

**Doit-on ablater les
patients avec une FA
asymptomatique**

Eventuels arguments pour l'ablation

- Nos patients asymptomatiques le sont-ils vraiment?
 - Diminution progressive des capacités physiques
 - Symptomatologie atypique : anxiété, dépression
- Agir avant le stade de la FA persistante
- Agir avant l'apparition des symptômes, récupérer la systole atriale
- Eviter les complications (AVC, démence, insuffisance cardiaque)

Recommendations de 2016

Initiation of long term rhythm control therapy to improve symptoms in AF

No or minimal signs
for structural heart disease

Patient choice

Dronedaronone (IA)
Flecainide (IA)
Propafenone (IA)
Sotalol (IA)^a

Catheter
ablation (IIaB)^b

Coronary artery disease,
significant valvular heart
disease, abnormal LVH

Patient choice

Dronedaronone (IA)
Sotalol (IA)²
Amiodarone (IA)^d

Catheter
ablation (IIaB)^b

Heart failure

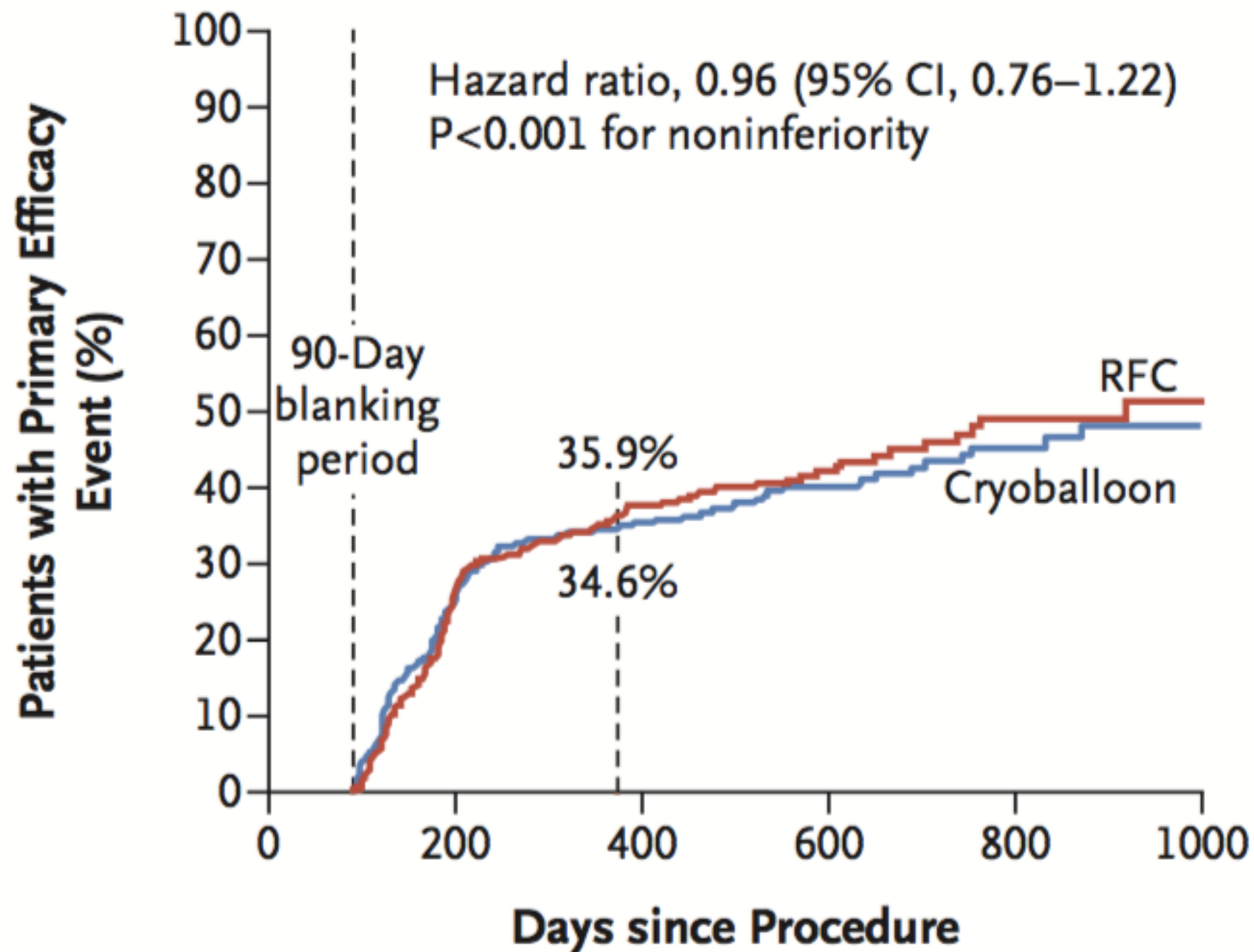
Patient choice

Amiodarone
(IA)

