

Supplementary Table 1: Comparison between patients with AF and controls

Ref	Study	Mapping	Recording	No.	AF	AF	Outcomes					
							population	sites	site	patients	patients	type
							Parameter		Control		AF group	P-value
Teuwen ¹ (2016)	CAD	BB	Epi	185	13	PAF	CB		0.9	[0–12.8]	3.2 [0–11.6] %	0.03
							%					
							Longitudinal		4.0 [90–11.7]	1.1 [0–12.8] %	0.03	
							CB		%			
							Transverse CB		1.0 [0–12.8]	1.9 [0–12.3] %	0.03	
							%					
							Longitudinal		2 mm	8 mm		0.03
							CB					
					56	DN	>4% CB		OR 3.1 [1.2–8.1]			0.02
						PoAF	≥12 mm		OR 2.9 [1.1–8.2]			0.04
							longitudinal					
							CB					

Mouws ² (2018)	CAD MVD AVD	PVA	Epi	327	47 14 1	PAF PsAF LPsAF	CD ≥6 mm CB ≥6 mm CDCB ≥16 mm	OR 2.29 [1.18–4.44] OR 2.04 [1.09–3.83] OR 2.06 [1.08–3.93]	0.014 0.027 0.029
Sakamoto ³ (2006)	CAD MVD AVD ASD	RA	Epi	52	21	PoAF	CD/CB/mosaic activation	N=3 [9%] N=13 [61%]	<0.001
Kharbanda ⁴ (2020)	CAD MVD AVD	RA	Endo-epi	80	25 4 2 30	PAF PsAF LPsAF PoAF	Endo- epicardial CB Continuous CDCB Median length CDCB Max length CDCB	0.8 % 1.0 % 8 [0–12] mm 15.5 [11.5– 20.25] mm 28 [21–54.5] mm mm	0.007 0.001 0.001 0.005 0.004

Van Staveren ⁵ (2021)	CAD VHD CHD	BB	Epi	54	0	-	Max length CB	2 [2–28] mm	18 [2–164] mm	0.031
Mouws ⁶ (2019)	CAD MVD AVD	PVA	Epi	268	38	PAF	Continuous CDCB	N=132 [60%] CD CB CDCB CD ≥6 mm CB ≥6 mm CDCB ≥16 mm	N=37 [76%] 7 [0–30] 3 [0–11] 2 [0–6] N=23 [69%] N=29 [59%] N=20 [41%]	0.046 <0.001 0.003 0.004 0.011 0.025 0.027
Van der Does ⁷ (2020)	MVD AVD	RA, BB, PVA, LA	Epi	139	38	P(s)AF	Total CDCB BB CDCB LA CDCB	2.3±2.0 % 2.3±4.4 % 1.0±1.9 %	2.7±2.3 % 5.9±6.4 % 1.8±2.5 %	0.044 <0.001 0.009

Houck ⁸ (2020)	CHD	RA, BB, Epi PVA, LA	31	5	PAF	BB CB	2.0	[0–10.9]	6.3 [1.3–8.5] %	0.047
						%				
						BB max length of CB	12 mm	[12–54] mm	34 [12–40] mm	0.041
Heida ⁹ (2020)	CAD	RA, BB, Epi PVA, LA	447	52	PAF	Max CT	45 ms	[33–54]	54 [40–66] ms	0.006
	MVD			21	PsAF		ms			
	AVD			2	LPsAF	CT ≥4 ms	12.8 ms	[10.9– 14.6] %	14.9 [11.8– 17.0] %	<0.001
	CHD									
						BB CT ≥4 ms	15.2 ms	[11.8– 19.5] %	20.5 [14.0– 26.2] %	<0.001
						LA CT ≥4 ms	9.0 [6.5–11.9] %	10.0 [7.0–13.3] %	0.045	
						PVA CT ≥4 ms	10.9 [8.4– 14.1] %	13.4 [9.0–17.6] %	0.001	
						CT ≥50 ms	N=34.4%	N=54.7%	<0.004	
						BB CT ≥30 ms	N=36.0%	N=56.2%	<0.004	

