FARAPOINT™
Pulsed Field Ablation Catheter

ADVANTAGE AF CTI Subanalysis

Boston Scientific
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How does pulsed field compare to radiofrequency for CTI ablation to treat typical atrial flutter?

Result: FARAPOINT™ Pulsed Field Ablation (PFA) Catheter demonstrated similar safety and effectiveness to RFA, while enabling significantly greater procedural predictability

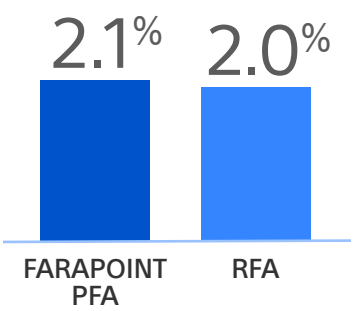
Background:
Typical atrial flutter (AFL) is common in AFib patients and is treated with cavotricuspid isthmus (CTI) ablation. The ADVANTAGE AF CTI Subanalysis compared the safety and effectiveness of pulsed field ablation (PFA) to radiofrequency ablation (RFA)—the standard of care—for CTI ablation

Key facts:

- All patients received pulmonary vein isolation (PVI) and posterior wall ablation (PWA) with the FARAWAVE™ Pulsed Field Ablation (PFA) Catheter
- At operator discretion, patients were additionally treated for AFL with adjunctive CTI ablation using either:
  - RFA in Phase I (n=50, 19%)
  - FARAPOINT PFA in Phase II (n=141, 55%)

SAFETY ENDPOINT: FARAPOINT PFA demonstrated safety outcomes comparable to RFA

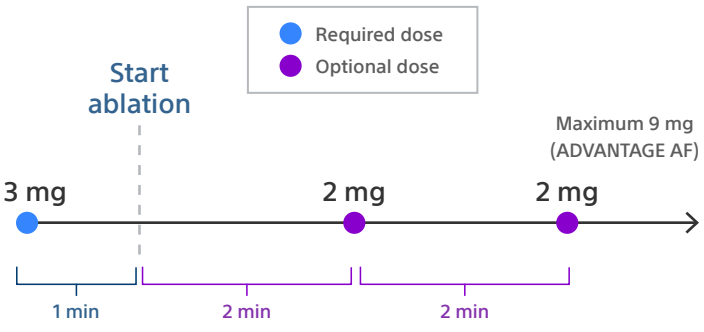
Cumulative incidence of primary safety events (p=ns)



0 incidents of clinical coronary artery spasm

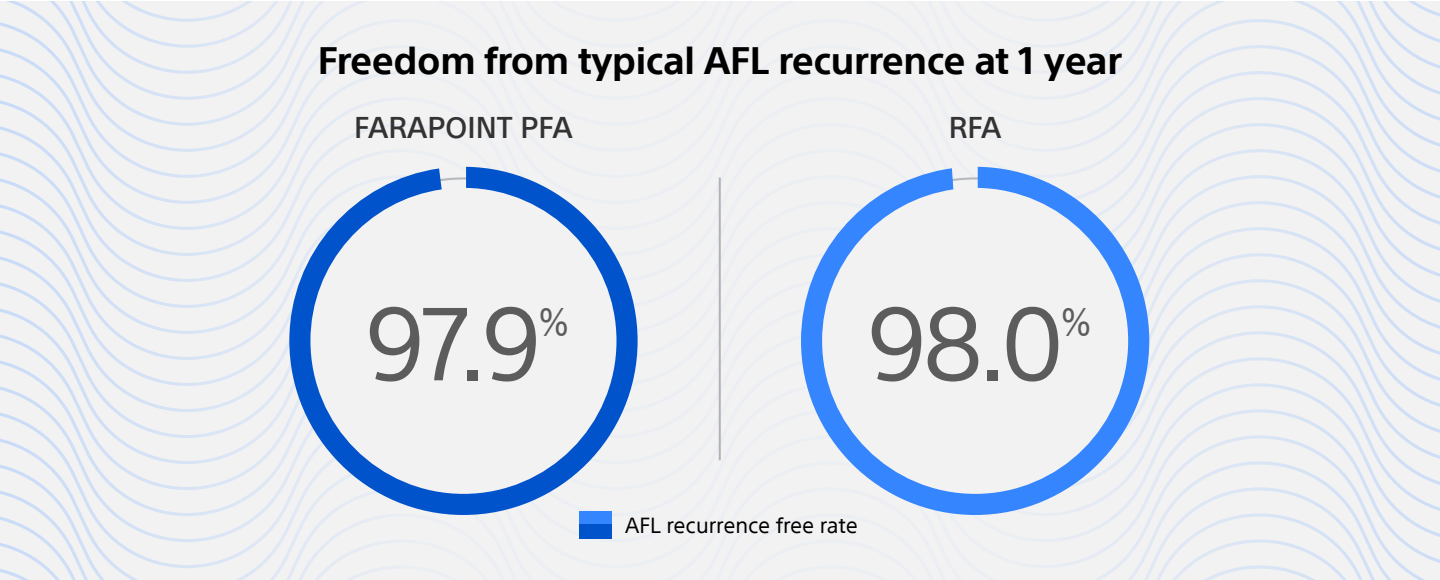
A prophylactic nitroglycerin (NTG) protocol was used in patients treated with FARAPOINT PFA