Catheter
ablation (IIaB)^{b,c}

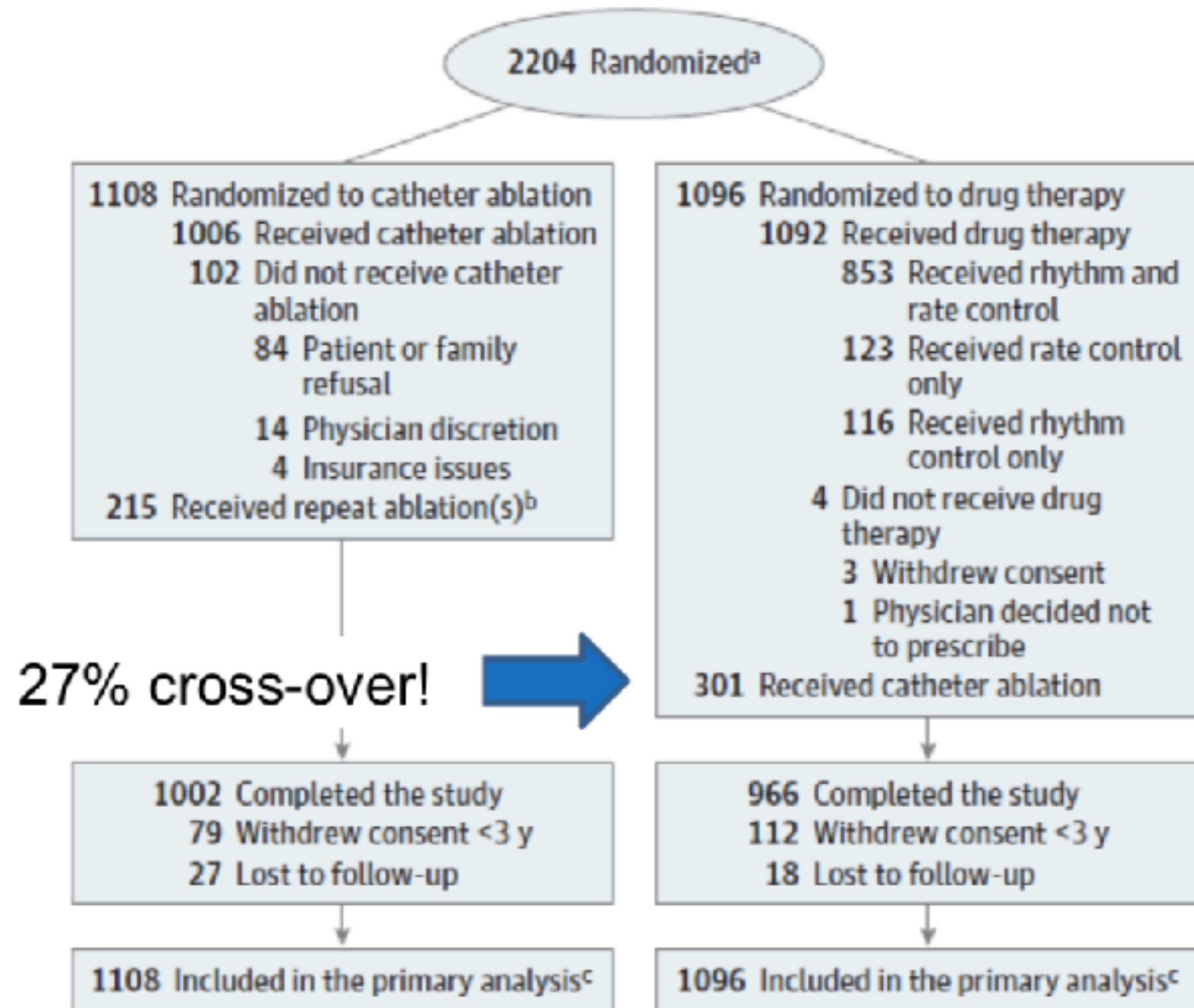
CASTEL-AF ?