Lin ¹⁰ (2014)	AF, left-sided accessory pathway	LA	Endo	102	30	PAF	TAT	75.3 ± 5.4 ms	89.7 ± 12.3 ms	ms	<0.001
					22	PsAF			&	104.9 ± 6.1	
					30	LPsAF			ms		&
									115.6 ± 12.1 ms		
Zheng ¹¹ (2017)	AF, AVNRT	RA	Endo	20	8	PAF	Total CV	83 ± 13 cm/s	60 ± 12 cm/s		<0.05
							Posterior CV	82 ± 25 cm/s	54 ± 19 cm/s		<0.05
							Septal CV	93 ± 32 cm/s	64 ± 20 cm/s		<0.05
							Tricuspid annulus CV	61 ± 21 cm/s	36 ± 22 cm/s		<0.05
Van Schie ¹² (2021)	CAD MVD	RA, BB, Epi PVA, LA	AVD	412	58	PAF	BB CV	88.3 [79.3–97.2] cm/s	79.1 [91.2] cm/s	[72.2–91.2] cm/s	<0.001
							BB CV <28 cm/s	6.6 [3.9–11.1] %	8.3 [5.8–13.6] %	0.004	
							PVA CV <28 cm/s	0.9 [0.3–1.9] %	1.4 [0.5–3.3] %	0.014	

Heida ¹³ (2021)	CAD MVD AVD	RA, BB, Epi PVA, LA	34	6 9 2	PAF PsAF LPsAF	BB CV Total TAT BB TAT	88±11 cm/s 120±22 ms 58±22 ms	79±12 cm/s 156±21 ms 76±31 ms	0.02 0.03
Van Schie ¹⁴ (2020)	MVD	RA, BB, Epi PVA, LA	67	23	PAF	BB CV	97 [70–121] cm/s	89 [62–116] cm/s	<0.001
Teh ¹⁵ (2012)	AF, left-sided accessory pathway	LA Endo	46	17 14	PAF PsAF	Total AI Isthmus AI Posterior AI Anterior AI LAA AI	131±24 cm ² /s 79±15 cm ² /s 46±28 cm ² /s 23±9 cm ² /s & 0.01 26±12 cm ² /s 49±19 cm ² /s 51±27 cm ² /s & 0.02* 29±11 cm ² /s 79±67 cm ² /s 35±7 cm ² /s & 0.03 40±14 cm ² /s 42±24 cm ² /s 26±12 cm ² /s & 0.003* 18±12 cm ² /s	86±17 cm ² /s & 79±15 cm ² /s 23±9 cm ² /s & 0.01 26±12 cm ² /s 49±19 cm ² /s 51±27 cm ² /s & 0.02* 29±11 cm ² /s 79±67 cm ² /s 35±7 cm ² /s & 0.03 40±14 cm ² /s 42±24 cm ² /s 26±12 cm ² /s & 0.003* 18±12 cm ² /s	

							Roof AI	$41 \pm 19 \text{ cm}^2/\text{s}$	$24 \pm 13 \text{ cm}^2/\text{s}$ & 0.001
								$19 \pm 9 \text{ cm}^2/\text{s}$	
							Floor AI	$56 \pm 11 \text{ cm}^2/\text{s}$	$46 \pm 22 \text{ cm}^2/\text{s}$ & 0.02^*
								$37 \pm 9 \text{ cm}^2/\text{s}$	
Stiles ¹⁶ (2009)	AF, sided accessory pathway	left- RA, LA	Endo	50	25	PAF	CT	$47 \pm 10 \text{ ms}$	$57 \pm 18 \text{ ms}$
							Total TAT	$89 \pm 10 \text{ ms}$	$128 \pm 17 \text{ ms}$
							RA CV	$210 \pm 50 \text{ cm/s}$	$130 \pm 30 \text{ cm/s}$
							LA CV	$220 \pm 40 \text{ cm/s}$	$120 \pm 20 \text{ cm/s}$
									<0.001
									<0.001

* p<0.05 for comparison between both groups.

