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Letter to the Editor

Reply to "Catheter ablation for atrial fibrillation: Earlier is better"

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Dear Editor,

We thank Dr. Huang for commenting on our recent paper showing that short diagnosis-to-ablation time (DAT) in patients undergoing radiofrequency catheter ablation for atrial fibrillation (AF) was associated with better clinical outcomes and reduced cardiovascular hospitalization [1,2].

Dr. Huang correctly pointed out that more studies are needed in addition to previous and our studies to determine the benefits of early AF ablation considering the recent progresses in technologies, tools, and approaches [2]. We definitely agree with his opinion, but most important step to prove the benefit of early AF ablation should be randomized controlled trials comparing early versus delayed AF ablation, which seem very difficult to conduct. Recently reported CABANA randomized clinical trial compared catheter ablation and medical therapy for symptomatic paroxysmal or persistent AF [3]. Because of slow enrollment and high rate of crossover in medical therapy group to catheter ablation (27.5%), there was no significant difference between the treatment groups in the incidence of the composite primary endpoint of death, disabling stroke, serious bleeding, or cardiac arrest in the intention-to-treat analysis [3]. Thus, we should note that majority of symptomatic AF patients in the current era prefer early ablation to medical therapy. To further evaluate the impact of early choice for catheter ablation in the treatment of AF, large scale, multicenter, high-quality, observational studies are realistically important, which may elevate catheter ablation as first-line therapy for symptomatic AF to class I indication in the future guidelines.

Declaration of Competing Interest

The authors report no relationships that could be construed as a conflict of interest.

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