Supplementary material

Kaczmarek K, Kuniewicz M, Romanek J, et al. Real world experience with cryoballoon ablation for the treatment of atrial fibrillation in Poland: 24-month outcomes from the Cryo Global Registry. Pol Heart J. 2024.

Please note that the journal is not responsible for the scientific accuracy or functionality of any supplementary material submitted by the authors. Any queries (except missing content) should be directed to the corresponding author of the article.

Cubiest chore staristic	Patients undergoing cryoballoon ablation in Poland	
Subject characteristic Sex (female), n (%)	(n = 178)	
	52 (29.2)	
Age, years, mean (SD)	60 (10)	
Body mass index, kg/m ² , mean (SD)	30 (4)	
CHA ₂ DS ₂ -VASc Score, median (Q1–Q3)	2.0 (1.0–3.0)	
Clinical classification of atrial fibrillation		
Paroxysmal atrial fibrillation, n (%)	144 (80.9)	
Persistent atrial fibrillation, (n (%)	34 (19.1)	
Time from first atrial fibrillation diagnosis, years, median (Q1-Q3)	2.2 (1.0-4.2)	
Number of failed antiarrhythmic drugs, mean (SD)	1.1 (0.7)	
Prior flutter ablation, n (%)	16 (9.0)	
Prior ablation for atrial fibrillation, n (%)	3 (1.7)	
Left atrial diameter, mm, mean (SD)	44 (6)	
Left ventricular ejection fraction, %; mean (SD)	55 (11)	
Hypertension, n (%)	129 (72.5)	
Heart failure, n (%)	63 (35.4)	
Baseline New York Heart Association Functional Class		
Class I, n (%)	22 (12.4)	
Class II, n (%)	31 (17.4)	
Class III, n (%)	10 (5.6)	
Class IV, n (%)	0 (0.0)	
Prior myocardial infarction, n (%)	17 (9.6)	
Prior stroke/transient ischemic attack, n (%)	16 (9.0)	
Coronary artery disease, n (%)	27 (15.2)	
Diabetes, n (%)	46 (25.8)	
Sleep apnea, n (%)	21 (11.8)	

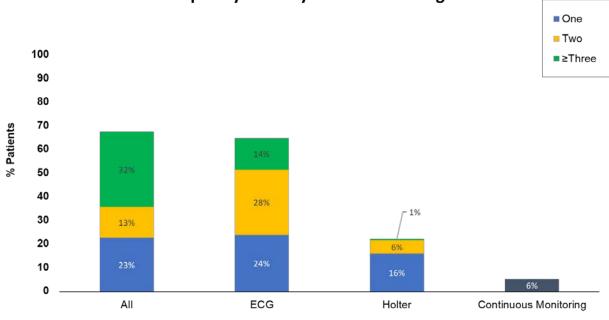
Table S1. Patient baseline characteristics

 CHA_2DS_2 -VASc score is a composite index evaluating stroke risk in a patient. Variables which increase the score are congestive heart failure, hypertension, age ≥ 65 years, diabetes mellitus, prior stroke or transient ischemic attack, vascular disease, and female sex

	AAD at	AAD at	AAD at	AAD at
	baseline	discharge	month 12	month 24
Site 1	81 (81.8%)	82 (82.8%)	62 (63.9%)	65 (69.2%)
Site 2	46 (93.9%)	27 (55.1%)	18 (37.5%)	20 (41.7%)
Site 3	10 (33.3%)	8 (26.7%)	7 (23.3%)	11 (37.9%)
Total	137 (77.0%)	117 (65.7%)	87 (49.7%)	96 (56.1%)

Table S2. Prescription of anti-arrhythmic drugs (AAD) per center

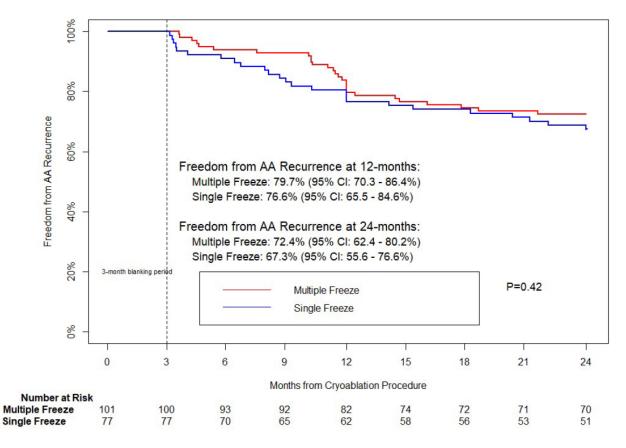
Data on AAD prescription was available for 171 of 178 patients



Frequency of Arrhythmia Monitoring

Standard of Care Rhythm Monitoring during 24-Month Follow-up

Figure S1. Frequency of arrhythmia monitoring



	Number of subjects	Number of freeze per vein
Single freeze cohort	77 (43.3%)	1
Multiple freeze cohort	101 (56.7%)	Median (Q1–Q3): 1 (1–2)

Figure S2. Effect of single freeze attitude on efficacy