Résultats de l'ablation



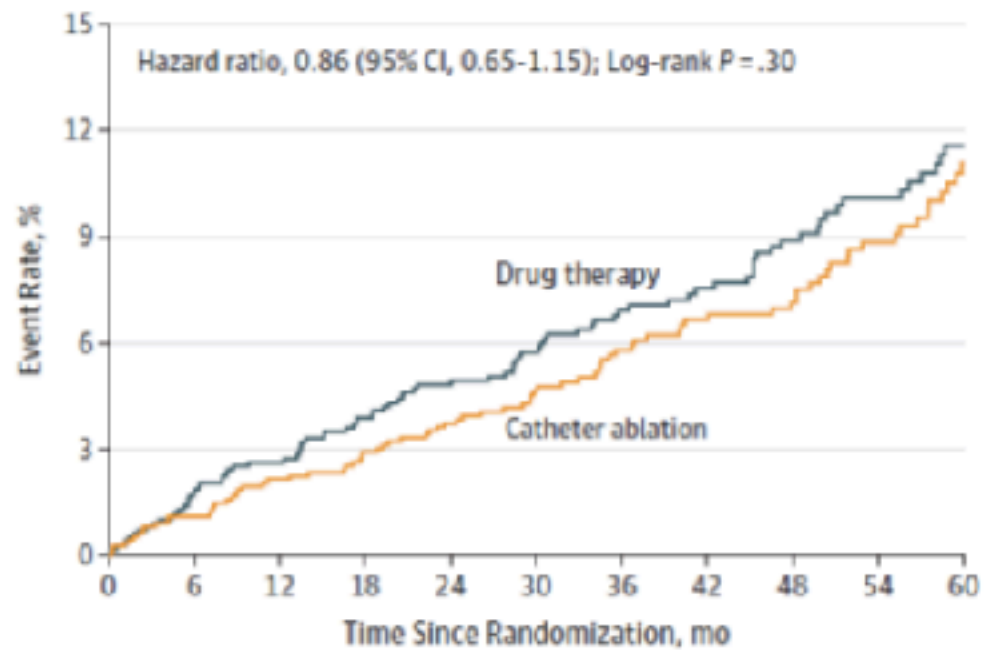
CABANA

- 2204 patients avec FA symptomatique
- >65 ou <65 ans avec un facteur de risque d'AVC
- Age moyen 68 ans, 37% de femme, 43% de FA parox
- Critère principal : mortalité, AVC, saignement majeur, arrêt cardiaque



CABANA

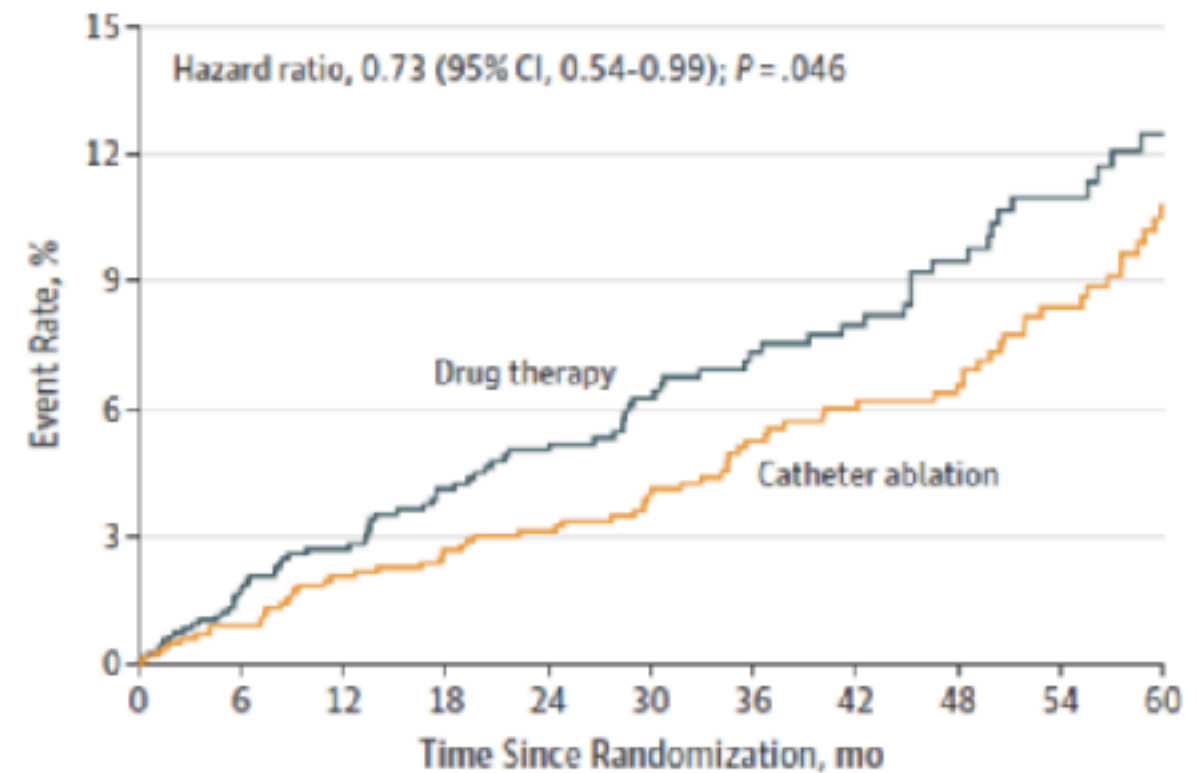
Intention to treat



No. at risk											
Drug therapy	1096	1036	1006	970	880	763	652	578	499	418	312
Catheter ablation	1108	1045	1021	996	915	793	700	614	535	432	309