(L)PsAF= (longstanding) persistent atrial fibrillation; AF = atrial fibrillation; AI = activation index; AVD = aortic valve disease; BB = Bachmann's bundle; CAD = coronary artery disease; CD(/)CB = conduction delay and/or block; CHD = congenital heart disease; CT = conduction times; CV = conduction velocity; (DN) PoAF = (de-novo) postoperative atrial fibrillation; endo = endocardial; **epi** = epicardial; LA = left atrium; LAA = left atrial appendage; MVD = mitral valve disease; OR = odds ratio; PAF = paroxysmal atrial fibrillation; PVA = pulmonary vein area; RA = right atrium; TAT = total activation time

Supplementary Table 2: Comparison of EGM Characteristics Between Patients with AF and Controls

Ref	Study population	Mapping sites	Recordin g site	No. patient s	AF patie nts	AF type	Results			
							Parameter	Control	AF group	P-value
Heida ¹³ (2021)	CAD MVD AVD	RA, BB, PVA, LA	Epi	34	6 9 2	PAF PsAF LPsAF	BB U-voltage p5	1.5±0.9 mV	0.9±0.6 mV	0.02
Van Schie ¹⁴ (2020)	MVD	RA, BB, PVA, LA	Epi	67	23	PAF	SP U-voltage	5.05 [2.48– 7.64] mV	4.78 [2.14–7.21]	<0.001
							RA U S-wave predominanc e	88.8%	85.7%	0.021
							BB U S-wave predominanc e	92.3%	85.2%	0.003

							LA U S-wave predominance	41.1%	48.0%	0.013
							BB U S-wave voltage	4.08 [2.45–6.13] mV	2.94 [1.40–4.75] mV	<0.001
Teh ¹⁵ (2012)	AF, left-sided accessory pathway	LA	Endo	46	17 14	PAF PsAF	B-voltage	2.8±0.4 mV	2.2±0.4 mV & 1.8±0.3 mV	<0.001 *
							CFAE	1.8%	4.9% & 7.3%	<0.001 *
Lin ¹⁰ (2014)	AF, left-sided accessory pathway	LA	Endo	102	30 22 30	PAF PsAF LPsAF	B-voltage	3.67±0.68 mV	2.16±0.63 mV & 1.81±0.36 mV &1.48±0.34 mV	<0.001
							B-LVA index	0.78±0.10	0.95±0.20 & 0.98±0.16 & 1.11±0.19	<0.05

						B-LVA	N=0 [0%]	N=14 [46.7%] & N=12 [54.5%] & N=23 [82.1%]	<0.05
						CFAE	2.3±1.1%	5.6±3.1% & 7.7±2.5% & 13.6±9.6%	<0.05
Kogawa ¹ ⁷ (2017)	AF	LA	Endo	36	23 13	PAF PsAF	Total B-voltage	2.50±1.66 mV & 1.58±1.35 mV	<0.001 *
							Septal B-voltage	2.06±1.48 mV & 1.03±1.07 mV	0.023*
							Roof B-voltage	2.50±1.59 mV & 1.61±0.92 mV	0.046*
							Posterior B-voltage	3.44±1.50 mV & 2.10±1.66 mV	0.007*
							RSPV antrum B-voltage	1.81±1.46 mV & 1.00±0.64 mV	0.008*

