

900 **Data Supplement**

901

902 **Table 6.** Patients available for follow-up during study period. Initial cohort was comprised of
 903 696 patients who underwent CMP-IV. Patients available for follow-up include all patients
 904 available at time of data collection (regardless of recurrence status) for each discrete timepoint.
 905 The number of deceased patients refers to the cumulative mortality at each timepoint. Patients
 906 not available for follow-up and not known to be deceased are displayed as censored.

Year Follow-Up	Total Patients	Patients Available	Deceased Patients	Censored Patients
1	636	499	59	138
2	555	401	140	155
3	480	319	215	162
4	415	254	280	162
5	350	205	345	146

907

908 **Table 7.** Non-censored patients available for follow-up.

Year Follow-Up	Non-censored Patients Available at Follow-up	Younger Cohort (Age < 75)	Elderly Cohort (Age ≥ 75)
1	499	406	93
2	401	326	75
3	319	265	54
4	254	209	45
5	205	169	36

909

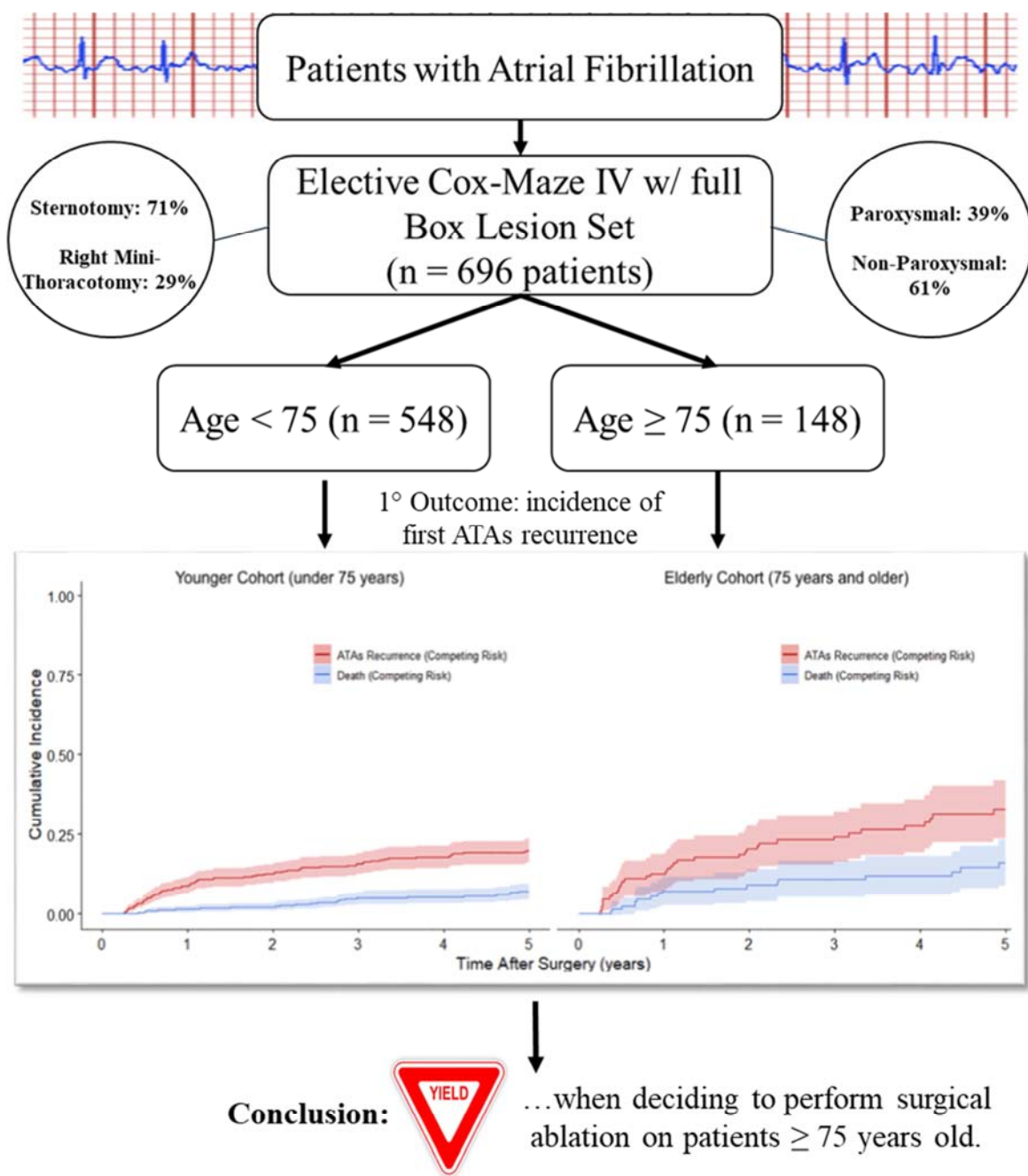
910

911

912

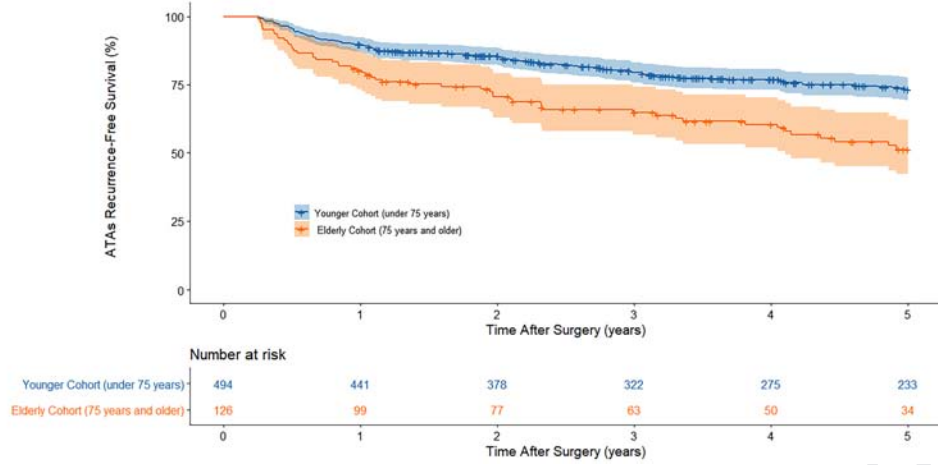
913

914



915
 916
 917
 918
 919
 920
 921
 922
 923
 924