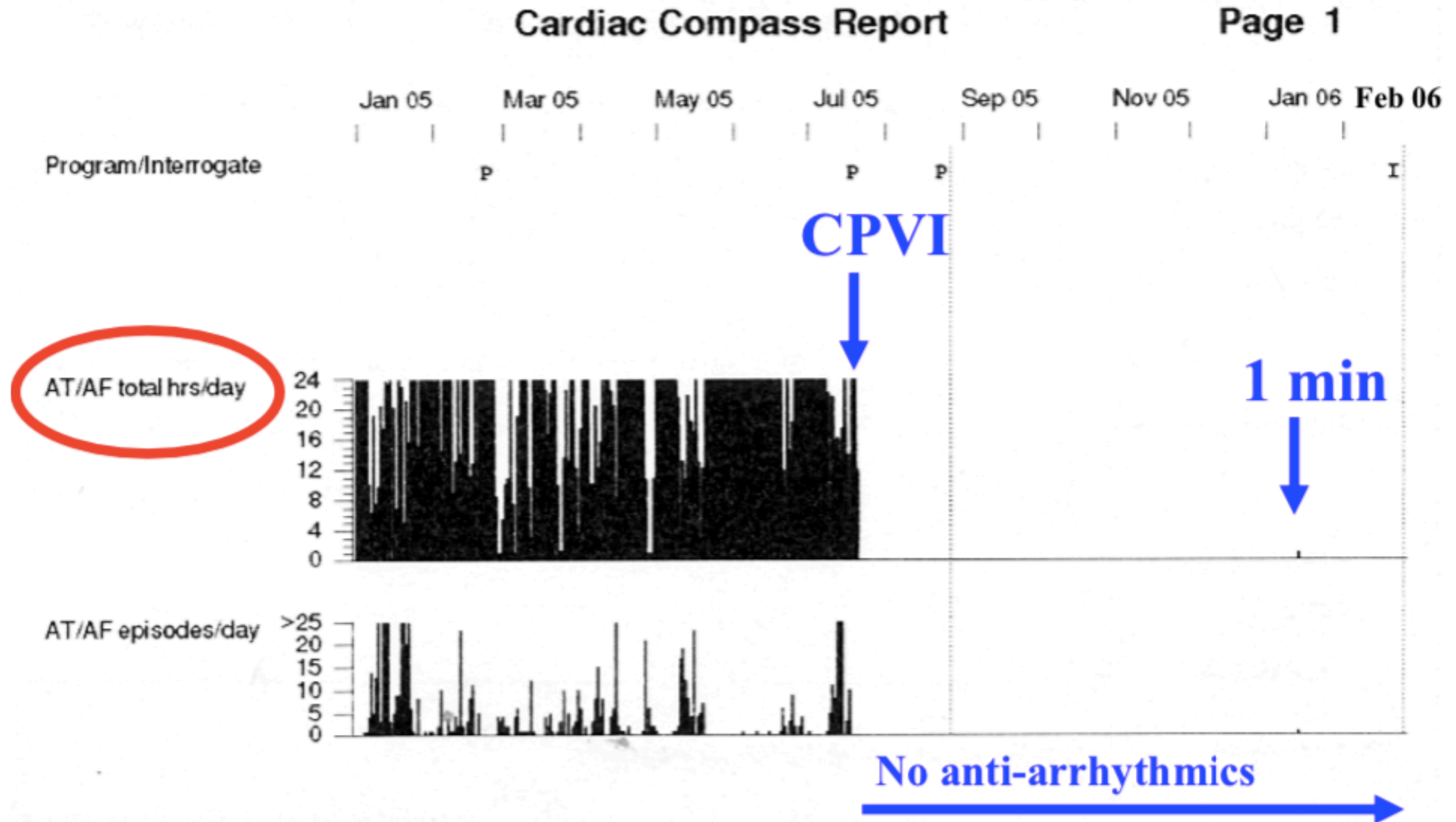
B At 12 mo

Per-protocol analysis



	1096	954	860	778	680	566	464	396	330	275	204
	987	958	937	918	849	735	648	566	494	404	291

