AtriCure

CEASE-AF

Study Summary

Combined Endoscopic Epicardial and Percutaneous Endocardial Ablation versus Repeated Catheter Ablation in Persistent and Long-standing Persistent Atrial Fibrillation[1]

Prospective, multicenter, randomized controlled trial comparing the efficacy and safety of hybrid epicardial- and endocardial ablation vs standard endocardial catheter ablation in preventing the recurrence of atrial fibrillation (AF) in symptomatic, drug refractory patients with persistent or long-standing persistent AF

Long Term Durability Matters

Freedom From Atrial Arrhythmias
Through 36 Months

Hybrid Ablation

34%
absolute benefit

122%
relative benefit

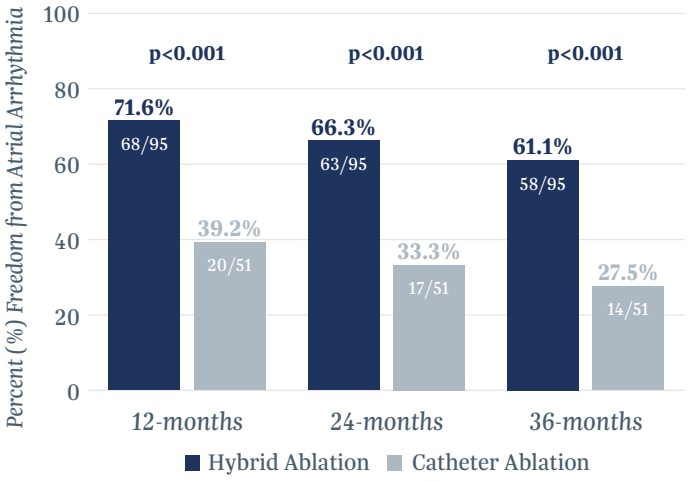
Hybrid epi-/endocardial ablation is superior to endocardial catheter ablation in preventing atrial arrhythmias recurrencies through 36 months

[1] Effectiveness and Safety of Hybrid Epicardial and Endocardial Ablation versus Endocardial Ablation in Patients with Persistent and Long-standing Persistent Atrial Fibrillation: a randomized, controlled trial. https://doi.org/10.1016/j.eclinm.2023.102052. 36-months data was presented at EHRA 2025.

