



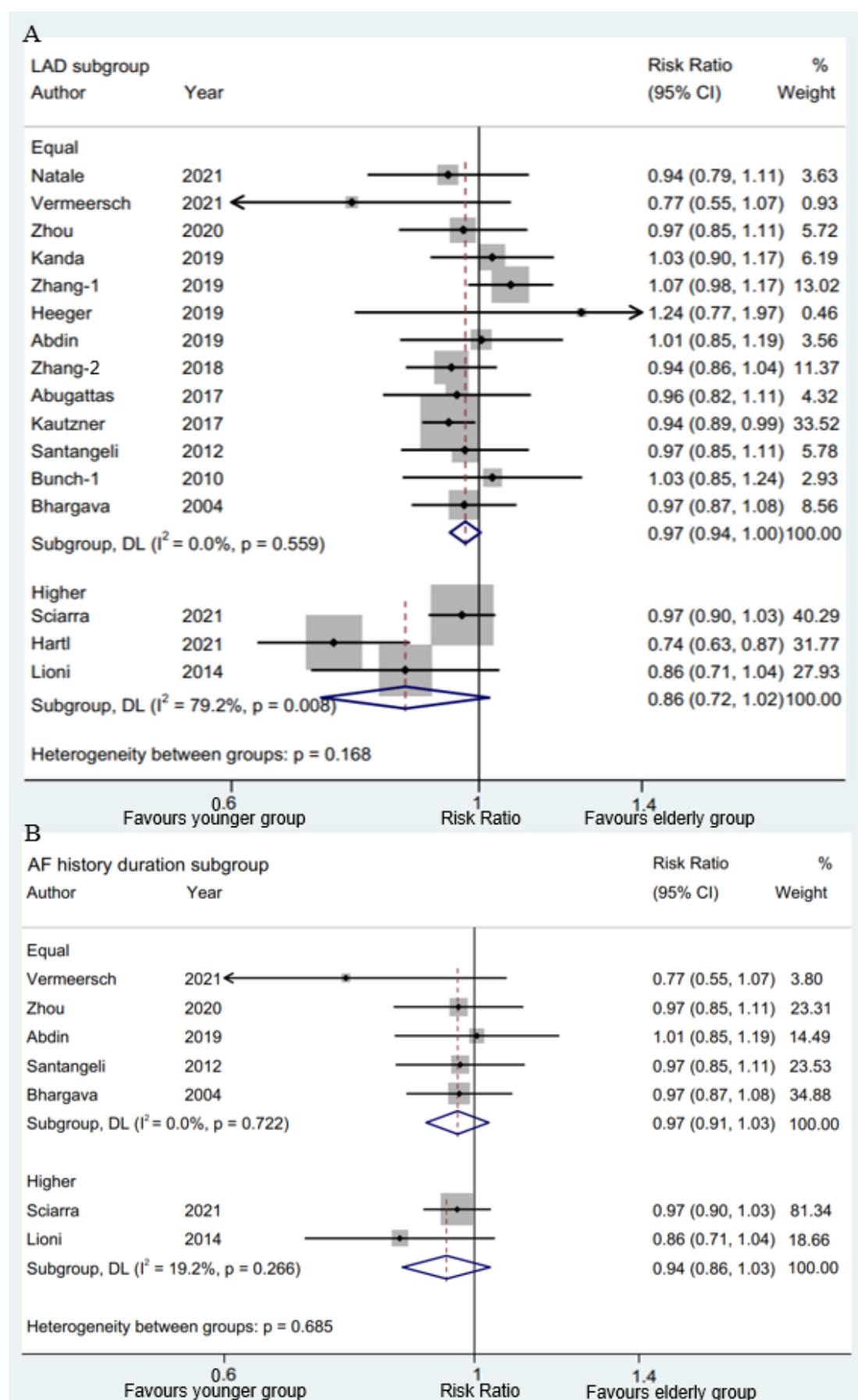
Supplementary Table S1. Quality assessment of eligible studies according to the Newcastle-Ottawa Quality Assessment Scale.