Patient de 45 ans faiblement symptomatique



Pacemaker Model: Medtronic Adapta L ADDRL1
Serial Number: NWE616782

10/18/16 1:31:02 PM

Software SW003 7.3

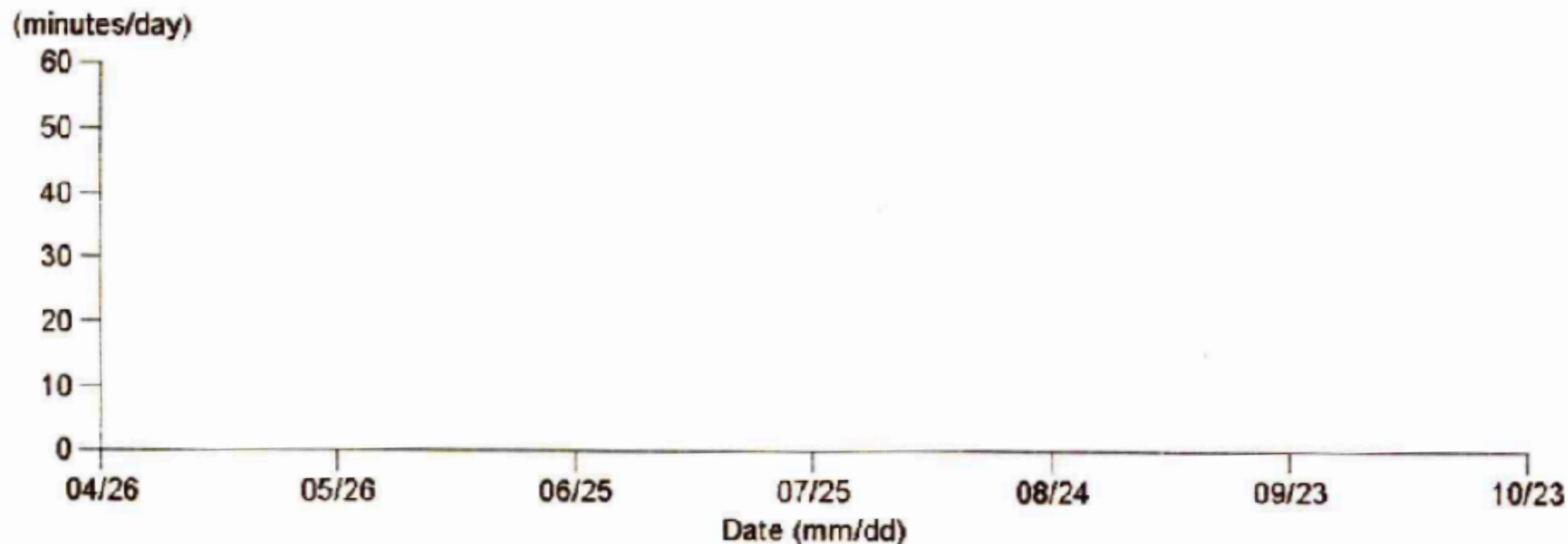
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Initial Interrogation Report

