[JA] So, when we think about early rhythm control, we want to know that it has a comprehensive effect.

So, we know that ablation is good at getting rid of atrial fibrillation, but if it doesn't get rid of other things that come along with it, it's not very valuable as a first therapy.

So, we look at early rhythm control. We want to know that it also reduces hospitalizations, healthcare utilizations, that it doesn't come with a cost of increasing complications, and that it does improve quality of life.

And so, when we're faced with a treatment decision, we want to know whatever intervention that we do is going to benefit each of those outcomes.

So, the study design was a meta-analysis of the three first line cryoballoon catheter ablation studies.

So, we took the year European Cryo-FIRST study, the American STOP AF First study, and the Canadian EARLY-AF study. We combined all 750 patients into one meta-analysis, which gave us the power to look at healthcare utilisation outcomes, as well as quality of life outcomes.

The key finding of the meta-analysis was that first-line catheter ablation significantly reduced arrhythmia recurrence and arrhythmia burden. That led to an improvement in quality of life compared to medical therapy, which led to a reduction in hospitalisation, emergency room visits and cardioversions in the year following intervention.

So, the take-home message from this study is that we now know the comprehensive effects of a first-line catheter ablation approach.

So, when we're faced with a patient with newly diagnosed atrial fibrillation, our treatment choice of medical therapy versus catheter ablation, we now know that on all fronts, catheter ablation is better. It reduces arrhythmia recurrences; it improves quality of life and patients are less likely to come into hospital in the year following intervention.

So, the further research that's required is to look at how this lasts over time.

So, all of these studies are looking at the year following intervention, and we can say that as a comprehensive first-line therapy, ablation's better.

What we would like to know is whether ablation actually modifies the disease and whether that leads to long-term benefits for these younger patients with atrial fibrillation.