							RSPV B- voltage		1.19 ± 0.72 mV & 0.64 ± 0.43 mV	0.017*
							RPV carina B- voltage		1.98 ± 1.07 mV & 1.00 ± 0.64 mV	0.004*
							RIPV antrum		1.91 ± 1.36 mV & 1.23 ± 1.09 mV	0.033*
Stiles ¹⁶ (2009)	AF, left-sided accessory pathway	RA, LA	Endo	50	25	PAF	Fractionation	$8 \pm 5\%$	$27 \pm 8\%$	<0.001
							RA B-voltage	2.9 ± 0.4 mV	1.7 ± 0.4 mV	<0.001
							LA B-voltage	3.3 ± 0.7 mV	1.7 ± 0.7 mV	<0.001
							High-lateral RA LVA	OR 2.9 [1.4–6.3]		
							Posterior LA LVA	OR 1.7 [1.1–2.6]		
							LA roof LVA	OR 3.3 [1.8–6.3]		
Lin ¹⁸ (2005)	AF, AVNRT, AT, AFL	RA	Endo	40	10	PAF	U- peak negative	5.0% & 15.8% & 16.9%	19.0%	<0.001

						voltage -> 0.28 mV				
						U-peak negative voltage	-1.34±0.22 mV & -0.90±0.40 mV & - 1.00±0.36 mV	-0.85±0.35 mV	0.04	
Van Schie ¹⁹ (2021)	MVD	RA, BB, PVA, LA	Epi	67	23	PAF	BB U-voltage	4.92 [3.45– 6.09] mV	2.95 [2.24–4.57] mV	0.007
							BB U-LVA	1.79 [0.37– 8.02] %	11.98 [2.95– 21.50] %	0.001
							PVA fractionation	11.89 [9.08– 17.01] %	21.70 [13.48– 28.63] %	<0.001

* p<0.05 for comparison between both groups.

(L)PsAF = (longstanding) persistent atrial fibrillation; AF = atrial fibrillation; AFL = atrial flutter; AT = atrial tachycardia; AVD = aortic valve disease; AVNRT = atrioventricular nodal re-entrant tachycardia; BB = Bachmann's bundle; B- = bipolar; CAD = coronary artery disease; CFAE = complex fractionated atrial electrograms; endo = endocardial; epi = epicardial; LA = left atrium; LVA = low-voltage area; MVD = mitral valve disease; OR = odds ratio; PAF = paroxysmal atrial fibrillation; PVA = pulmonary vein area; RA = right atrium; R(I/S)PV = right (inferior/superior) pulmonary vein; U= unipolar

References

1. Teuwen CP, Yaksh A, Lanters EA, et al. Relevance of conduction disorders in Bachmann's bundle during sinus rhythm in humans. *Circ Arrhythm Electrophysiol* 2016;9:e003972. <https://doi.org/10.1161/CIRCEP.115.003972>; PMID: 27153879.
2. Mouws EMJP, Kik C, van der Does LJME, et al. Novel insights in the activation patterns at the pulmonary vein area. *Circ Arrhythm Electrophysiol* 2018;11:e006720. <https://doi.org/10.1161/CIRCEP.118.006720>; PMID: 30520348.
3. Sakamoto S, Yamauchi S, Yamashita H, et al. Intraoperative mapping of the right atrial free wall during sinus rhythm: variety of activation patterns and incidence of postoperative atrial fibrillation. *Eur J Cardiothorac Surg* 2006;30:132–9. <https://doi.org/10.1016/j.ejcts.2006.03.060>; PMID: 16730998.
4. Kharbanda RK, Knops P, van der Does LJME, et al. Simultaneous endo-epicardial mapping of the human right atrium: unraveling atrial excitation. *J Am Heart Assoc* 2020;9:e017069. <https://doi.org/10.1161/JAHA.120.017069>; PMID: 32808551.
5. van Staveren LN, van der Does WFB, Heida A, et al. AF inducibility is related to conduction abnormalities at Bachmann's bundle. *J Clin Med* 2021;10:5536. <https://doi.org/10.3390/jcm10235536>; PMID: 34884237.
6. Mouws EMJP, van der Does LJME, Kik C, et al. Impact of the arrhythmogenic potential of long lines of conduction slowing at the pulmonary vein area. *Heart Rhythm* 2019;16:511–9. <https://doi.org/10.1016/j.hrthm.2018.10.027>; PMID: 30744910.

