Table XXXXXXI. **RFA versus MOCA**
3 articles,2 RCTs
Reference underlined in color means same RCT

RFA versus MOCA CLARIVEN® device	Bootun R, Lane TRA, Dharmarajah B, Lim CS, Najem M, Renton S, Sritharan K, Davies AH. Intra-procedural pain score in a randomised controlled trial comparing mechanochemical ablation to radiofrequency ablation: The Multicentre Venefit™ versus ClariVein® for varicose veins trial. *Phlebology.* 2016;31:61-65. DOI:10.1177/0268355514551085	Multi-center study. 117 symptomatic patients (119 LL) presenting GSV or SSV incompetence No previous operative treatment of VV on the same LL No current DVT. No data on CEAP class Group I MOCA (n=60) *versus* Group II RFA (n=59) All procedures under local anesthesia and completed by phlebectomy. **Results up to 1month** . *Maximum pain score* was lower in group I compared to group II (P<0.001) as well as *average pain score.* P=0.001. . *Occlusion rate* at 1 month 92% for both groups . *Clinical and quality of life scores* at 1 month, similarly, improved in both groups.
	Lane TRA , Bootun R, , Dharmarajah B, Lim CS, Najem M, Renton S, Sritharan K, Davies AH. A multi-centre randomised controlled trial comparing	Multi-center study. 170 symptomatic patients presenting primary GSV or SSV incompetence. No previous operative treatment of VV on the same LL No current DVT.

	radiofrequency and mechanical occlusion chemically assisted ablation of varicose veins – Final results of the Venefit versus Clarivein for varicose veins trial *Phlebology.* 2017;32:89-98. DOI:10.1177/0268355516651026	No precise data on CEAP class Group I: MOCA (n=87) Group II: RFA (n=83) All procedures under local anesthesia and completed by phlebectomy. **Per-operative pain during truncal ablation** Maximum pain estimated by VAS was significantly less in group I compared to group II. P=0.003 Average pain scores were also significantly less in group I compared to group II. P=0.003 **Outcome at 1 and 6 months** Occlusion rates, clinical severity scores, disease specific and generic quality of life scores were similar between groups
	Holewijn S, van Eekeren, R R J P, Vahl A, de Vries J P P M and Reijnen, MPJ. Two-year results of a multicenter randomized controlled trial comparing Mechanochemical endovenous Ablation to RADiOfrequency Ablation in the treatment of primary great saphenous vein incompetence (MARADONA trial) JVS V&L 2019; 7:364-74	Multi-center study. 213 symptomatic patients presenting primary GSV incompetence (diameter (>3mm and <12mm). No data on SSV. Exclusion criteria: previous surgery or treatment of the ipsilateral GSV, previous DVT. CEAP clinical classification C2-C5. Group I: MOCA (n=105) Group II: RFA (n=104) **Outcome at 1 month and 1-2 year** . Overall median pain scores during the first *14 days* were lower after MOCA. . No difference at *1month* between the 2 groups in terms of minor complications.

		-VCSS was significantly lower at 30 days after MOCA. P= 001. -At *1 and 2 -year* clinical success was the same in both groups, but anatomical success was less in group I compared to group II, P =0.025 and 0.066 respectively.

Abbreviations
GSV= great saphenous vein;LL=lower limb; MOCA= mechanochemical ablation; RFA= radiofrequency ablation; *;*
SSV=small saphenous vein: VAS= visual analogue scale; VCCS= visual analogic scale
VCSS= venous clinical severity score