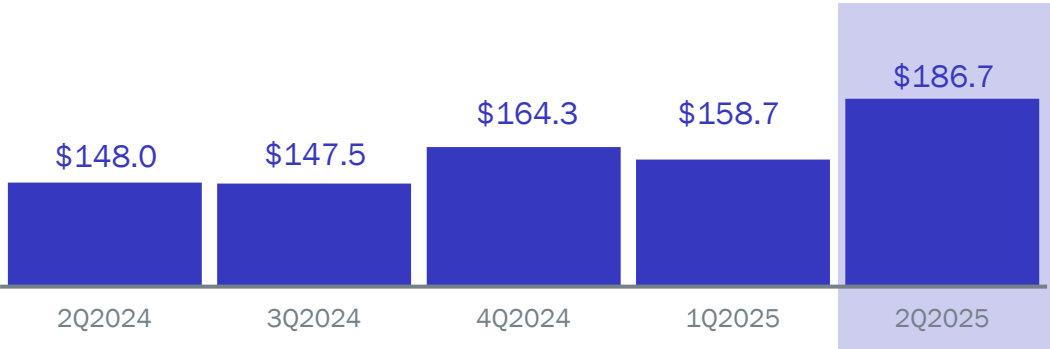
Curated heartbeat data and other data linkages opens opportunities for additional expansion

Evolving from detection towards prediction and insights generation

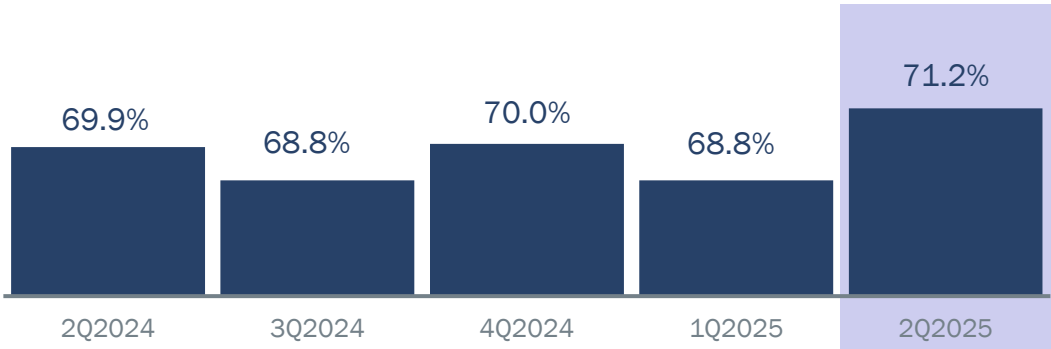
Artificial intelligence continues to add significant clinical value to Zio® and further differentiates Zio® versus competition

Second quarter 2025 financial performance

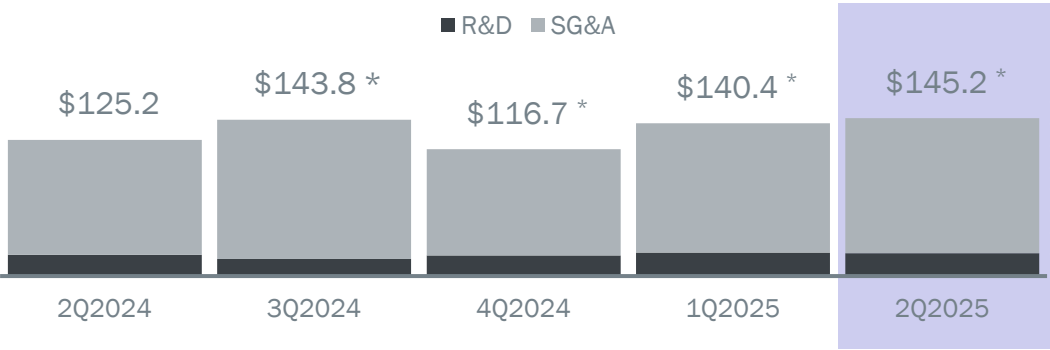
GLOBAL NET REVENUE
(USD, MILLIONS)



