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LETTER FROM THE EDITOR IN CHIEF

Dear Readers,

Atrial fibrillation (AF) is the most common cause of cardiogenic stroke. Patients with AF are at least five times more likely to have a stroke. Moreover, ischemic stroke related to AF tends to be more severe than stroke, secondary to other causes. Warfarin and direct-acting oral anticoagulants are effective treatments for preventing stroke in AF. However, some patients taking these medications are at risk of bleeding, leading to a high rate of non-adherence with these medications. The PINNACLE-AF Registry showed that more than 40% of patients with AF who are candidates for anticoagulation based on their CHADS₂ score are not taking these medications. All these reasons lead to an increasing interest in device-based stroke prevention.

Many devices and tools have been developed over the past 10 years aiming at left atrial appendage closure. Some of these devices are available in different countries depending on the regulatory agencies approval. In the US, the only left atrial appendage closure device with stroke prevention indication is the WATCHMAN™ (Boston Scientific, Maple Grove, MN). It is the only device that has been tested in randomized clinical studies and shown to be superior to warfarin in many aspects. The role of the WATCHMAN™ (Boston Scientific, Maple Grove, MN) and other devices are reviewed in the elegant article by Iskanadar et al. in this issue of the *Journal*. The authors outline the risks involved with the administration of oral anticoagulation and provide a detailed analysis of the available data with the use of left atrial appendage closure devices including the WATCHMAN™ (Boston Scientific, Maple Grove, MN), AMPLATZER™ cardiac plug (St. Jude Medical, St. Paul, MN), LARIAT® (SentreHEART, Inc., Redwood City, CA), AtriClip (AtriCure, Mason, OH), and surgical excision.

One important aspect of left atrial appendage closure is cost and reimbursement. Despite the encouraging clinical data from many studies, reimbursement for left atrial appendage closure remains challenging. In addition to the clinical data, more recent publications demonstrated the cost effectiveness of left atrial closure when compared with pharmacological treatment. It is important that payers recognize the potential benefits of these devices, both clinical and economical. As a result, it is critical that cardiology professional societies continue to engage the payers to improve the current reimbursement status.

I hope you enjoy reading this issue of the *Journal* which contains many important articles.

Best wishes for a relaxing summer.

Regards,

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