**Supplemental Table 1:** Inclusion and exclusion criteria in the PROMISE-AF study.

|  |  |
| --- | --- |
| **Inclusion Criteria** | |
| **1** | Males or females between 18 and 85 years of age. |
| **2** | Patients with persistent AF for > 7 days but ≤ 3 months who are suitable for electrical DCC. At randomization, the duration of the current episode of persistent AF must be shown to be greater than 7 days and not greater than 3 months, as confirmed by two ECGs (one ECG must be a 12 lead ECG). |
| **3** | Male patients must be surgically sterile for at least 90 days or, for males capable of fathering children and who are sexually active with female partners of childbearing potential, will be required to use a male condom with spermicide, and will refrain from donating sperm from the time of the first dose until 90 days after the last dose of study medication. |
| **4** | Females of childbearing potential will agree to follow contraception requirements from the time of signing the Informed Consent Form (ICF) until 90 days after the last administration of study drug. |
| **5** | Willing and able to give written informed consent before any study-related procedure. |
| **6** | Willing and able to attend all the visits scheduled in the study. |
| **Exclusion Criteria** | |
| **1** | Patients with known concurrent temporary secondary causes of AF such as alcohol intoxication, pulmonary embolism, myocardial infarction, hyperthyroidism, pneumonia, hypoxemia, acute pericarditis or myocarditis, or chronic electrolyte imbalances that may cause cardiac arrhythmias (e.g., potassium < 3.5 mmol/L or > 5.5 mmol/L). |
| **2** | Patients that have undergone surgical or catheter ablation for AF or atrial flutter. |
| **3** | Patients with an existing cardiac treatment device, pacemaker, implantable cardioverter defibrillator, or cardiac resynchronization therapy. |
| **4** | Patients with a history of ECG abnormalities that, in the opinion of the investigator (or designee), render the patient unsuitable for the study, including history of congenital or a family history of long QT syndrome, a QTcF ≥ 500 msec and/or a QRS interval ≥ 130 msec at Screening. |
| **5** | Patients with congestive heart failure New York Heart Association class III and IV. |
| **6** | Patients with left atrium size ≥ 55 mm. |
| **7** | Patients with left ventricular ejection fraction ≤ 40%. |
| **8** | Known presence of a thrombus in the left atrial appendage, left atrium, left ventricle, aorta, or intracardial mass. |
| **9** | Patients with moderate or severe mitral stenosis, mitral valve rheumatic disease, unresected atrial myxoma, or a mechanical heart valve (patients with bioprosthetic heart valves and/or valve repair can be included) and/or other conditions, such as pulmonary embolism, considered to be formal indication for conventional anticoagulation (patients who have had coronary artery bypass grafts that occurred more than 6 months prior to randomization will not be excluded). |
| **10** | Patients with any acute coronary event, stroke, or percutaneous coronary intervention within 6 months prior to randomization or who are receiving dual antiplatelet therapy (regardless of when the event occurred). |
| **11** | Uncontrolled/therapy-resistant bradycardia (defined as persistent bradycardia with a heart rate of < 40 beats per minute at Screening) and/or uncontrolled/therapy-resistant hypertension (defined as multiple readings with seated systolic blood pressure > 180 mmHg or diastolic blood pressure > 110 mmHg) within a 3-month period prior to randomization. |
| **12** | Patients having more than two DCCs in the last 6 months. Any unsuccessful pharmacological and/or electrical cardioversion (within prior 3 months). For the purposes of this study, unsuccessful cardioversion is defined as maintaining sinus rhythm for < 2 hours after cardioversion. |
| **13** | Patients with signs of bleeding or conditions associated with a high risk of bleeding including major surgeries or biopsies in the 30 days prior to randomization or planned procedures during the study duration. |
| **14** | Patients with a positive hepatitis panel and/or positive human immunodeficiency virus test at Screening. Patients whose results are compatible with prior immunization may be included at the discretion of the investigator. |
| **15** | Patients taking antiarrhythmic agents (including dronedarone) within 3 days of planned randomization will be excluded. Patients taking medications permitted including rate control drugs such as, preferably, Ca2+ antagonists and beta blockers, or, as a secondary line of treatment, digoxin, may be included. |
| **16** | Patients taking oral amiodarone within 3 months of planned randomization. |
| **17** | Patients with any contraindication to anticoagulant agents. |
| **18** | Patients planning to take any dose of omega-3 fatty acid derivative during the study. |
| **19** | Patients with active cancer who are undergoing chemotherapy, radiation, or major surgery within the next 3 months. |
| **20** | Patients with any serious intercurrent illness (including psychiatric and neurological disorders) which, in the opinion of the investigator, is incompatible with the protocol; or who have a life expectancy of < 6 months. |
| **21** | Abuse of alcohol, analgesics, or psychotropic drugs. |
| **22** | Pregnant women (i.e., positive serum β-human-chorionic-gonadotropin test or other signs of pregnancy), or breastfeeding women, or women with childbearing potential not using a combination of two effective contraception methods (as laid out in Inclusion Criterion # 4) throughout the study. |
| **23** | Patients concurrently participating in another study, or who have received an investigational drug within 30 days prior to Screening. |
| **24** | Patients unable to communicate well with the investigator and to comply with the requirements of the entire study. |
| **25** | Any chronic kidney disease (estimated glomerular filtration rate < 30 ml/min/1.73 m² and/or serum creatinine > 2.5 mg/dL [> 221 µmol/L]). |
| **26** | Patients taking medications known to prolong the QT interval. |
| **27** | Patients with unstable angina pectoris. |
| **28** | Any severe hepatic dysfunction (aspartate aminotransferase or alanine aminotransferase ≥ 3 × the upper limit of normal [ULN]), total bilirubin (TBL) ≥ 2 × ULN (however, patients whose elevated TBL is due to known Gilbert’s syndrome may be included in the study). |
| **29** | Any clinically significant abnormality identified at the time of Screening that, in the opinion of the investigator, would preclude safe completion of the study. |
| **30** | Patients with any known hypersensitivity or allergy to the study drug. |