shorten and simplify the procedure. The objective of this systematic literature review and meta-analysis was to compare the effectiveness of cryoballoon ablation (CBA) with radiofrequency ablation (RFA) for the treatment of AF.

METHODS:

We searched the Cochrane Library and PubMed from 2009 to October 2016 to screen the eligible literature according to the inclusion and exclusion criteria. The effectiveness measures were the acute pulmonary vein (PV) isolation rate, procedure time, complications and the proportion of patients free from AF (follow-up $>$ 3 months). Meta-analysis and descriptive statistics were used in this study.

RESULTS:

A total of seventeen articles with 5,806 cases (2,288 from CBA group, 3,518 from RFA group) from seven different countries were reviewed and analyzed. Pooled analyses indicated that CBA was more beneficial in terms of procedural time (Standard mean difference, SMD = -.501; 95%CI: -.893– -.109; P$<$.05) for RFA; but the acute PV isolation rate (Odds ratio, OR = .06; 95 percent Confidence Interval, CI: .03–.13; P $<$ .05) in RFA was higher than for CBA; also, after median follow-up of 14 months (range 9–28 months), the proportion of patients free from AF (OR = .965; 95 percent CI:.859—1.085; P = .554) and the total complication rates (OR = .937; 95 percent CI:.753–1.167; P = .562) were not significantly different between CBA and RFA.

In the four randomized controlled trials (RCTs) of the seventeen studies, the proportion of patients free from AF (OR = .951; 95 percent CI:.752–1.202; P = .672) and the complications (OR = 1.521; 95 percent CI:.570–4.058; P = .402) were not significantly different between CBA and RFA.

CONCLUSIONS:

Overall, compared with RFA for the treatment of patients with AF, CBA had similar clinical effectiveness on the proportion of people free from AF and the number of complications, and yet greater improvement in total procedure time referred for CBA and higher acute PVI rate referred for RFA.

REFERENCES:

1. Natale A, Raviele A, Arentz T, et al. Venice Chart international consensus document on atrial fibrillation ablation. *J Cardiovasc Electrophysiol* 2007;18:560–580.

2. Perez-Castellano N, Fernandez-Cavazos R, Moreno J et al. The COR trial: a randomized study with continuous rhythm monitoring to compare the efficacy of cryoenergy and radiofrequency for pulmonary vein isolation. Heart Rhythm: *Off J Heart Rhythm Soc* 2014;11:8–14.

3. Kuck KH, Brugada J, Furnkranz A, et al. Cellular damage, platelet activation, and inflammatory response after pulmonary vein isolation: A randomized study comparing radiofrequency ablation with cryoablation. *Heart Rhythm Society* 2012;189-196.

VP124 The End Of A French Medical Dogma For Hepatitis B And C Diagnosis

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INTRODUCTION:

Since the 1990s in France, based on contemporary French consensus conferences, for Hepatitis B (HBV) or Hepatitis C (HCV), diagnosis is acknowledged when detection of Hepatitis B surface antigen or anti-HCV antibody is positive on a 1st test line and further replicated on an independent blood sample.

The replication was introduced to alleviate the low performance of immunoassay and avoid false positive results.

Currently, the Haute Autorité de santé (HAS) is managing an update of diagnostic tests reimbursed for HBV and HCV to fully cover diagnostic needs.

Our aim is to assess the clinical relevance of this repetition.

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METHODS:

The assessment involves a critical analysis of national and international guidelines identified by a systematic literature search, and stakeholders' views (professionals and public authorities).

RESULTS:

Since the 1990s, new tools were introduced (that is, polymerase chain reaction (PCR) for diagnosis and follow-up), and performances were improved for both enzyme immunoassay tests and PCR. Despite those change, replications are still performed nowadays in France.

Neither guidelines nor stakeholders' contributions mentioned any replication tests' clinical relevance.The Ministry of Health confirms that replications have not any legal basis contrary to HIV diagnosis procedures. Also the French National agency for health products safety confirms there are neither technological pitfalls nor reagent vigilance signals involving HBV or HCV *in vitro* diagnostic tests. Furthermore, after 1st line positive results, a second blood sample is always collected to test other markers such as HBV DNA or HCV RNA which represent the best 2nd proof of infection.

CONCLUSIONS:

This work has enlightened a lack of clinical relevance for the replication of the same serological makers' detection. It may obliterate soon this French medical dogma. This work has illustrated that short assessment based on critical guideline analysis linked with stakeholders' views allows a rapid answer without assessment quality reduction. This HAS work will contribute to medical practice rationalization and cost reduction.

VP126 The Effectiveness And Safety Of Barbed Sutures In Bariatric Surgery

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INTRODUCTION:

Knotless barbed sutures can eliminate knot tying during the bariatric surgery (BS) (1). Since effects reported by patients and surgeons are ambiguous, the aim of this study was to establish the safety and efficacy of barbed sutures for intestinal sutures to close the gastrojejunal anastomosis in obese patients undergoing BS.

METHODS:

PubMed, EMBASE, Cochrane Register of Clinical Studies, and ClinicalTrials.gov were searched for randomized controlled trials (RCTs) and cohort studies comparing barbed sutures with conventional sutures in BS (until 30 June 2016). Quality assessment was conducted using to Cochrane recommendations. Review Manager was applied to analyze the data, and we sequentially omitted each study to perform sensitivity analyses.

RESULTS:

A total of five cohort studies (low to moderate risk of bias) (n = 859), and no RCTs provided eligible patients. BS includes laparoscopic Roux-en-Y gastric bypass and Laparoscopic sleeve gastrectomy. Comparing to conventional sutures, pooling data showed that suture time (Mean Difference, MD = -5.73, 95 percent Confidence Interval, CI -6.25 to -5.21, $P < .01$) and operative time (MD = - 7.67, 95 percent CI -10.49 to -4.85, $P < .01$) decreased significantly in the barbed group. Although the postoperative complications did not suggest significant changes (Odds Ratio, OR = 1.56, 95 percent CI .79 to 3.07, P = .2), the pooling results of hospital stay suggested that a significantly longer duration happened in the barbed groups, despite the fact that there may be only 0.18 day longer. (MD =0.18, 95 percent CI .06 to .29, P = .003).

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