

Author Year	Study type	Sample size	Ablation technique	Catheter	High power protocol	Contact Force	Irrigation	Follow-up (months)	Success rate	Ablation time (min)	RF time (min)	Fluoroscopy time (min)	Complications (High vs. Low power)
Reddy et al 2019 ²⁵	Non-randomized prospective multicenter single arm	52	PVI +/- CTI	QDOT	90 W / 4 s (N = 52)	5-30 g	8 ml/min	3	94.2%	44.3 ± 22.4	6.6 ± 8.2		Femoral pseudoaneurysm (1.9%), asymptomatic thromboembolism (1.9%), esophageal ulcer hemorrhage (1.9%).
Winkle et al 2018 ⁴⁰	Non-randomized prospective single arm	51	PVI +/- non-PV triggers and induced atrial flutters	3.5 mm open irrigated CF sensing	50 W / 11 s	10-20 g	30 ml/min	12-24	84.3% at 12 months, 77.5% at 24 months		14.9 ± 4.2		None
Winkle et al 2011 ⁴¹	Non-randomized prospective	843	PVI and roof line +/- CTI +/- mitral isthmus lines	8 mm tip (70 W), 3.5 mm open irrigated (40 W point-by-point/ 45 W point-by-point/50 W drag lesions)	40-45 W / 20-25 s, 50 W / 3-10 s (drag lesions), 70 W	N/A	30 ml/min	12	39.6% (70 W), 45.2% (40 W), 58.8% (45 W), & 59.7% (50 W drag lesions)		24.7 ± 9.7 (50 W drag lesions)	63.1 ± 19.5 (50 W drag lesions)	Cardiac tamponade (0.6%), stroke/TIA (0.36%), PV stenosis (0.09%), Esophageal irritation (0.09%)
Dixit et al 2006 ⁴²	Randomized controlled trial	82	PVI (segmental)	8 mm tip (<=70 W), 4 mm internally cooled (<=50 W)	*	N/A		6	78% (<=70 W) & 70% (<=50 W), p = 0.40			83 ± 28 (<=70 W), 90 ± 39 (<=50 W)	Atrioesophageal fistula (2% in <=70 W group), stroke (3% in <=50 W group)

Abbreviations: CF, contact force; CTI, cavotricuspid isthmus; min, minutes; ml/min, milliliters per min; N, sample size; N/A, not applicable; NS, not significant; PV, pulmonary vein; PVI, pulmonary vein isolation; s, seconds; TIA, transient ischemic attack; W, watt

* Authors used <=70 W for up to 60 seconds and <=50 W for up to 60 seconds

Table 2: Studies evaluating high power ablation strategies for atrial fibrillation (AF) ablation