The Convergent Procedure Versus Catheter Ablation Alone in Long-Standing Persistent Atrial Fibrillation: A Single Center, Propensity-Matched Cohort Study

In this challenging cohort of patients with refractory, long-standing persistent atrial fibrillation (LSPAF), the probability of long-term arrhythmia-free survival was significantly higher with Hybrid AF Convergent ablation (p=0.003).

The study by Maclean, et al., enrolled 43 consecutive patients with LSPAF, who were treated with the Hybrid AF Therapy. Outcomes were compared with a matched group of 43 patients who had catheter ablation alone. Both groups underwent multiple catheter ablations as needed.

Parameter	Hybrid AF Convergent Ablation Arm	Catheter Ablation Arm
AF-Free Survival with AADs at 12 months P = 0.002	60.5%	25.6%
AF-Free Survival with AADs at 30.5 months P = 0.016	58.1%	30.2%
AF-Free Survival without AADs at 30.5 months P = 0.036	32.5%	11.6%

AADs: *anti-arrhythmic drugs*

Although the survival data are lower than those reported in other studies, the authors suggest this may be due to electroanatomic heterogeneity of the study cohort, which included patients with:

- Severe left ventricular systolic dysfunction
- Cardiomyopathy
- Pacemakers
- Prior unsuccessful rhythm control in over one-third of cases

While the Hybrid AF Convergent group had an increased incidence of atrial tachycardia (AT, 32.6%) none of these arrhythmias originated from the posterior wall. Instead, the origin of the AT prompted the authors to suggest consideration of empirical cavotricuspid isthmus (CTI) lines.

This study reveals that in patients with LSPAF, the Hybrid AF Convergent procedure is associated with increased freedom from AF at one year—and improved arrhythmia-free survival long term—versus endocardial catheter ablation alone.

Reference: *Maclean, E. et al. (2020). The CONVERGENT procedure versus catheter ablation alone in long-standing persistent atrial fibrillation: a single center, propensity-matched cohort study. International Journal of Cardiology, 303:49-53.*

EPi-Sense® Guided Coagulation System
EU Indications: *The EPi-Sense® Guided Coagulation System with VisiTrax® is intended for the coagulation of cardiac tissue using radiofrequency (RF) energy during cardiac surgery for the treatment of arrhythmias including Atrial Fibrillation (AFIB) or Atrial Flutter (AFL).*

Contraindications include patients with Barrett's Esophagitis, left atrial thrombus, a systemic infection, active endocarditis, or a localized infection at the surgical site at the time of surgery.

Reported adverse events associated with epicardial ablation procedure may include, but are not limited to, the following: pericardial effusion, excessive bleeding, Pericarditis, phrenic nerve injury, stroke/TIA/neurologic complication.

Please review the Instructions for Use for a complete listing of contraindications, warnings, precautions and potential adverse events located at the following AtriCure web address: https://europe.atricure.com/healthcare-professionals/product-labeling

This material is intended to provide objective information about the use of AtriCure's Technology, including where and how the device can be used within the continuum of care. The enclosed publication includes information regarding patients with persistent or long-standing persistent atrial fibrillation treated with the EPi-sense technology in a hybrid procedure. This material is being provided to demonstrate use of the EPi-Sense system in the treatment of long-standing atrial fibrillation and its clinical outcomes. This publication was chosen for this purpose because the study summarized herein utilized a trial design similar to that used in the CONVERGE IDE study which supported FDA approval of the EPi-Sense System for the indication stated above.

Prescription Use Only.

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