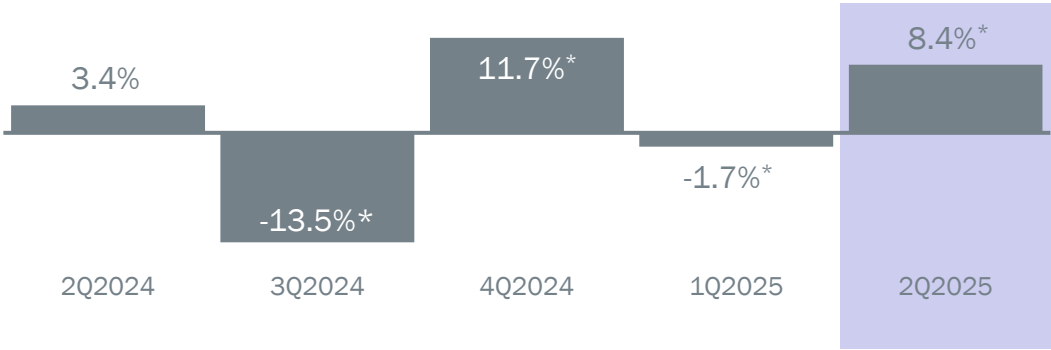
GROSS PROFIT MARGIN



ADJUSTED OPERATING EXPENSES*
(USD, MILLIONS)



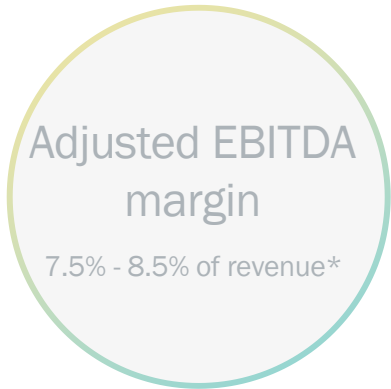
ADJUSTED EBITDA MARGIN*



*Adjusted operating expenses and adjusted EBITDA margin for 3Q24, 4Q24, 1Q25, and 2Q25 include \$32.1 million, \$0.3 million, \$0.3 million, and \$1.7 million respectively, of acquired in-process research and development expense. Adjusted operating expenses exclude impacts from business transformation, certain intellectual property litigation expenses, and impairment and restructuring charges. Adjusted EBITDA excludes non-cash operating charges for stock-based compensation expense, changes in fair value of strategic investments, impairment and restructuring charges, business transformation costs, certain intellectual property litigation expenses, and loss on extinguishment of debt. Business transformation costs include costs associated with professional services, employee termination and relocation, third-party merger and acquisition, integration, and other costs to augment and restructure the organization, inclusive of both outsourced and offshore resources.

2025 annual revenue and profitability guidance

PRIOR GUIDANCE



UPDATED GUIDANCE



*Adjusted EBITDA excludes non-cash operating charges for stock-based compensation expense, changes in fair value of strategic investments, impairment and restructuring charges, business transformation costs, certain intellectual property litigation expenses and settlements, and loss on extinguishment of debt. Business transformation costs include costs associated with professional services, employee termination and relocation, third-party merger and acquisition, integration, and other costs to augment and restructure the organization, inclusive of both outsourced and offshore resources.

Compelling investment thesis for long-term shareholder value creation

MARKET EXPANSION OPPORTUNITIES

- Core US market penetration
- Greenfield specialist growth
- Primary care physician growth
- Channel expansion
- International expansion
- Adjacent market development

INNOVATION

- Relentless patient focus
- Insight generation
- AI and prediction capabilities
- Connected care

OPERATIONAL EFFICIENCY FOCUS

- Commitment to quality, safety and regulatory compliance
- Supply chain resilience
- Unit cost economics
- Digital transformation
- Continuous process improvement

IMPROVING FINANCIAL PROFILE

- Focus on profitable growth
- Disciplined opportunity prioritization
- Balanced reinvestments
- Strategic portfolio management
- Investments for opening adjacent markets



Addressing
the future focus
of healthcare



Expanding
existing markets
while extending
into adjacent
markets



Anticipated revenue
growth from large
underpenetrated
markets on a
global scale



Expect to deliver
meaningful
improvements in
financial profile

iRHYTHM®

Appendix



Reconciliation of net loss to adjusted EBITDA

Adjusted EBITDA is a non-GAAP financial measure and is presented for supplemental informational purposes only and should not be considered as an alternative or substitute to financial information presented in accordance with GAAP. Adjusted EBITDA excludes non-cash operating charges for stock-based compensation expense, changes in fair value of strategic investments, impairment and restructuring charges, business transformation costs, certain intellectual property litigation expenses and settlements, and loss on extinguishment of debt. Business transformation costs include costs associated with professional services, employee termination and relocation, third-party merger and acquisition, integration, and other costs to augment and restructure the organization, inclusive of both outsourced and offshore resources.