7. van der Does LJME, Lanters EAH, Teuwen CP, et al. The effects of valvular heart disease on atrial conduction during sinus rhythm. *J Cardiovasc Transl Res* 2020;13:632–9. <https://doi.org/10.1007/s12265-019-09936-8>; PMID: 31773460.
8. Houck CA, Lanters EAH, Heida A, et al. Distribution of conduction disorders in patients with congenital heart disease and right atrial volume overload. *JACC Clin Electrophysiol* 2020;6:537–48. <https://doi.org/10.1016/j.jacep.2019.12.009>; PMID: 32439038.
9. Heida A, van der Does WFB, van Staveren LN, et al. Conduction heterogeneity: impact of underlying heart disease and atrial fibrillation. *JACC Clin Electrophysiol* 2020;6:1844–54. <https://doi.org/10.1016/j.jacep.2020.09.030>; PMID: 33357582.
10. Lin Y, Yang B, Garcia FC, et al. Comparison of left atrial electrophysiologic abnormalities during sinus rhythm in patients with different type of atrial fibrillation. *J Interv Card Electrophysiol* 2014;39:57–67. <https://doi.org/10.1007/s10840-013-9838-y>; PMID: 24113851.
11. Zheng Y, Xia Y, Carlson J, et al. Atrial average conduction velocity in patients with and without paroxysmal atrial fibrillation. *Clin Physiol Funct Imaging* 2017;37:596–601. <https://doi.org/10.1111/cpf.12342>; PMID: 26762841.
12. van Schie MS, Heida A, Taverne YJHJ, et al. Identification of local atrial conduction heterogeneities using high-density conduction velocity estimation. *Europace* 2021;23:1815–25. <https://doi.org/10.1093/europace/euab088>; PMID: 33970234.
13. Heida A, van Schie MS, van der Does WFB, et al. Reduction of conduction velocity in patients with atrial fibrillation. *J Clin Med* 2021;10:2614. <https://doi.org/10.3390/jcm10122614>; PMID: 34198544.

14. van Schie MS, Starreveld R, Roos-Serote MC, et al. Classification of sinus rhythm single potential morphology in patients with mitral valve disease. *Europace* 2020;22:1509–19. <https://doi.org/10.1093/europace/euaa130>; PMID: 33033830.
15. Teh AW, Kistler PM, Lee G, et al. Electroanatomic remodeling of the left atrium in paroxysmal and persistent atrial fibrillation patients without structural heart disease. *J Cardiovasc Electrophysiol* 2012;23:232–8. <https://doi.org/10.1111/j.1540-8167.2011.02178.x>; PMID: 21955090.
16. Stiles MK, John B, Wong CX, et al. Paroxysmal lone atrial fibrillation is associated with an abnormal atrial substrate: characterizing the “second factor”. *J Am Coll Cardiol* 2009;53:1182–91. <https://doi.org/10.1016/j.jacc.2008.11.054>; PMID: 19341858.
17. Kogawa R, Okumura Y, Watanabe I, et al. Left atrial remodeling: regional differences between paroxysmal and persistent atrial fibrillation. *J Arrhythm* 2017;33:483–7. <https://doi.org/10.1016/j.joa.2017.06.001>; PMID: 29021854.
18. Lin YJ, Tai CT, Huang JL, et al. Characterization of right atrial substrate in patients with supraventricular tachyarrhythmias. *J Cardiovasc Electrophysiol* 2005;16:173–80. <https://doi.org/10.1046/j.1540-8167.2005.40513.x>; PMID: 15720456.
19. van Schie MS, Starreveld R, Bogers AJJC, de Groot NMS. Sinus rhythm voltage fingerprinting in patients with mitral valve disease using a high-density epicardial mapping approach. *Europace* 2021;23:469–78. <https://doi.org/10.1093/europace/euaa336>; PMID: 33432326.