



EARLIER ABLATION FOR ATRIAL FIBRILLATION

ATRIAL FIBRILLATION IS A HIGHLY PROGRESSIVE DISEASE THAT INDUCES STRUCTURAL REMODELING OF THE HEART, POTENTIALLY LEADING TO MORE FREQUENT OR PERMANENT ARRHYTHMIA OVER TIME IF TREATMENT IS DELAYED. ^{1,2}

Earlier restoration of sinus rhythm by catheter ablation in patients with Atrial Fibrillation (AFib) may reduce patient morbidity and disease progression, improve long-term procedural success, and lower overall patient mortality. ^{2,3}

Patients who have longer diagnosis-to-ablation times (DAT) experience higher rates of transient ischemic attacks, stroke and heart failure, as compared to patients who receive ablation earlier. ^{4,5}



UPTO 60%
LOWER RATE OF
TIA/CVA EVENTS

In a prospective registry of 1000 AFib patients, **patients receiving ablation with a shorter DAT had a 60% lower rate of TIA/CVA events** compared to patients with a longer DAT⁵

*Relative reduction from the comparison of 244 patients with DAT of ≤ 11 months versus 250 patients with a DAT of ≥ 71 months at 5 year follow-up. TIA/CVA were defined as a transient or persistent neurological deficit diagnosed by a neurologist. Differences were significant where p<0.001.



UPTO 41%
LOWER RATE OF
HEART FAILURE
HOSPITALIZATION

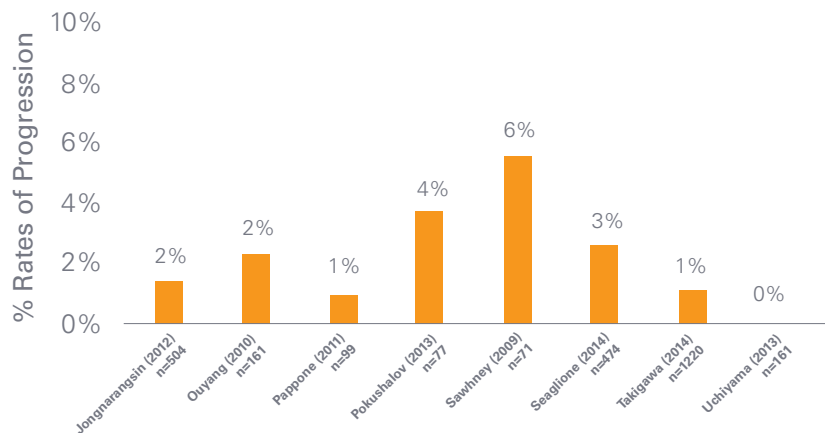
In registry study of 4535 AFib patients, **patients with the shortest DAT had 41% lower rates of heart failure hospitalization at one year** as compared to patients with the longest DAT. ⁴

*Relative reduction from the comparison of 1152 patients with a DAT of 1-6 months versus 1201 patients with a DAT of >5 years at a mean follow-up for 3.2 years. Heart failure hospitalization defined as ICD-9 code 428 within patient EMR. Differences were significant where p-trend=0.009.

Early treatment of AFib with catheter ablation substantially reduces the rate of AFib progression from paroxysmal to persistent, a more complex and difficult-to-treat state of AFib.²

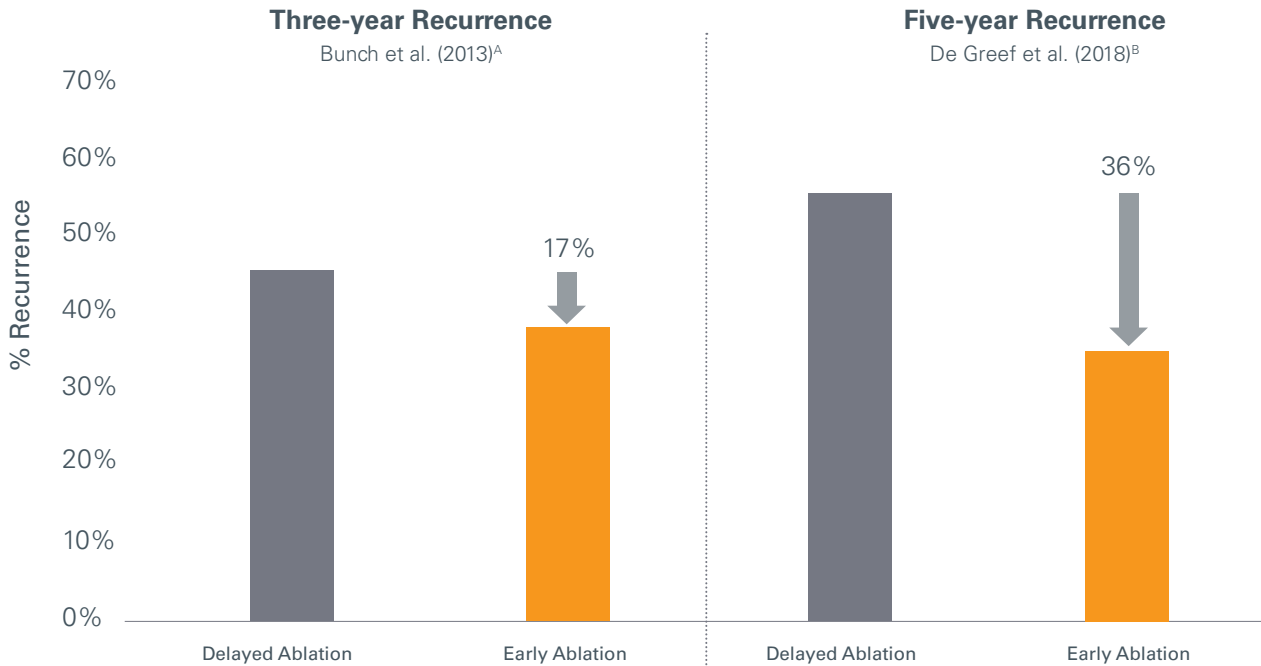
A systematic review and meta-analysis of eight studies found that **paroxysmal AFib patients treated with catheter ablation had low rates of progression to persistent AFib.** In contrast, **up to 77.2% of medically-managed paroxysmal AFib patients will progress to persistent AFib.**²

*Time frames for progression ranged between 2 to 6 years within ablation studies and 1 and 14 years for medically managed studies.



Delaying catheter ablation of AFib after diagnosis results in faster disease progression, reducing the efficacy of subsequent catheter ablation procedures.^{4,5}

Patients with shorter DAT experience significantly lower rates of AF recurrence after catheter ablation.^{4,5}



^A Relative reduction from the comparison of 1152 patients with a DAT of 1-6 months versus 1201 patients with a DAT of >5 years at a mean follow-up for 3.2 years. Differences were significant where p=0.003

^B Relative reduction from the comparison of 244 patients with DAT of ≤ 11 months versus 250 patients with a DAT of ≥ 71 months at 5 year follow-up. Differences were significant where p<0.05

AFib patients who wait longer after diagnosis to receive catheter ablation ultimately have higher rates of mortality.^{4,5}



**UP TO 52%
LOWER RATES OF
MORTALITY**

52% fewer patients died within one year when catheter ablation was performed earlier after diagnosis compared to AFib patients with delayed catheter ablation.⁴

*Relative reduction from the comparison of 1152 patients with a DAT of 1-6 months versus 1201 patients with a DAT of >5 years at a mean follow-up for 3.2 years. Death defined through use of death certificates. Differences were significant where p-trend=0.001

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