Figure 5. Graphical Abstract. Overview of study design including total number of study patients undergoing elective Cox-Maze IV procedure with full Box Lesion set for symptomatic atrial fibrillation (n = 696). Patients divided into two cohorts based on age at time of surgery: age < 75 years (n = 548) and age ≥ 75 years (n = 148). Primary outcome was incidence of first ATAs recurrence. By competing risk analysis, the incidence of first ATAs recurrence was higher in elderly patients. The lower success rate in elderly patients should be considered when deciding to perform surgical ablation.



Journal Pre-proof



Journal Pre-proof



Journal Pre-proof




Journal Pre-proof

Impact of Age on Atrial Fibrillation Recurrence Following Cox-Maze IV Procedure

Robert MacGregor, MD, Ali Khiabani, MD, Laurie Sinn, RN, BSN, Joshua Manghelli, DO, Daniel Carter, BS, Hersh Maniar, MD, Richard B Schuessler, PhD, Marc Moon, MD, Spencer Melby, MD, and Ralph Damiano Jr., MD

Division of Cardiothoracic Surgery, Department of Surgery
Washington University School of Medicine and Barnes-Jewish Hospital
St. Louis, Missouri, USA

May 4, 2019

 Washington University in St. Louis • School of Medicine

Department of Surgery
Division of Cardiothoracic Surgery

Journal Pre