(USD, THOUSANDS)	THREE MONTHS ENDED JUNE 30,		SIX MONTHS ENDED JUNE 30,	
	2025	2024	2025	2024
ADJUSTED EBITDA RECONCILIATION*				
Net loss ¹	\$ (14,218)	\$ (20,107)	\$ (44,918)	\$ (65,774)
Interest expense	3,278	3,312	6,551	6,172
Interest income	(5,321)	(6,685)	(10,240)	(9,742)
Changes in fair value of strategic investments	(2,152)	—	(2,995)	—
Income tax (benefit) provision	(183)	194	482	226
Depreciation and amortization	5,105	5,160	10,315	10,291
Stock-based compensation	22,827	21,821	46,171	42,812
Impairment charges	2,479	—	2,479	—
Business transformation costs	925	1,296	1,428	1,296
Intellectual property litigation costs ²	2,956	—	3,788	—
Loss on extinguishment of debt	—	—	—	7,589
Adjusted EBITDA	\$ 15,696	\$ 4,991	\$ 13,061	\$ (7,130)

*Certain numbers expressed may not sum due to rounding. 1 Net loss for the three and six months ended June 30, 2025, include \$1.7 million and \$2.0 million of acquired in-process research and development expense, respectively. 2 Excludes third-party attorneys' fees and expenses associated with patent litigation brought against the Company by Welch Allyn, Inc. and Bardy Diagnostics, Inc., subsidiaries of Baxter International, Inc.

Reconciliation of GAAP to non-GAAP financial information*

Adjusted EBITDA is a non-GAAP financial measure and is presented for supplemental informational purposes only and should not be considered as an alternative or substitute to financial information presented in accordance with GAAP. Adjusted EBITDA excludes non-cash operating charges for stock-based compensation expense, changes in fair value of strategic investments, impairment and restructuring charges, business transformation costs, certain intellectual property litigation expenses and settlements, and loss on extinguishment of debt. Business transformation costs include costs associated with professional services, employee termination and relocation, third-party merger and acquisition, integration, and other costs to augment and restructure the organization, inclusive of both outsourced and offshore resources.

(USD, THOUSANDS)	THREE MONTHS ENDED				
	JUNE 30, 2025	MARCH 31, 2025	DECEMBER 31, 2024	SEPTEMBER 30, 2024	JUNE 30, 2024
Net loss ¹	\$ (14,218)	\$ (30,700)	\$ (1,333)	\$ (46,182)	\$ (20,107)
Interest expense	3,278	3,273	3,320	3,329	3,312
Interest income	(5,321)	(4,919)	(5,740)	(6,456)	(6,685)
Changes in fair value of strategic investments	(2,152)	(843)	(843)	(1,059)	—
Income tax (benefit) provision	(183)	665	151	188	194
Depreciation and amortization	5,105	5,210	5,289	5,135	5,160
Stock-based compensation	22,827	23,344	16,008	17,158	21,821
Impairment and restructuring charges	2,479	—	—	641	—
Business transformation costs	925	503	2,416	7,360	1,296
Intellectual property litigation costs ²	2,956	832	—	—	—
Adjusted EBITDA	\$ 15,696	\$ (2,635)	\$ 19,268	\$ (19,886)	\$ 4,991
Revenue	\$ 186,687	\$ 158,677	\$ 164,325	\$ 147,538	\$ 148,047
Adjusted EBITDA margin	8.4%	-1.7%	11.7%	-13.5%	3.4%

*Certain numbers expressed may not sum due to rounding. 1 Net loss for the three months ended September 30, 2024, December 31, 2024, March 31, 2025, and June 30, 2025, include \$32.1 million, \$0.3 million, \$0.3 million, and \$1.7 million, respectively, of acquired in-process research and development expense. 2 Excludes third-party attorneys' fees and expenses associated with patent litigation brought against the Company by Welch Allyn, Inc. and Bardy Diagnostics, Inc., subsidiaries of Baxter International, Inc.

Reconciliation of GAAP to non-GAAP financial information

(USD, THOUSANDS)

ADJUSTED NET LOSS RECONCILIATION*

	THREE MONTHS ENDED JUNE 30,		SIX MONTHS ENDED JUNE 30,	
	2025	2024	2025	2024
Net loss, as reported ¹	\$ (14,218)	\$ (20,107)	\$ (44,918)	\$ (65,774)
Impairment charges	2,479	—	2,479	—
Business transformation costs	925	1,296	1,428	1,296
Intellectual property litigation costs ²	2,956	—	3,788	—
Changes in fair value of strategic investments	(2,152)	—	(2,995)	—
Loss on extinguishment of debt	—	—	—	7,589
Tax effect of adjustments ³	(214)	—	(305)	—
Adjusted net loss	\$ (10,224)	\$ (18,811)	\$ (40,523)	\$ (56,889)

