Abbreviations: Rx – randomisation, m – months, d – days, w – weeks

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Assessment/Procedures:	Screening visit	Enrolment, Rx [9]	Catheter Ablation [12]	Pre discharge visit [13]	Onsite or Remote visit	Onsite visit	Onsite or Remote FU	Final visit	Unscheduled visit
	d – 30 to 0	d 0 of FU	d 1 – 30		3 m ± 4w	12 m after Rx +/-8w	24 m & 36 m after Rx ±8w followed by regular 12 m FU ±8w	Onsite or Re-mote [14]	
Signed informed consent form (ICF)	●								
Inclusion & exclusion criteria	●	●							
Physical examination		●	●	●	● [4]	●	● [4]		●
Medical history assessment		●							
Clinical routine laboratory parameters [1]		●		●	● [4]	●	● [4]		●
ECG [2]		●	●	●	● [4]	●	● [4]		●
Transthoracic echocardiography (TTE)		● [3]				●	● [4,10]	● [4,10]	● [7]
Randomisation (Rx)		●							
NYHA classification and symptoms		●	●		●	●	●	●	●
Quality of life questionnaires		●				●	● [8]		
Cognitive function test (MoCA)		●				●			
Concomitant therapy, medication & interventions		●	●		●	●	●	●	●
Serious adverse events (SAEs) /non-serious adverse events of special interest (AEoSIs)		●	●	●	●	●	●	●	●
ILR implantation [9, 11]		●							● [7]
24h ECG Holter		● [5,6]				● [6]			

| **1** Blood sample not older than 7 days at the date of enrolment/study visit; serum potassium, sodium, creatinine, eGFR, small blood count, total cholesterol, TSH and pregnancy test in females of childbearing potential (only at enrolment visit), NT-proBNP and CRP | **2** Not older than 14 days at the date of enrolment/study visit | **3** TTE prior enrolment must be performed up to 30 days prior to randomisation, but after M-TEER | **4** Only performed in case of onsite visit | **5** A 24-hour Holter ECG performed within 14 days prior to randomisation, as part of the clinical routine, should be used as baseline 24-hour Holter ECG. | **6** Results of 24-hour Holter will be collected. Tests will be performed according to local custom and clinical need. | **7** Only if applicable | **8** Only at 24-month FU visit | **9** AF burden sub-study only | **10** Optional, recommended | **11** Automated management and interrogation | **12** After enrolment (applicable only in the ablation group) | **13** At discharge from hospital (inpatient or outpatient) | **14** Within 3 months after confirmation of required number of primary outcomes or after withdrawal

Inclusion criteria

I1. Patients with ECG-documented atrial fibrillation (AF).

I2. Transcatheter edge-to-edge mitral-valve repair (TEER) for severe functional mitral valve regurgitation (MR) with successful result (less than moderate MR, gradient < 5 mmHg) performed within a period of minimum of 30 days and a maximum of 6 months. Moderate residual MR is eligible if no further mitral valve intervention or surgery is planned and patient is stable for > 3 months.

I3. Provision of signed informed consent.

Exclusion criteria

E1. Age <18 years

E2. Patient not suitable for AF ablation

E3. Previous ablation procedure for AF

E4. Acute coronary syndrome, cardiac surgery, angioplasty, or cerebrovascular accident within 2 months prior to enrolment

E5. Untreated hypothyroidism or hyperthyroidism requiring therapy

E6. Enrolment in another randomised study

E7. Indication for cardiac resynchronization therapy

E8. Current pregnancy, breastfeeding, or women not using reliable contraceptive measures during fertility age

E9. Mental or physical inability to participate in the study

E10. Planned cardiovascular intervention or operation

E11. Life expectancy ≤ 12 month

Catheter **A**blation for **AF** in patients with severe **Mitra**l Regurgitation after successful Transcatheter Mitral-Valve repair

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AFNET e.V.