efficacy outcome is stroke or systemic embolism (SE) and primary safety outcome is major bleeding.

**Results:** A total of 6,930 patients with a mean age of 64.1 years and a mean follow-up of 3.8 ± 2.3 years were included. Extreme obese groups I through 4 included 2216 (32%), 2240 (32.3%), 1277 (18.4%), and 1197 (17.3%) with DOACs use ranging from 60% to 63%. In Cox regression for the entire cohort, DOACs were associated with a significantly lower risk of stroke or SE (hazard ratio [HR]: 0.52; 95% confidence interval [CI]: 0.42, 0.65) and major bleeding (HR: 0.55; 95% CI: 0.59, 0.90) compared to VKA. Results remained similar across all groups except non-significant results for groups 3 and 4 for major bleeding.

**Conclusion:** DOAC utilization in patients with extreme obesity was far greater than use of VKA despite not having significant clinical trial evidence of safety and efficacy in this unique population. Our observational retrospective study revealed significantly better prevention of stroke or SE without increased major bleeding in patients who are on DOACs versus VKA.

**ABSTRACT CI-525:**
Novel CIEDs and algorithms

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**CI-525-01**

**EARLY EXPERIENCE WITH A LEADLESS VENTRICULAR PACEMAKER PROVIDING ATRIOVENTRICULAR SYNCHRONOUS PACING IN THE REAL-WORLD SETTING: RESULTS FROM THE MICRA AV POST-APPROVAL REGISTRY

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**Background:** Advances in leadless pacemaker technology have enabled accelerometer based atrioventricular synchronous (AVS) pacing by sensing atrial mechanical contraction. However, performance of these devices in real-world clinical practice has not been assessed.

**Objective:** To report the acute performance of the Micra AV leadless pacemaker from the global Micra AV post-approval registry (PAR).

**Methods:** The Micra AV PAR is an ongoing prospective single-arm observational study designed to assess the safety and effectiveness of Micra AV in the real-world setting. The registry will enroll approximately 750 patients and follow them for 3-years. For this analysis, baseline characteristics, device performance, and pericardial effusion events were summarized.

**Results:** The device was successfully implanted in 400 of 402 patients (99.5%) at 77 centers (mean age 75.4 ± 14.1 years, 43.8% female). The most common pacing indication was AV block (49.0%), followed by sinus node dysfunction (17.9%), and bradyarrhythmia with AF (16.2%). Co-morbidities included diabetes (33.6%), heart failure (14.7%), and COPD (9.0%) with 33.3% precluded from transvenous devices. Pericardial effusion occurred in 5 patients (1.24%). Of the 153 patients programmed to VDD mode with ≥30 days of device follow-up, median pacing percentage was 70.7% with 43.1% of patients having >90% pacing. The median percentage of ventricular paces preceded by atrial mechanical detection was 75% in the 66 patients with >90% ventricular pacing (Figure).

**Conclusion:** The Micra AV leadless pacemaker was implanted with a high rate of success among patients with a high morbidity burden. Longer-term performance of the device will continue to be assessed in this ongoing trial.

**CE-539-04**

**ANTICOAGULATION AND REFERRAL TO SPECIALTY SERVICES FOR WOMEN AND ETHNIC MINORITIES WITH ATRIAL FIBRILLATION**

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**Background:** Atrial fibrillation can be associated with significant symptoms, thromboembolic events, development of cardiomyopathy and even mortality. Women with atrial fibrillation are often older, more likely to be symptomatic with significant symptoms, thromboembolic events, development of cardiomyopathy and even mortality. Women with atrial fibrillation are associated with higher functional impairment and mortality.

**Objective:** The aim of this study is to show the discrepancy that does exist based on gender in anticoagulation rates and referral to Electrophysiology (EP).

**Methods:** Patient with atrial fibrillation who presented to primary care clinics at MetroHealth Medical Center over a 12-month period starting in January 2020 were included in this analysis. The number of patients anticoagulated and referred to EP, and those who completed their referral to EP were analyzed.

**Results:** 16.8% of 2,642 women and 21.3% of the 3,092 men seen in primary care clinic with atrial fibrillation were referred for EP consult as an outpatient (p=0.01). 50.2% of the women and 56.3% of men completed their referral to electrophysiology (p=0.049). 19.2% of women and 25.3% of men seen in primary care clinic were anticoagulated for atrial fibrillation (p<0.001). Amongst those patients, only 22% of women and 28.9% of men were on direct oral anticoagulants (p<0.001).

**Conclusion:** There is a significant discrepancy in the referral of patients with atrial fibrillation from primary care clinics for electrophysiology consult on the basis of gender. Additionally, significantly fewer women that were anticoagulated compared to men, especially with use of direct oral anticoagulant.