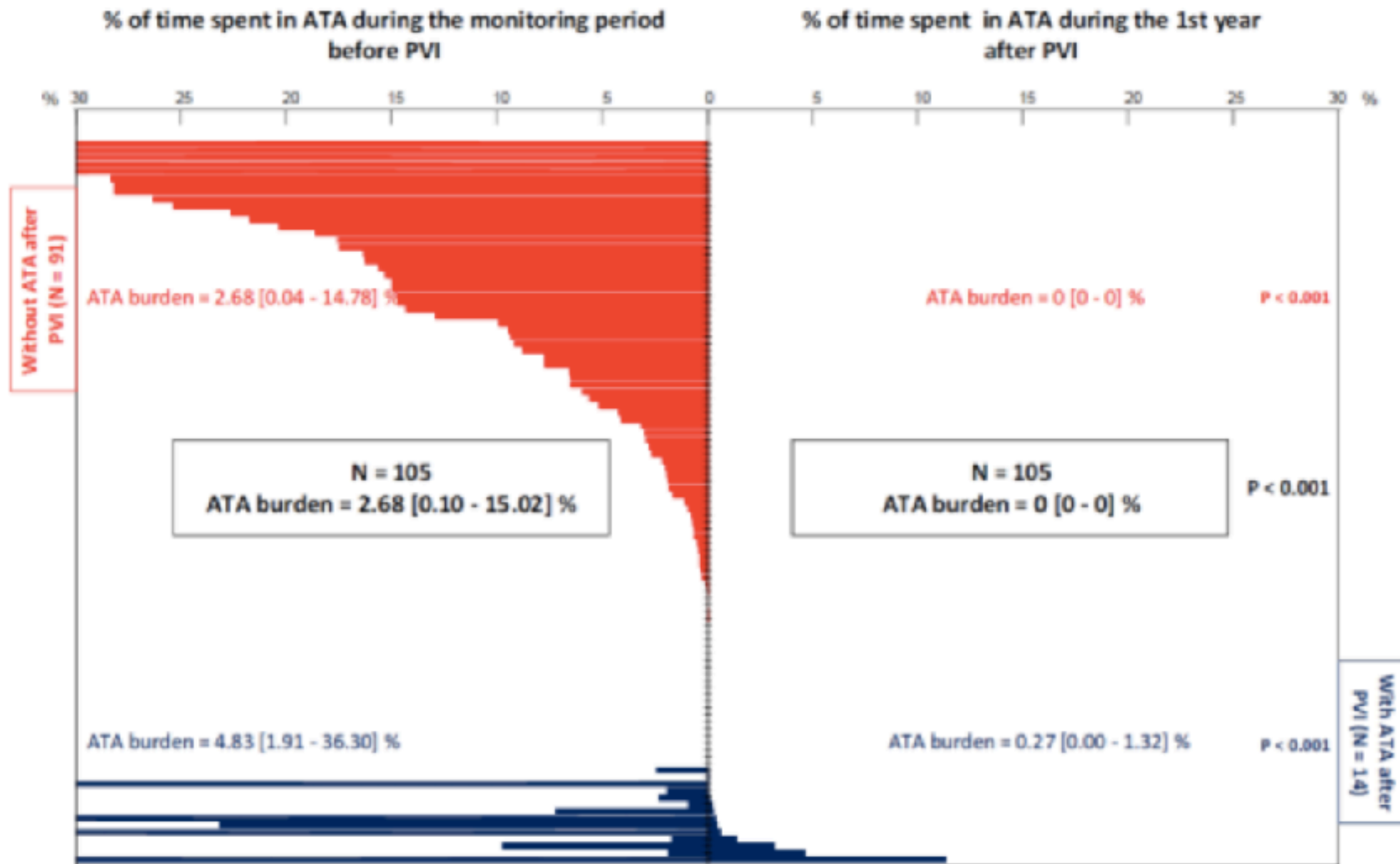
Page 9

Cardiac Compass: 04/26/16 to 10/18/16

Atrial Arrhythmia Trend: 0 days with > 4 hours AT/AF



Close to cure trial



CASTEL-AF

- FA symptomatique
- NYHA 2-4
- FEVG <35%