First Author	Year	Selection		Comparability		Outcome		Total Stars		
		Representativeness of the Exposed Cohort	Selection of the Nonexposed Cohort	Ascertainment of Exposure	Demonstration that Outcome of Interest Was Not Present at Start of Study	Comparability of Cohorts on the Basis of the Design or Analysis	Assessment of Outcome		Was Follow-Up Long Enough for Outcomes to Occur	Adequacy of Follow-Up of Cohorts
Natale [10]	2021	★	★	★	★	★★	★	★	★	9
Vermeersch [6]	2021	★	★	★	★	★★	★	★	★	9
Sciarra [11]	2021	★	★	★	★	★★	★	★	★	9
Hartl [12]	2021	★	★	★	★	★★	★	★		8
Zhou [13]	2020	★	★	★	★	★★	★	★		8
Kanda [14]	2019	★	★	★	★	★★	★	★	★	9
Fink [15]	2019	★	★	★	★	★★	★	★	★	9
Zhang-1[16]	2019	★	★	★	★	★★	★		★	8
Heeger [17]	2019	★	★	★	★	★★	★	★		8
Romero [18]	2019	★	★	★	★	★★	★	★		8
Abdin [19]	2019	★	★	★	★	★★	★	★	★	9
Zhang-2 [20]	2019	★	★	★	★	★★	★	★		8
Tscholl [21]	2018	★	★	★	★	★★	★	★		8
Moser [22]	2017	★	★	★	★	★★	★	★	★	9
Abugattas [23]	2017	★	★	★	★	★★	★	★	★	9
Kautzner [24]	2017	★	★	★	★	★★	★	★	★	9
Bunch-2 [25]	2016	★	★	★	★	★★	★	★	★	9
Lioni [26]	2014	★	★	★	★	★★	★	★	★	9
Santangeli [27]	2012	★	★	★	★	★★	★	★	★	9
Hao [28]	2012	★	★	★	★	★★	★		★	8
Bunch-1 [29]	2010	★	★	★	★	★★	★	★	★	9
Kusumoto [30]	2009	★	★	★	★	★★	★	★	★	9
Bhargava [31]	2004	★	★	★	★	★★	★	★	★	9

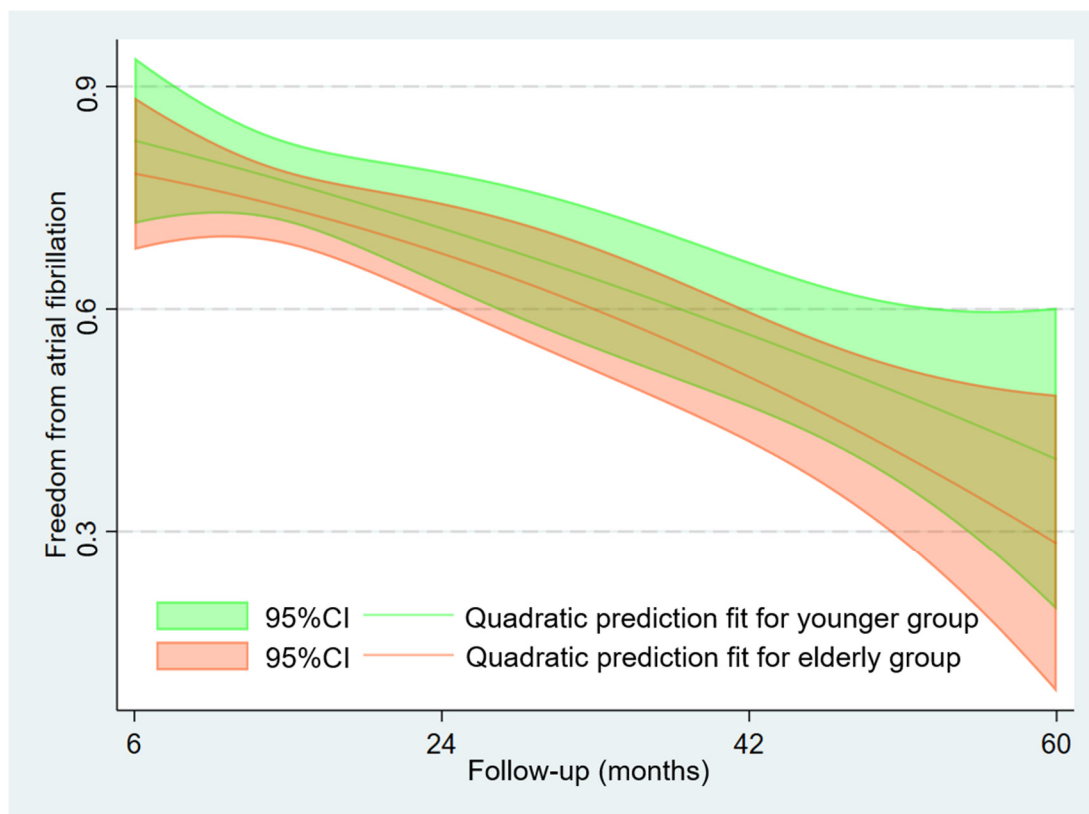
Note: ★ represents a star, and ★★ represents two stars

Supplementary Table S2. Quality assessment of the single-arm studies according to the Institute of Health Economics checklist.