CEASE-AF | *Study Summary*

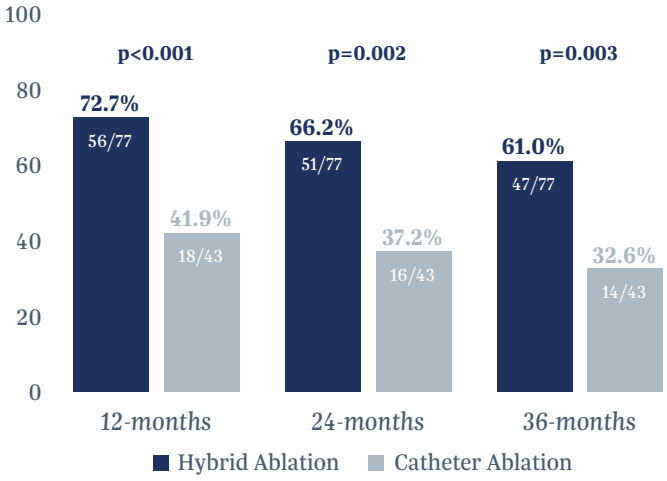
All Patients

Freedom from AF/AFL/AT through **3-years**



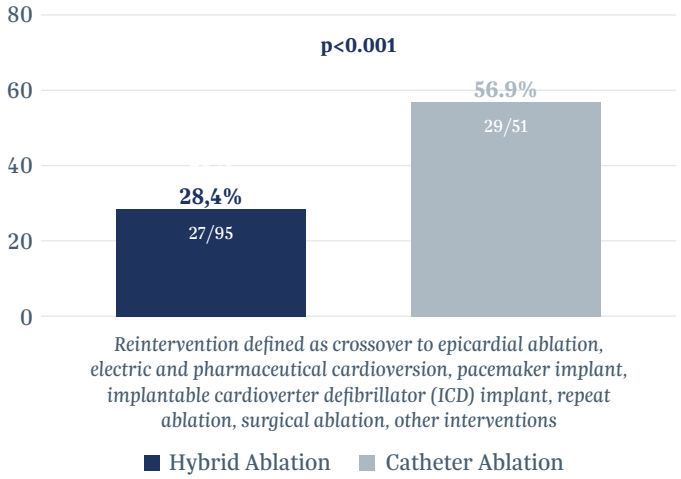
Persistent AF

Freedom from AF/AFL/AT through **3-years**



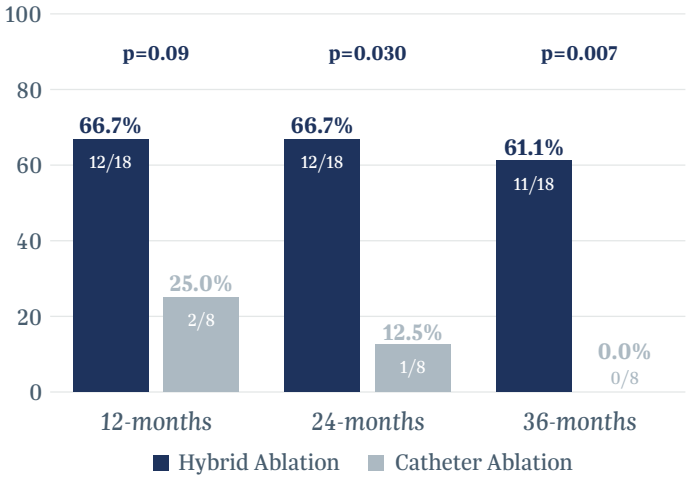
Reinterventions

through **3-years**



Long-Standing Persistent AF

Freedom from AF/AFL/AT through **3-years**



Reinterventions After Hybrid Ablation

29% absolute risk reduction

100% relative risk reduction

Hybrid ablation therapy reduces the need for reinterventions as compared to catheter ablation

The Hybrid Ablation benefit was durable through 36-months:

- Without significantly increasing the complication rate
- With a significantly lower reintervention rate including repeat ablations

Hybrid ablation does not increase procedural complication rates as compared to catheter ablation and provides a favorable benefit-risk-ratio

EU Indications for use

The AtriCure Bipolar (Transpolar) System is indicated for ablation and coagulation of soft tissue in general, ENT, thoracic, urological, gynecological surgical procedures and ablation of cardiac tissue during surgery including pulmonary vein isolation and atrial connecting lesions for the Maze procedure for the treatment of cardiac arrhythmias, including atrial fibrillation. The Isolator™ pen is a sterile, single use electrosurgery device intended to ablate cardiac tissue during cardiac surgery using radiofrequency (RF) energy when connected directly to the ASU or ASB3 in Ablation mode. The Isolator™ pen may be used for temporary cardiac pacing, sensing, recording, and stimulation during the evaluation of cardiac arrhythmias during surgery when connected to a temporary external cardiac pacemaker or recording device. The Coolrail® linear pen is a sterile, single use electrosurgery device intended to ablate cardiac tissue using radiofrequency (RF) energy. The AtriClip Left Atrial Appendage Exclusion (LAAE) System is indicated for the exclusion of the heart's Left Atrial Appendage (LAA), performed under direct visualization and in conjunction with other cardiac surgical procedures.

CEASE-AF Trial Prospective 2:1 randomized trial that compares a hybrid ablation strategy to an endocardial ablation strategy for treatment of non-paroxysmal atrial fibrillation (AF).
Patient Population: 154 patients, 9 sites, 5 European countries
Effectiveness: Freedom from AF/AFL/AT >30 sec in absence of Class I/III anti-arrhythmic drugs (AADs) except previously failed AADs at doses not exceeding those previously failed
Safety: Composite major complication rate during the course of the study

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