ADJUSTED NET LOSS PER SHARE RECONCILIATION*

	THREE MONTHS ENDED JUNE 30,		SIX MONTHS ENDED JUNE 30,	
	2025	2024	2025	2024
Net loss per share, as reported ¹	\$ (0.44)	\$ (0.65)	\$ (1.41)	\$ (2.12)
Impairment charges per share	0.08	—	0.08	—
Business transformation costs per share	0.03	0.04	0.04	0.04
Intellectual property litigation costs per share ²	0.09	—	0.12	—
Changes in fair value of strategic investments per share	(0.07)	—	(0.09)	—
Loss on extinguishment of debt per share	—	—	—	0.24
Tax effect of adjustments per share ³	(0.01)	—	(0.01)	—
Adjusted net loss per share	\$ (0.32)	\$ (0.61)	\$ (1.27)	\$ (1.84)
Weighted-average shares, basic and diluted	31,990	31,145	31,791	31,089

ADJUSTED OPERATING EXPENSES RECONCILIATION*

	THREE MONTHS ENDED JUNE 30,		SIX MONTHS ENDED JUNE 30,	
	2025	2024	2025	2024
Operating expenses, as reported	\$ 151,565	\$ 126,452	\$ 293,337	\$ 252,106
Impairment charges	(2,479)	—	(2,479)	—
Business transformation costs	(925)	(1,296)	(1,428)	(1,296)
Intellectual property litigation costs ²	(2,956)	—	(3,788)	—
Adjusted operating expenses	\$ 145,205	\$ 125,156	\$ 285,642	\$ 250,810

*Certain numbers expressed may not sum due to rounding. 1 Net loss for the three and six months ended June 30, 2025, include \$1.7 million and \$2.0 million of acquired in-process research and development expense, respectively. 2 Excludes third-party attorneys' fees and expenses associated with patent litigation brought against the Company by Welch Allyn, Inc. and Bardy Diagnostics, Inc., subsidiaries of Baxter International, Inc. 3. Income tax impact of Non-GAAP adjustments listed.

SLIDE(S)

SOURCES

Multiple levers for long-term growth and sustainable value creation / International opportunity represents \$1+ billion TAM with 5+ million tests in prioritized countries across EMEA and Asia Pacific

UK: iRhythm estimate.

- UK Office for National Statistics; Hospital Episode Statistics, NHS Digital, 2019-2020
- UK Healthcare Market Review 33ed, LaingBuisson, 2021. Accessed 5 January 2022.
- The UK private health market, Kings Fund, 2014. Accessed 5 January 2022.
- NHS England and the Health and Social Care Information Centre, NHS Hospital Data and Datasets: A Consultation. Published July 22, 2013.
- The Health and Social Care Information Centre, Hospital Episode Statistics (HES): Improving the quality and value of hospital data. Published 2011.

Prioritized EU countries: iRhythm estimate.

- Ohlrogge etc. Burden of Atrial Fibrillation and Flutter by National Income: Results From the Global Burden of Disease 2019 Database. *J Am Heart Assoc.* 2023;12:e030438; supplemental data tables <https://www.ahajournals.org/doi/suppl/10.1161/JAHA.123.030438>.
- Global population and healthcare spend per capita, World Bank, 2019 and 2020. Accessed February 29, 2024. <https://data.worldbank.org>
- The Burden of Cardiovascular Disease and Diabetes, OECD, 2011. Accessed 5 January 2022.
- Federal Statistical Office of Germany and Gesundheitsberichterstattung; Dutch Healthcare Authority; Swedish ICD & Pacemaker Registry and Swedish Society for Clinical Physiology.

Japan:

- Irie, Shoichi and Hiroshi Tada. The Relationship between Holter Electrocardiography and Atrial Fibrillation Diagnosis Using Real-World Data in Japan: A Claims-Based Retrospective Study. *Int Heart J*, 2023; 64: 178-187.
- Japan Ministry of Health Labor and Welfare.

Underpenetrated ambulatory cardiac monitoring market in the United States

US Core ACM Market Sizing

- iRhythm estimates based off combination of Internal Data, Medicare Public-Use Files, IQVIA data, Definitive Healthcare data, Komodo Health data, and other publicly-available information.

