

Diagnosis to ablation time in persistent AF patients in the CAPLA trial: Any time can be a good time to ablate

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BACKGROUND

Non-randomised data suggests longer diagnosis to ablation time (DAT) impacts success of ablation; however, a recent randomised study found no difference in recurrences when AF ablation was delayed by 12 months.

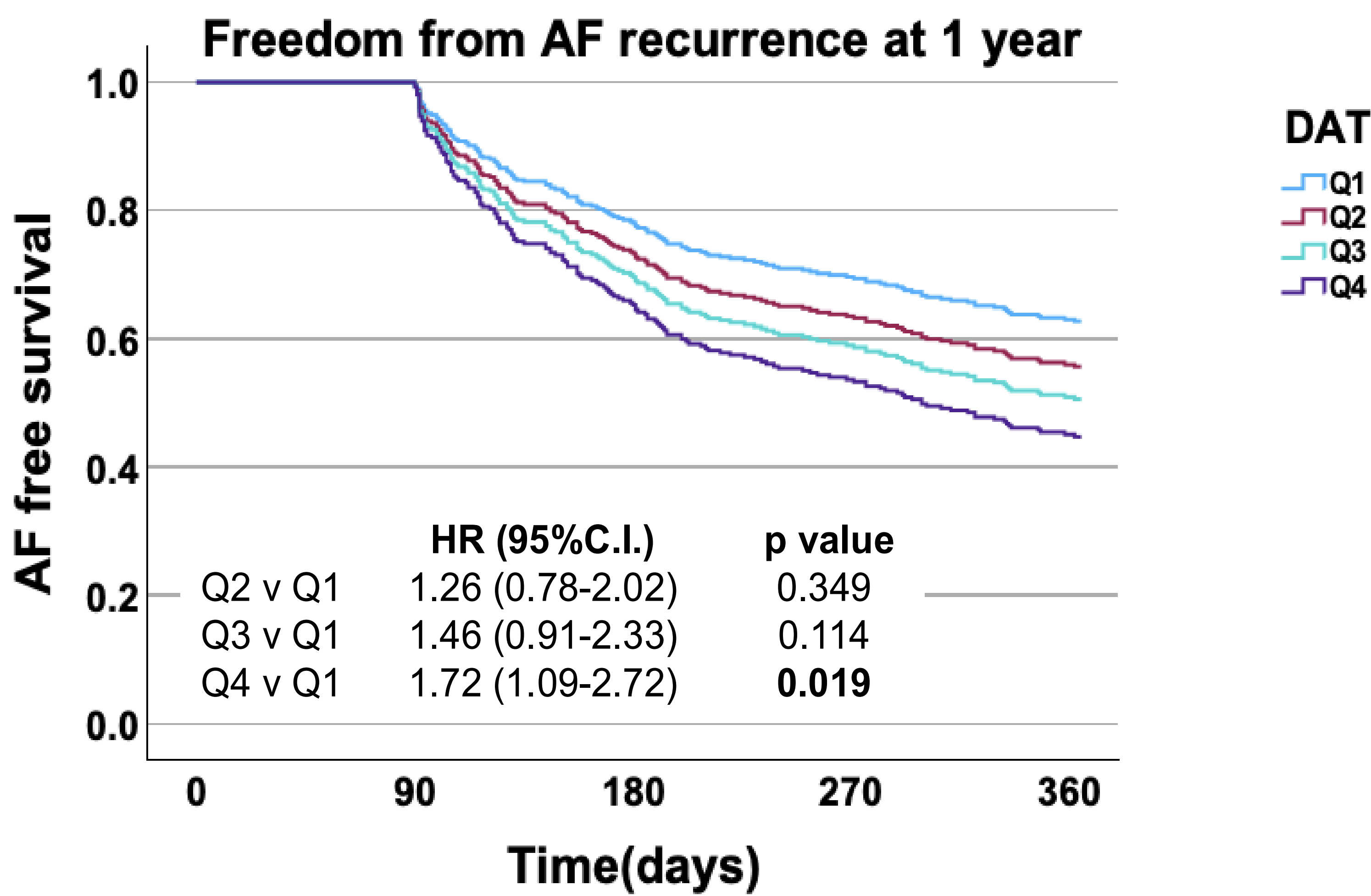
OBJECTIVES

To assess the impact of DAT on AF recurrence in patients undergoing catheter ablation for persistent AF (PsAF).

METHODS

This was a sub-analysis of the CAPLA trial. CAPLA randomised patients with PsAF to pulmonary vein isolation (PVI)+ posterior wall isolation or PVI alone. Patients were followed up for a minimum of 12 months. All outcomes were assessed after a three-month blanking period.