- Indication ou présence d'un DEF

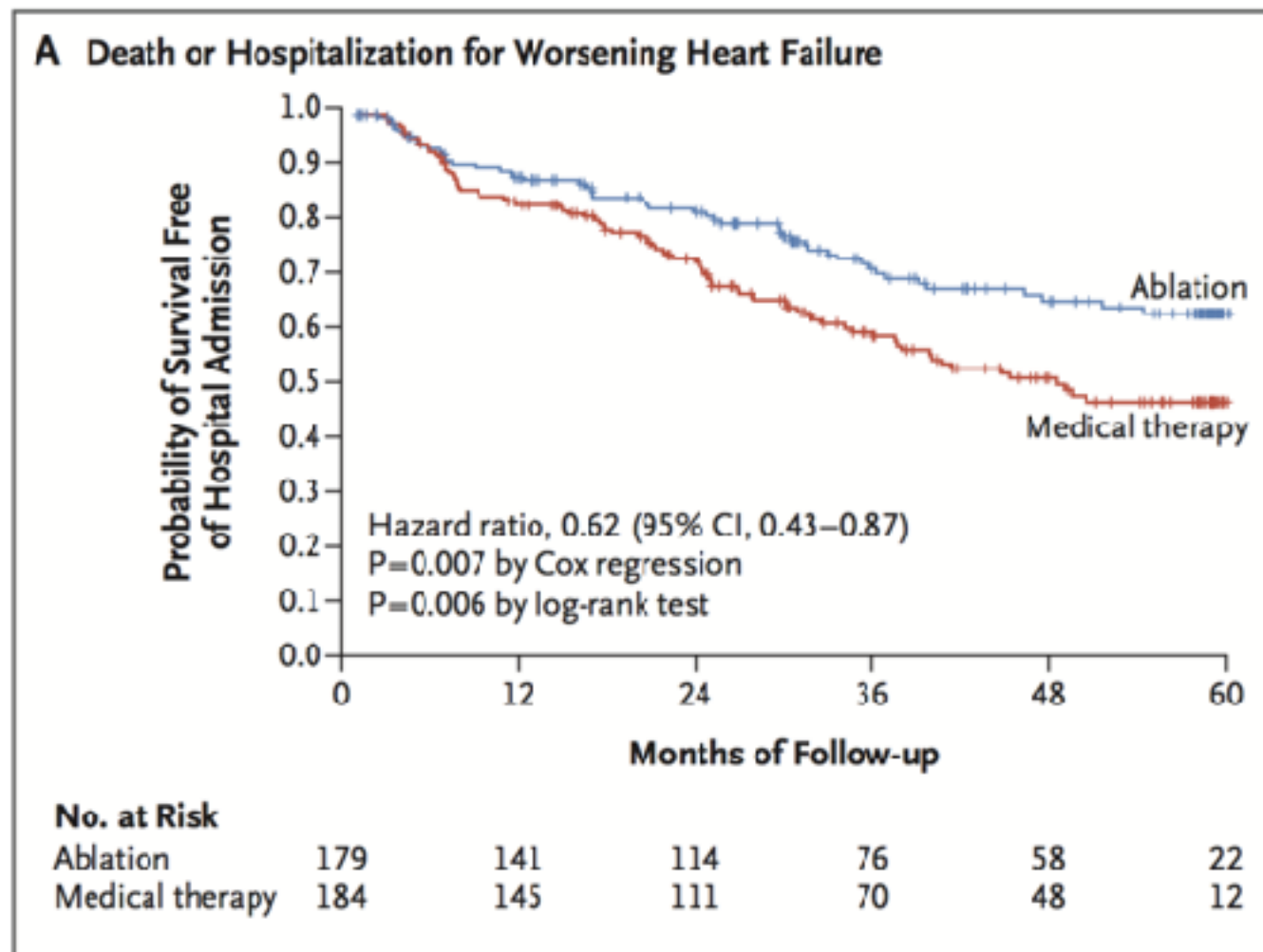
R
1:1

Ablation (179p)

- Isolation des VP obligatoire
- Autres traitements d'ablation possibles

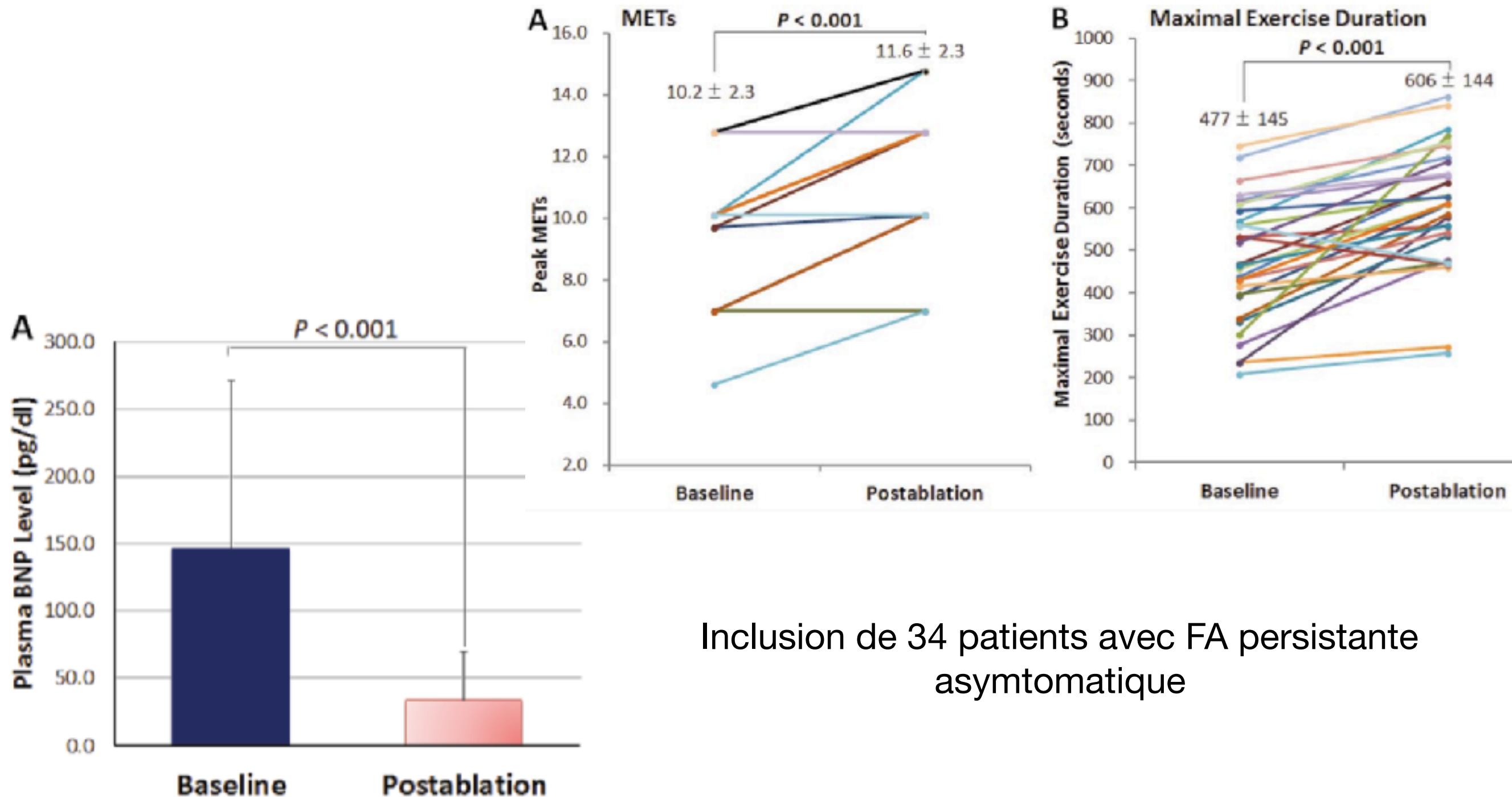
Médical (184p)

