

## EARLY ABLATION FOR ATRIAL FIBRILLATION

**Earlier restoration of sinus rhythm by catheter ablation may reduce disease progression and healthcare utilization.<sup>1-3</sup>**

Patients with a longer diagnosis-to-ablation time (DAT) for AFib experience higher rates of transient ischemic attacks and healthcare utilization, as compared to patients who receive ablation earlier.<sup>3,4</sup>



**UP TO 60%**  
LOWER RATE OF  
TIA/CVA EVENTS

In a prospective registry of 1,000 AFib patients, **patients receiving ablation with a shorter DAT had a 60% lower rate of TIA/CVA events** compared to patients with a longer DAT.<sup>4</sup>

\*Relative reduction from the comparison of patients with DAT of  $\leq 11$  months (n=244) vs. DAT of  $\geq 71$  months (n=250) at 5 year follow-up. (p<0.001)



**UP TO 14%**  
DECREASE IN  
AFIB-RELATED  
OUTPATIENT VISITS

A retrospective, observational cohort study has shown **AFib patients referred for catheter ablation within 6 months of diagnosis** had 14% lower outpatient visits compared to those referred 6-12 months after diagnosis.<sup>3</sup>

\*AFib catheter ablation within 6 months of diagnosis (n=1649) vs. 6-12 months after diagnosis (n=982) with a 24 month follow up period (ARD: -6.6%; 95% CI: -10.5%, -2.7%; p=0.001)



**UP TO 26%**  
DECREASE IN  
POST-ABLATION  
CARDIOVERSIONS

After AFib diagnosis, referral for ablation **within 6 months reduced post-ablation cardioversions by up to 26%\*** over a 24 month follow-up period compared to those who were ablated in the 6-12 month time after diagnosis.<sup>3</sup>

\*Catheter ablation for new AFib within 6 months of diagnosis (n=1649) vs. 6-12 months after diagnosis (n=982) (ARD=-2.9%; 95% CI: -5.3%, -0.5%; p=0.012)

Early catheter ablation for AFib provides clinical and economic benefits by reducing the rate of AFib progression from paroxysmal AFib to a more complex, and difficult to treat, persistent AFib.<sup>1,5</sup>



**10x**  
LESS LIKELY TO  
PROGRESS TO  
PERSISTENT AFIB

The ATTEST randomized controlled trial found that drug refractory paroxysmal AFib patients receiving ablation are **up to 10 times less likely\* to progress to persistent AFib**, compared to those treated with anti-arrhythmic drugs.<sup>1</sup>

\*HR: 0.107 (95% CI: 0.024-0.47; p=0.0031)



**\$8,516**  
NET MONETARY  
BENEFIT PER  
PATIENT WITH  
EARLY ABLATION

Based on a health economic model, the value of early RF catheter ablation in **delaying disease progression could provide a net monetary benefit of up to \$8,516\*** per patient for healthcare payers.<sup>5</sup>

\*Compared to AAD-only therapy over a patient's lifetime (95% CI: \$148-16,681; p<0.05) the incremental effect of RFCA on disease progression was modeled over a 5 year duration

Delaying catheter ablation after diagnosis allows for continued disease progression, reducing the efficacy of subsequent catheter ablation procedures.<sup>2,4,6</sup>

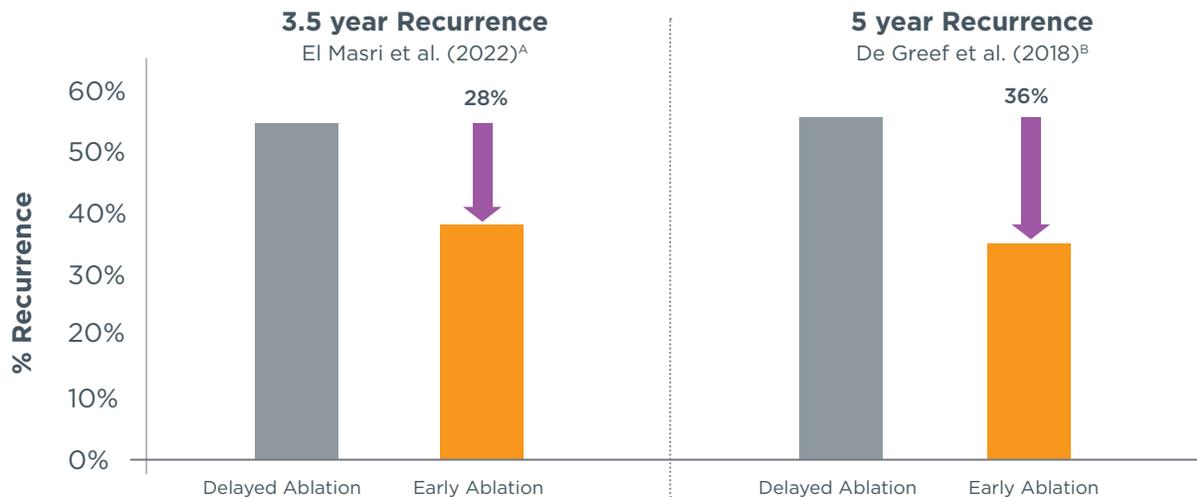


**UP TO 27%**  
LESS RISK OF AFIB  
RECURRENCE WITH  
DAT <1 YEAR

A meta analysis of six studies and 4,950 symptomatic AFib patients concluded that a **DAT of ≤1 year is associated with a 27%\* less risk of AFib recurrence** compared to DAT >1 year.<sup>2</sup>

\*RR: 0.73 (95% CI: 0.65-0.82; p<0.001)

Patients with shorter DAT experience lower rates of long-term AFib recurrence after catheter ablation.<sup>4,6</sup>



<sup>A</sup>Relative reduction from the comparison of 96 patients with DAT of ≤ 9 months vs. 200 patients with DAT of > 9 months at 3.5 year follow-up (p=0.013)

<sup>B</sup>Relative reduction from the comparison of 244 patients with DAT of ≤11 months vs. 250 patients with a DAT of ≥ 71 months at 5 year follow-up (p<0.001)

## References

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3. Very early versus early referral for ablation among young patients for newly diagnosed paroxysmal atrial fibrillation Robert N. D'Angelo, Rahul Khanna, Charlene Wong, Robert W. Yeh, Laura Goldstein, Stephen Marcello, Patricia Tung, Andre D'Avila, Peter J. Zimetbaum. Pacing and Clinical Electrophysiology (2022). PMID: 35150152. DOI: 10.1111/pace.14459
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6. El Masri I, Kayali S, Heckle M, et al. (2022). JACC, Vol 79(9), Supplement, 160, [https://doi.org/10.1016/S0735-1097\(22\)01151-2](https://doi.org/10.1016/S0735-1097(22)01151-2).

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

**Caution:** US law restricts this device to sale by or on the order of a physician.

THERMOCOOL<sup>®</sup> Navigation Catheters are indicated for the treatment of drug refractory recurrent symptomatic paroxysmal atrial fibrillation, when used with CARTO<sup>®</sup> Systems (excluding NAVISTAR<sup>®</sup> RMT THERMOCOOL<sup>®</sup> Catheter).

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