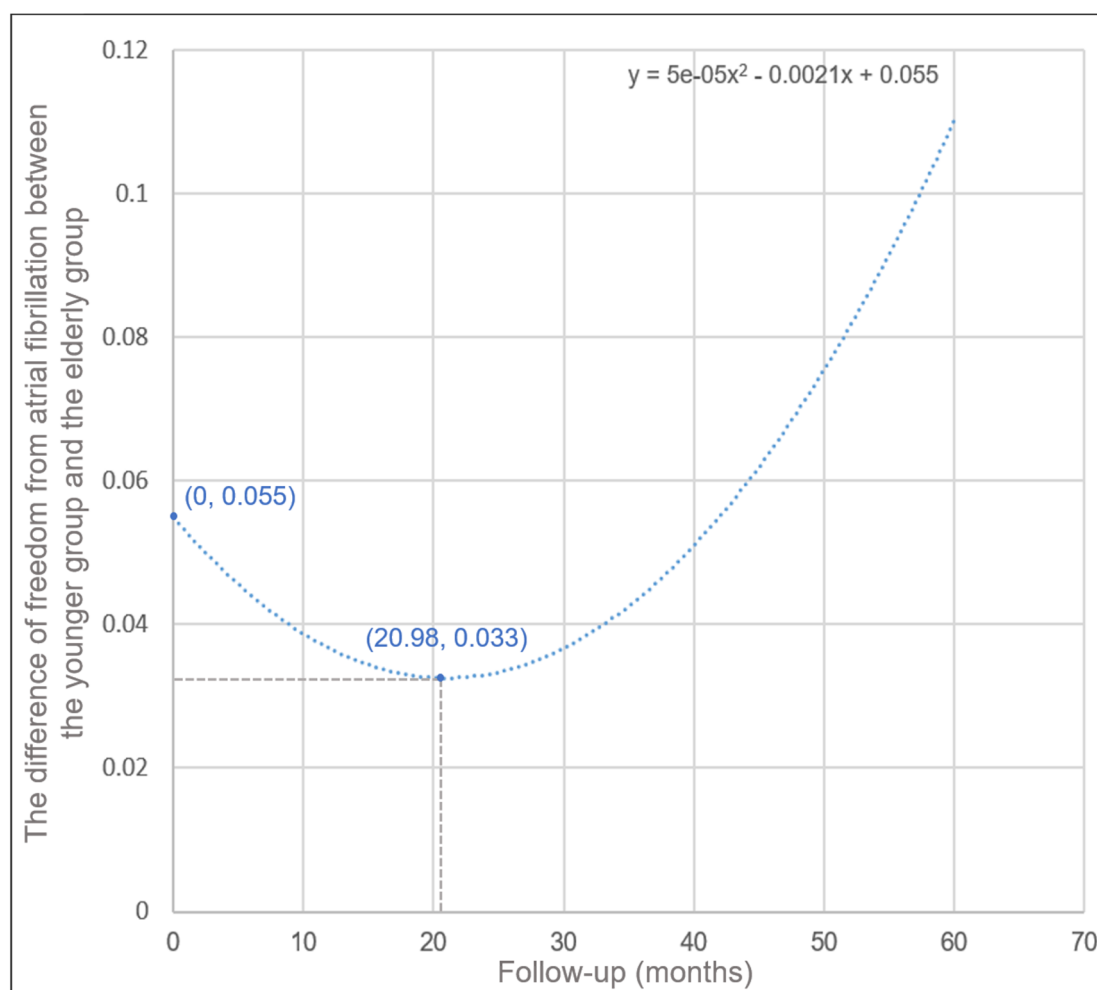
First author	Year	Study Objective	Study Design	Study Population	Intervention and Cointervention	Outcome Measures	Statistical Analysis	Results and Conclusions	Quality Score
Liu [32]	2022	1	3	3	2	3	1	5	18
Akhtar [33]	2020	1	1	3	2	3	1	5	16
Metzner [34]	2016	1	2	3	2	3	1	4	16
Corrado [35]	2008	1	2	3	2	3	1	4	16



Supplementary Figure S1. Forest plot of subgroup analysis of the rates of freedom from AF between elderly and younger groups in terms of LAD and AF history duration. (A) Subgroup analysis of the rates of freedom from AF between elderly and younger groups in terms of LAD showed no significant difference between the equal and higher subgroups ($p = 0.168$) [6,10-14,16,17,19,20,23,24,26,27,29,31]; (B) subgroup analysis of the rates of freedom from AF between elderly and younger groups in terms of AF history duration showed no significant difference between the equal and higher subgroups ($p = 0.685$) [6,11,13,19,26,27,31]. LAD: left atrial diameter; AF: atrial fibrillation.



Supplementary Figure S2. Quadratic prediction fit plot with confidence intervals between the follow-up time and the rates of freedom from AF for the elderly group and the younger group. Overlapping the quadratic prediction fit plot with the confidence interval for elderly and younger groups to visualize the difference in rates of freedom from AF between the two groups. AF: atrial fibrillation; CI: confidence interval.



Supplementary Figure S3. The relationship of the follow-up time and the difference of freedom from AF between the younger group and the elderly group. The difference monotonically decreased in the interval of 0 to 20.98 months, while the difference monotonically increased in the interval of ≥ 20.98 months. AF: atrial fibrillation.

Supplementary Table S3. Pooled incidence of safety outcomes in the elderly group.

Safety Outcomes	Numbers of Study	Pooled Incidence	95% CI	I ² (%)	p Value
Cerebrovascular events	24	0.00	0.00–0.01	30.40	0.000
Serious hemorrhage complications	22	0.00	0.00–0.01	15.98	0.000
Phrenic nerve injury	14	0.01	0.00–0.02	77.25	0.011
All-cause death	16	0.01	0.00–0.02	83.82	0.050

Notes: Cerebrovascular events include stroke or transient ischemic attack (TIA); serious hemorrhage complications include hemothorax, perforation, tamponade, or major bleeding.