Prophylactic IV nitroglycerin protocol during CTI ablation



The safety endpoint was calculated as the rate of predefined safety events: myocardial infarction, stroke, transient ischemic attack, thromboembolism, pulmonary edema, unresolved phrenic nerve palsy/paresis, serious vascular access complications, heart block, GI disorders occurring within 7 days of the index procedure, cardiac tamponade/perforation or pericarditis, or other PFA system/procedure related cardiovascular or pulmonary adverse events within 30 days of the index procedure, and pulmonary vein stenosis or atrio-esophageal fistula occurring prior to the 1-year follow-up. Mortality (within 7 days of procedure in Phase I and within 30 days of procedure in Phase II) was also included in the primary safety endpoint.

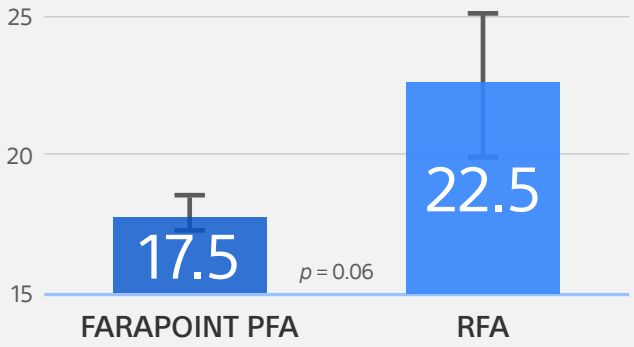
EFFECTIVENESS DATA: FARAPOINT PFA resulted in 97.9% freedom from AFL recurrence at 1 year — nearly equivalent to RFA



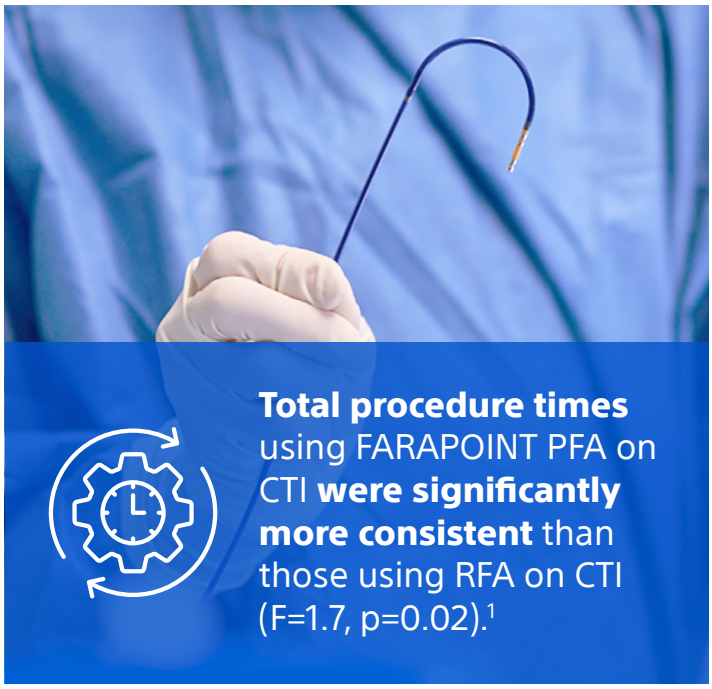
RELIABILITY: FARAPOINT PFA delivered significantly greater predictability in number of CTI applications and total procedure times vs RFA

Number CTI of applications

FARAPOINT PFA on CTI 17.5 ± 6.4 vs RFA on CTI 22.5 ± 18



Number of CTI applications using FARAPOINT PFA on CTI were fewer vs RFA and were significantly more consistent than those using RFA on CTI (F=8.0, p=0.001).[1]



Read the full HRS abstract here

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1. Based on an analysis of variance in the number of CTI applications and total procedure times in the ADVANTAGE AF trial
2. Reddy, VY, et al., 2025. Focal Pulsed Field Ablation vs Standard Radiofrequency Ablation for Typical Atrial Flutter: A sub-study across Phase I and Phase II of the Pivotal ADVANTAGE AF Trial. Presented at HRS.

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