

SUPPLEMENTARY TABLE 1

General cryoballoon ablation questionnaire (translated from Russian)

GENERAL QUESTIONS REGARDING CENTRE EXPERIENCE IN CATHETER ABLATION									
¹ When your centre started tachyarrhythmia ablation?		² When your centre started AF ablation?		³ Total number of all arrhythmia catheter ablations performed in your centre (before 10.2014)		⁴ Total number of AF (RF+cryo) performed in your centre (before 10.2014)?			
⁵ Total number of AF ablations (RF+cryo) performed in your centre in 2013		⁶ Total number of AF ablations (RF+cryo) performed in your centre in 2014 (before 10.2014)		⁷ When your centre started CBA?					
QUESTIONS REGARDING CRYOBALLOON ABLATION EXPERIENCE									
⁸ Number of CBAs performed in your centre		⁹ Of them for paroxysmal AF		¹⁰ Of them for persistent AF		¹¹ N of males		¹² Mean age	
¹³ Number of CBAs performed in 2013		¹⁴ Number of CBAs performed in 2013 (before 10.2014)?		¹⁵ Number of operators performing CBA					
CRYOBALLOON ABLATION PARAMETERS									
¹⁶ Do you use Arctic Front balloons (yes\no)?		¹⁷ Do you use 23 mm balloons (yes\no + %)?		¹⁸ Do you use 28 mm balloons (yes\no +%)?		¹⁹ Do you use the Achieve catheter? (yes\no)		²⁰ Do you use the Advance balloon (yes\no +%)	
²¹ Number of transseptal punctures (with/without Achieve)		²² Do you use other circular diagnostic catheter (with/without Achieve)?		²³ Do you use ultrasound guidance (routinely/only sometimes)?		²⁴ TEE (yes\no)?		²⁵ ICE (yes\no)	

²⁶ Ultrasound only for transeptal access (NA\yes\no)		²⁷ Ultrasound for balloon positioning as well (+doppler) (NA\yes\no)		²⁸ Mean fluoro time		²⁹ Mean fluoro time with Achieve/without Achieve (min)		³⁰ Mean fluoro time with Advance (min)	
³¹ Mean fluoro time for first 20 procedures		³² First 20-50 procedures		³³ Mean procedure time (min)		³⁴ Procedure time without Achieve (min)		³⁵ Procedure time with Achieve (min)	
³⁶ Procedure time with Advance (min)		³⁷ Mean procedure time for first 20 procedures		³⁸ First 20-50 procedures					
³⁹ Additional touch-up applications for PV isolation (Arctic Front) (%)		⁴⁰ Additional touch-up applications for PV isolation (Advance) (%)		⁴¹ Touch-ups using RF (yes\no)		⁴² Touch-ups using cryo (yes\no)		⁴³ RF ablation for additional linear lesions during the same procedure (except typical flutter) (%)	0

FOLLOW-UP (please consider a 3-month blanking period)									
⁴⁴ Duration of hospital stay (days)		⁴⁵ Do you routinely perform patient follow-up after CBA? (yes\no)		⁴⁶ 24-hour Holter how frequently?		⁴⁷ 48-72-hour Holter how frequently?		⁴⁸ Implantable loop recorder? (% of patients after CBA)	
⁴⁹ Rest ECG how frequently?		⁵⁰ Phone contact how frequently?		⁵¹ Patients visit an outpatient unit? How frequently?					
PERIPROCEDURAL ANTICOAGULATION (CBA only)									
⁵² Bridge anticoagulation routinely (yes/no)?		⁵³ Uninterrupted Warfarin (yes\no)?		⁵⁴ Non-vitamin K oral anticoagulants (NOACs)?		⁵⁵ Dabigatran – hours of skip (if used)		⁵⁶ Rivaroxaban - hours of skip (if used)	
⁵⁷ Apixaban – hours of skip (if used)									
ARRHYTHMIA-FREE RATE AFTER CBA at 6/12 months – OFF AADs (no recurrence registered on ECG)									
⁵⁸ Paroxysmal AF? (6/12 months, %)		⁵⁹ Persistent AF? (6/12 months, %)		⁶⁰ Long-standing persistent AF? (6/12 months, %)					

[illegible]

SUPPLEMENTARY TABLE 2

Additional questionnaire regarding procedure-related adverse events (translated form Russian)

Tamponade								
						Gender	Age, years	
Patient-1	Possible reason and management							
Patient-2	Possible reason and management							
<i>Please add more rows if required</i>								
Vascular adverse events								
Arteriovenous fistula	Patient-1 - management							
	Patient-2 – management							
	<i>Please add more rows if required</i>							
Pulsating hematoma	Patient-1 – management							
	Patient-2 - management							
	<i>Please add more rows if required</i>							
Phrenic nerve paresis								
Patient-1	Transient? When recovered?							
Patient-2	Transient? When recovered?							
<i>Please add more rows if required</i>								
Stroke								
Patient-1	Ischemic/Hemorrhagic		When occurred?		Information about management and recovery			
Patient-2	Ischemic/Hemorrhagic		When occurred?		Information about management			

					t and recovery			
<i>Please add more rows if required</i>								
Hemoptysis								
Patient-1	Severe/mod arate/mild		When occurred?		Information about managemen t and recovery			
<i>Please add more rows if required</i>								
<i>Please add any other information regarding procedure-related adverse events not indicated above</i>								