





OBJECTIVE

To assess if FARAPULSE™ Pulsed Field Ablation is:

- Tissue-selective and spares the esophagus, pulmonary veins and phrenic nerve
- Associated with any unusual adverse events that would only be apparent after thousands of ablation procedures

> STUDY DESIGN

The data expands beyond the previously published MANIFEST-PF registry to include a total of 17,642 new patients treated over a 2-year window (3/2021-3/2023).



106 Centres



91.4% of all commercial centres using FARAPULSE



413 Operators



17,642Patients
(35% PersAF)



SAFETY



The major adverse event rate was 0.98% with the most common complication being pericardial tamponade (0.36%).



There were no reports of oesophageal fistula or dysmotility, pulmonary vein stenosis or persistent phrenic nerve injury.

*Due to the retrospective nature of the registry, the adverse event rate was not reported at a pre-specified timepoint.

SAFETY

Low rates of PF energy specific AEs

3 adverse events classified as related to pulsed field energy delivery:

- Transient phrenic nerve paresis (0.06%)
- Coronary spasm (0.14%)
- Hemolysis/renal failure (0.03%)

The remaining events (mortality, stroke, pericardial tamponade, TIA, and vascular access complications) were classified as non-PF energy related.

Minor Adverse Event Rate

The minor adverse event rate was 3.21% with the most common complication being vascular access site complication (2.2%).



SAFETY

Pericardial tamponade	Pericardial tamponade significantly improved in MANIFEST-17K (0.36%) vs MANIFEST-PF¹ (0.97%) (p<0.05)	
✓ Stroke	The stroke rate improved from 0.39% in MANIFEST-PF ¹ to 0.12% in MANIFEST-17K	
✓ Coronary Spas	The rate of coronary spasm was low (0.14%) with a majority (88%) being proximity related occurring with off-label use of the catheter during MI or CTI ablation	
	There were 3 (0.02%) reports of generalised spasm which is lower than the (RFA/CBA) rate of 0.19%	
✓ Hemolysis	Hemolysis resulting in acute renal failure was rare (<1 in 1000) and likely manageable with hydration and being aware of number of lesions applied	

LEARNING CURVE

	MANIFEST-PF¹ 24 Sites (n=1,758)	MANIFEST-17K 106 Sites (n=17,642)
Pericardial Tamponade*	0.97%	0.36%
Stroke	0.39%	0.12%
Transient Phrenic Nerve Paresis	0.46%	0.06%
Minor Vascular Complications*	3.28%	2.20%

^{*}Significant difference (p<0.05)

Comparing the MANIFEST-PF¹ registry of the first 1,758 patients treated with FARAPULSE™ to the MANIFEST-17K registry, there was:

- A significant improvement in rates of pericardial tamponade and minor vascular complications
- ✓ Improvements in stroke and transient phrenic nerve paresis rates

Vascular Ultrasound **significantly reduced** the number of vascular complications requiring intervention (p=0.046).



- This data expands beyond the initial 24 centres involved in the MANIFEST registry, showing that the low rate of safety events continues as the technology is adopted by additional centres
- The major adverse event rate was <1% in 17,642 patients with no reports of oesophageal fistula or dysmotility, pulmonary vein stenosis or persistent phrenic nerve injury
- Evidence of learning curve at both the physician/site level was seen by:
 - The significant decrease in rates of pericardial tamponade and minor vascular complications
 - Improvements in stroke and transient phrenic nerve paresis rates from the initial MANIFEST-PF² registry to MANIFEST-17K
- The FARAPULSE™ safety profile demonstrated in this study should not be applied to other PFA systems

- 1. Ekanem, Emmanuel, *et al.* "Multi-national survey on the methods, efficacy, and safety on the post-approval clinical use of pulsed field ablation (MANIFEST-PF)." Europace 24.8 (2022): 1256-1266.
- 2. Reddy & Ekanem, *et al.* Multi-National Survey on the Safety of the Post-Approval Clinical Use of Pulsed Field Ablation in 17,000+ Patients (MANIFEST-17K). AHA 2023.