RESULTS

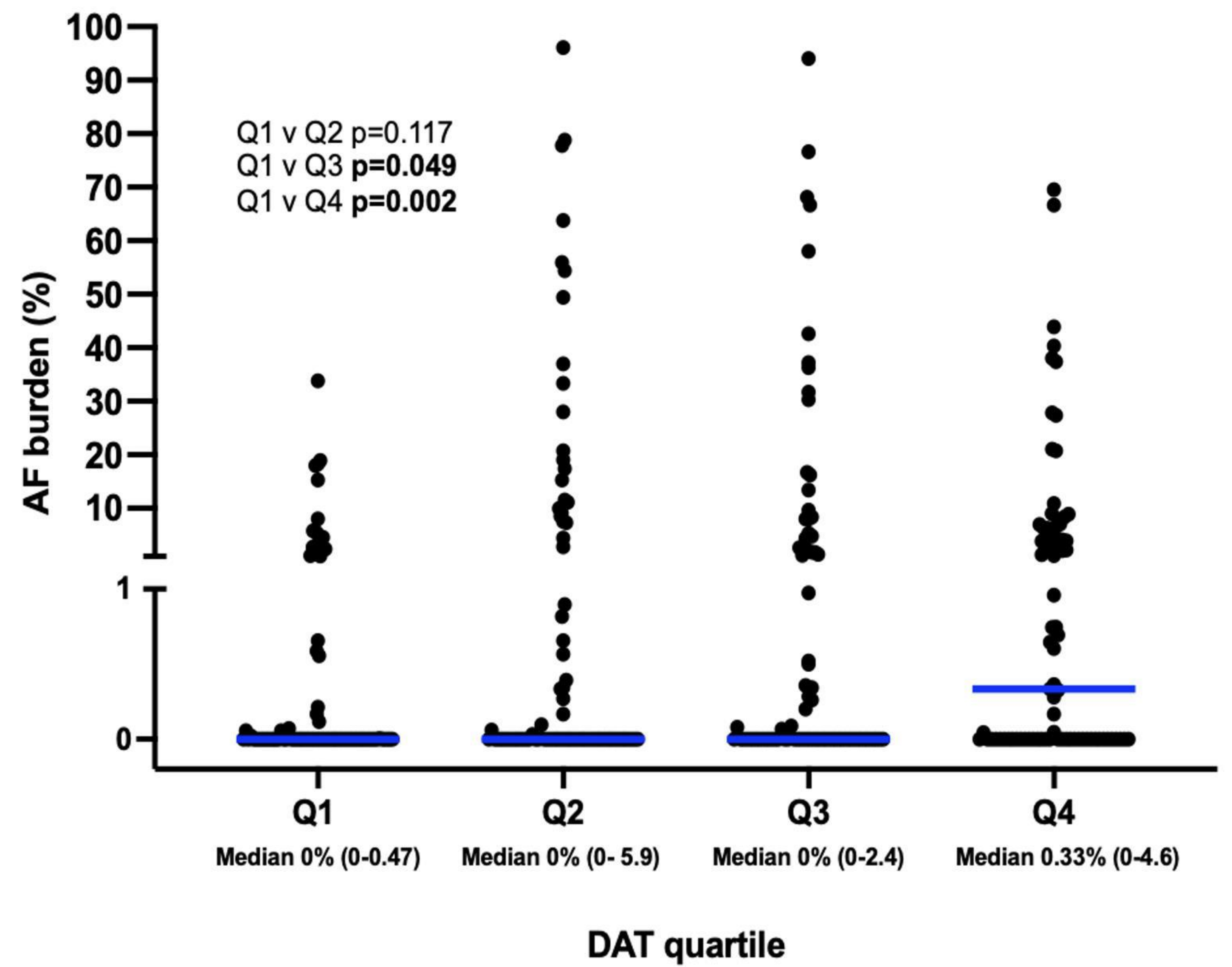


Median DAT in the 334 patients was 28 months (IQR 12-66). Patients were divided into quartile groups. Q1:DAT 0-12 months (n=84, median DAT 7 months), Q2:13-28 months (n=85, median DAT 20 months), Q3:29-66 months (n=84, median DAT 41 months), Q4:DAT ≥66 months (n=81, median DAT 119 months). AF recurrence rate was; Q1:36.9%, Q2:44.7%, Q3:47.6%, Q4:56.8% (p=0.082).

CONCLUSIONS

In a cohort of patients with PsAF undergoing ablation in a prospective trial with intensive ECG monitoring, those with shorter DAT had lower rates of AF recurrence. However, differences were modest, and all quartiles had low AF burden and marked improvements in QoL.

RESULTS



On multivariate analysis, DAT Q4 (compared to Q1) was the only factor significantly associated with risk of recurrence (HR 1.607 95%CI 1.005-2.570 p=0.048). Median AF burden was 0%(0-0.47) in Q1 compared to 0.33% (IQR 0-4.6) in Q4 (p=0.002). There was no difference in amount of LA low voltage area (p=0.505) or left atrial size (Q1: 47.7 ml/m² ±13.9, Q2: 47.9 ml/m² ±16.7; Q3: 48.3 ml/m² ±16.0, Q4: 46.0 ml/m² ±11.6, p=0.879) between the quartiles. Quality of life (assessed by AFEQT) improved markedly in all quartiles (Q1:Δ28.8±24, Q2:Δ24.4±23.4, Q3:Δ21.7±26.6, Q4:Δ24.6±21.4, p=0.331).

Concept: “Onset of AF progression” to ablation time

