# **RECOVER AF Study Highlights**

# Insights into the Clinical Benefits of AcQMap-guided Ablation

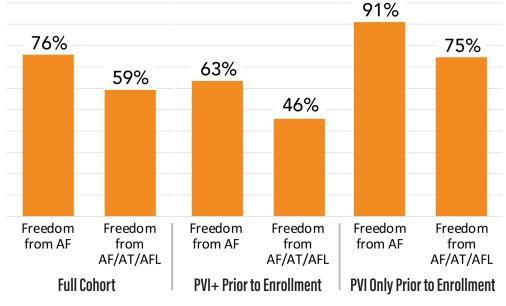
AcQMap equips physicians with a whole-chamber, single-beat, non-contact mapping solution that enables the seamless visualization of patient-specific drivers and maintainers of atrial fibrillation (AF). This pivotal advantage encourages the efficient delivery of patient-specific therapy tailored to minimize the amount of healthy tissue ablated and optimize outcomes.

# AcQMap Is a First-Line Solution for the Retreatment of Persistent AF

freedom from AF at 1 year Aligned with other key AcQMap studies

- UNCOVER AF: 73%<sup>2</sup>
- Core-To-Boundary: 88% (2-year)<sup>3</sup>

AcQMap offers physicians a powerful tool to rely on with their most challenging and complex persistent AF cases. Mounting evidence indicates that it is *remarkably* effective when leveraged as a first-line solution for retreatment for persistent AF, and may be underutilized if only used for later procedures.



### Patient Outcomes at 1 Year

These particularly high success rates for persistent AF retreatment patients could indicate that ablation beyond the PVs that are not informed by a patient's activation during AF could be deleterious to future treatment.

freedom from AF at 1 year

(de novo PVI only patients)

(43/47 patients)

# AcQMap-guided Therapy Outperformed Traditional Anatomical Strategies

When AcQMap was leveraged to guide ablation strategies, researchers achieved significantly improved outcome rates at one year. Vein re-isolation had no significant impact on outcomes (p=0.45).

## Freedom from AF at 1 Year

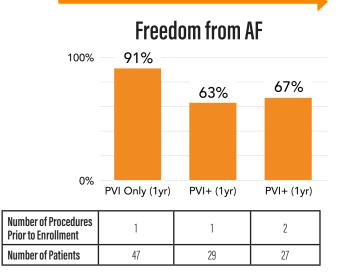


# Anatomical Strategies May Be Harmful

These findings strongly suggest that adopting a patient-specific strategy that reduces empirical ablations *may* be critical to preserving healthy tissue and improving success rates.

Patient Cohort			Comparative likelihood of AF freedom at 1 year
1st retreatment patients with de novo PVI only	VS	First retreatment patients with PVI+	10.9x

More Empirical Ablations, More Difficult to Treat



# Join the Investigation

While studies are just beginning to reveal the impact mapping AF can have on improving outcomes for patients with persistent AF, it is evident the technology offers advantages worthy of further investigation.

Partner with us to begin your investigation into the clinical benefits of mapping AF. Speak to your Acutus representative now to learn how.

#### **References:**

<sup>1</sup> Betts T et al. Treatment of pathophysiologic propagation outside of the pulmonary veins in retreatment of AF. *EP Europace*. [DOI TBD]

<sup>2</sup> Willems et al. "UNCOVER AF Trial" *Circulation: Arrhythmia and Electrophysiology*. Jun 2019

<sup>3</sup>Shi et al. "Individualized ablation strategy to treat persistent atrial fibrillation: Core-to-boundary approach guided by charge-density mapping" *Heart Rhythm Journal* Volume 18, Issue 6, June 2021 <sup>4</sup>Peigh et al. Repeat pulmonary vein isolation with or without FIRM-guided ablation for recurrent atrial fibrillation with pulmonary vein reconnection. *J Cardiovasc Electrophysiol*. 2020 May ; 31(5): 1031–1037 <sup>5</sup>Goldenbere et al. The incremental benefit of non-outmonary vein left atrial ablation in oatients undergoine a receast cersistent atrial fibrillation ablation orocedure. *J Interv Card Electrophysiol*. 2020 May ; 31(5): 1031–1037

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