Expansion opportunity in symptomatic market

- U.S. Census Bureau. "U.S. Census Bureau Profile." https://data.census.gov/profile/United_States?g=010XX00US. Accessed January 12, 2025.
- CDC ambulatory care use and physician office visits. CDC, published October 26, 2024. Accessed January 12, 2025. <https://www.cdc.gov/nchs/fastats/physician-visits.htm>.
- Wexler RK, Pleister A, Raman SV. Palpitations: Evaluation in the Primary Care Setting. *Am Fam Physician.* 2017 Dec 15;96(12):784-789.
- Weber BE, Kapoor WN. Evaluation and outcomes of patients with palpitations. *The American Journal of Medicine.* 1996;14(6):138-148.

Expansion opportunity in at-risk population

- Steinhubl at al. Effect of a Home-Based Wearable Continuous ECG Monitoring Patch on Detection of Undiagnosed Atrial Fibrillation: The mSToPS Randomized Clinical Trial. *JAMA.* 2018 Jul 10;320(2):146-155.
- U.S. Census Bureau. "Age and Sex." American Community Survey, ACS 1-Year Estimates Subject Tables, Table S0101, 2022, <https://data.census.gov/table/ACSST1Y2022.S0101?q=Age and Sex>. Accessed on February 29, 2024.
- 4 out of 5 Medicare Advantage survey respondents indicated they would be more satisfied and likely to stay with their current plan if an early AFib detection program were offered to them at no cost. Market survey of 200 respondents currently enrolled in a Medicare Advantage plan. Data on file. iRhythm Technologies, 2022.
- Nancy Ochieng, Jeannie Fuglesten Biniek, Meredith Freed, Anthony Damico, and Tricia Neuman. 2023. "Medicare Advantage in 2023: Enrollment Update and Key Trends." Published August 09, 2023. Accessed February 29, 2024. <https://www.kff.org/medicare/issue-brief/medicare-advantage-in-2023-enrollment-update-and-key-trends/#>

SLIDE(S)

SOURCES

Underpenetrated ambulatory cardiac monitoring market in the United States (cont'd)

- American College of Cardiology. (2024, July 8). *Almost Half of US Counties Have No Cardiologists Despite Higher Prevalence of CV Risk Factors, Mortality* [Press Release]. <https://www.acc.org/About-ACC/Press-Releases/2024/07/08/18/25/Almost-Half-of-US-Counties-Have-No-Cardiologists-Despite-Higher-Prevalence-of-CV-Risk-Factors-Mortality>
- Pallikadavath SP, et. al. High number of unnecessary referrals to cardiology clinics for benign palpitations due to poor adherence to local referral guidelines. *European Journal of Arrhythmia & Electrophysiology*. 2024;10(1):1-2
- Pallikadavath S, et. al. Palpitation referrals from primary care to a secondary care cardiology outpatient clinic: assessing adherence to guidelines. *Family Practice*, 2021;38(2):127–131.
- Abbott AV. Diagnostic Approach to Palpitations. *Am Fam Physician*. 2005;71(4):743-750
- Weber BE, Kapoor WN. Evaluation and outcomes of patients with palpitations. *Am J Med*. 1996;100:138-48.
- American College of Cardiology. (February 23, 2023). *Five Things Physicians and Patients Should Question*. <https://www.acc.org/-/media/Non-Clinical/Files-PDFs-Excel-MS-Word-etc/2023/04/ACC-5-Things-List-2023.pdf>
- 2022 Survey of Physician Appointment Wait Times. Merritt Hawkins. <https://www.merritthawkins.com/trends-and-insights/article/surveys/2022-physician-wait-times-survey/>, Accessed January 12, 2025.

Addressing population health management through the power of artificial intelligence to enable targeted monitoring for undiagnosed arrhythmias

Sleep Apnea Market Sizing

- Franklin, K. A., & Lindberg, E. (2015). Obstructive sleep apnea is a common disorder in the population—a review on the epidemiology of sleep apnea. *Journal of thoracic disease*, 7(8), 1311. doi: 10.3978/j.issn.2072-1439.2015.06.11
- Lyons, M. M., Bhatt, N. Y., Pack, A. I., & Magalang, U. J. (2020). Global burden of sleep-disordered breathing and its implications. *Respirology*, 25(7), 690-702. <https://doi.org/10.1111/resp.13838>
- Marshall, N. S., Wong, K. K., Liu, P. Y., Cullen, S. R., Knuiman, M. W., & Grunstein, R. R. (2008). Sleep apnea as an independent risk factor for all-cause mortality: the Busselton Health Study. *Sleep*, 31(8), 1079-1085. <https://doi.org/10.5665/sleep/31.8.1079>
- Sleep apnea information for clinicians. (2022, May 10). www.sleepapnea.org. <https://www.sleepapnea.org/learn/sleep-apnea-information-clinicians>

Heart Failure Market Sizing

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