



CEASE-AF

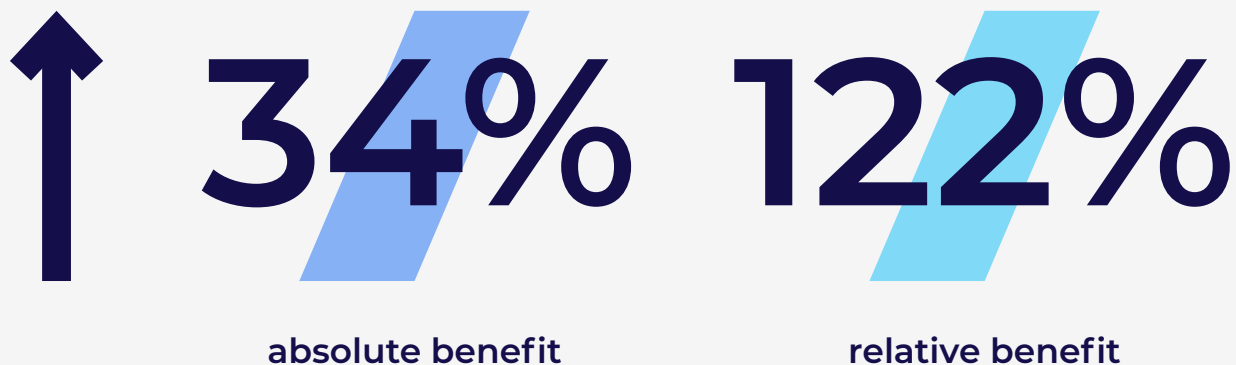
Study summary

Combined endoscopic epicardial and percutaneous endocardial ablation versus repeated catheter ablation in persistent and long-standing persistent atrial fibrillation¹

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

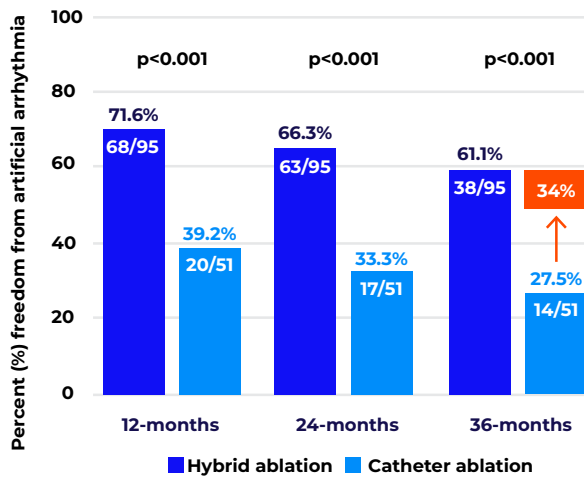


Hybrid epi-/endocardial ablation is superior to endocardial catheter ablation in preventing atrial arrhythmias recurrences through 36 months.

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.eclim.2023.102052>. 24-months data was presented at EHRA 2024.

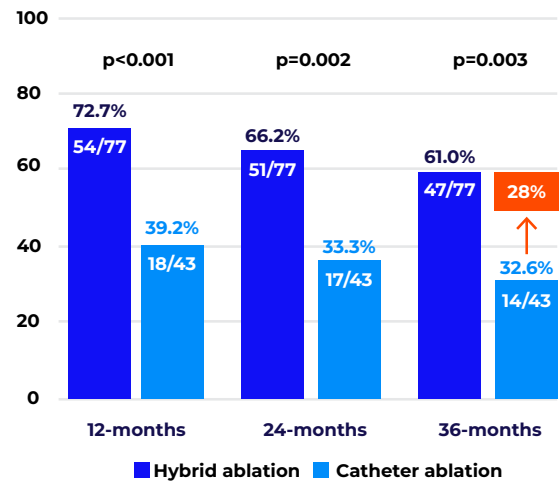
CEASE-AF trial

3-year outcomes — all patients



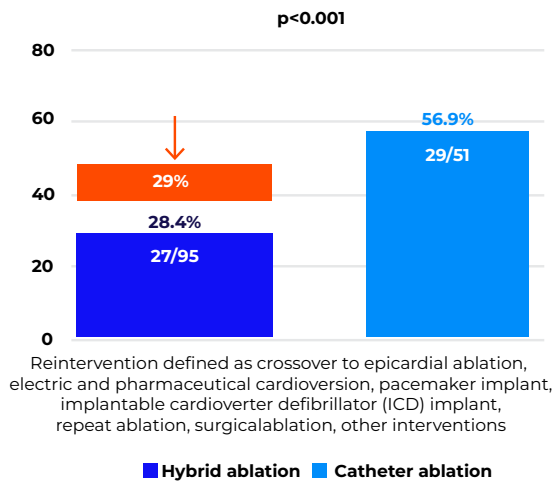
Persistent AF

Freedom from AF/AFL/AT through 3-years



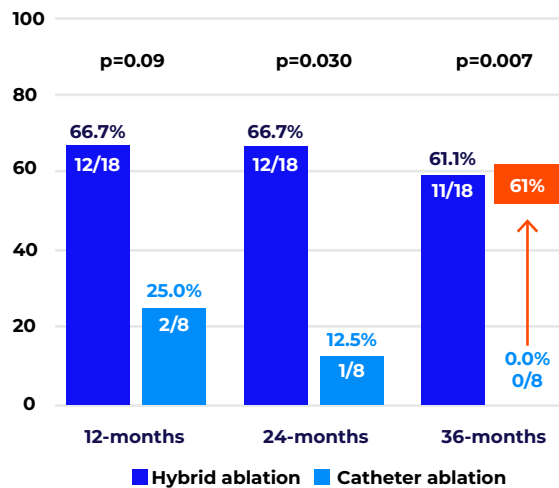
Reinterventions

through 3-years



Long-standing persistent AF

Freedom from AF/AFL/AT through 3-years



Hybrid ablation

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



29%

absolute risk reduction

100%

relative risk reduction

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.