- Tentative de maintien RS
- Contrôle de fréquence
 - 60-80/min repos
 - 90-115/min effort



- Diminution de 38% du critère primaire
- 8 patients à traiter pour éviter un évènement
- NB: Entresto (PARADIGM-HF) 21 patients à traiter pour éviter un évènement !

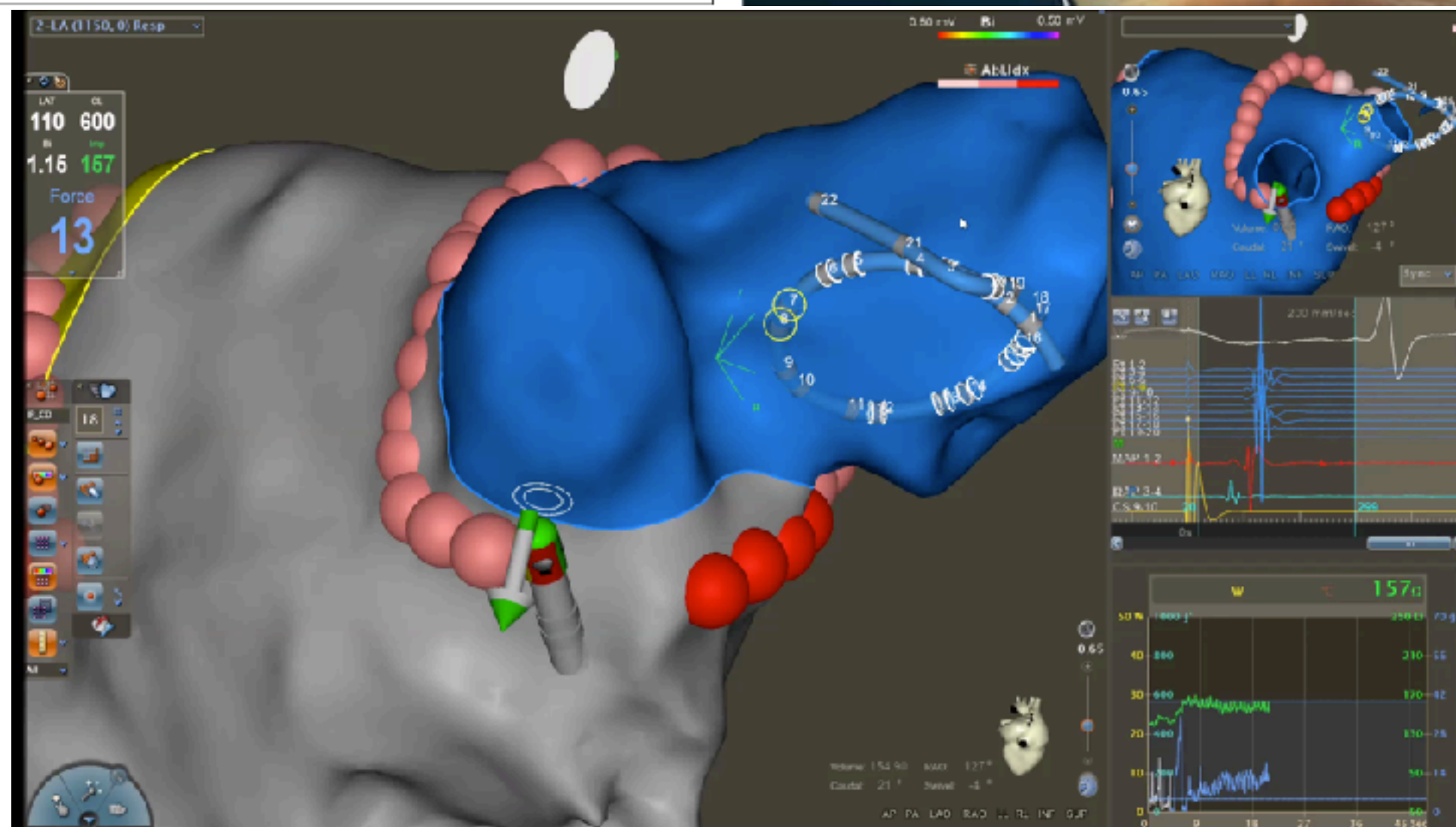
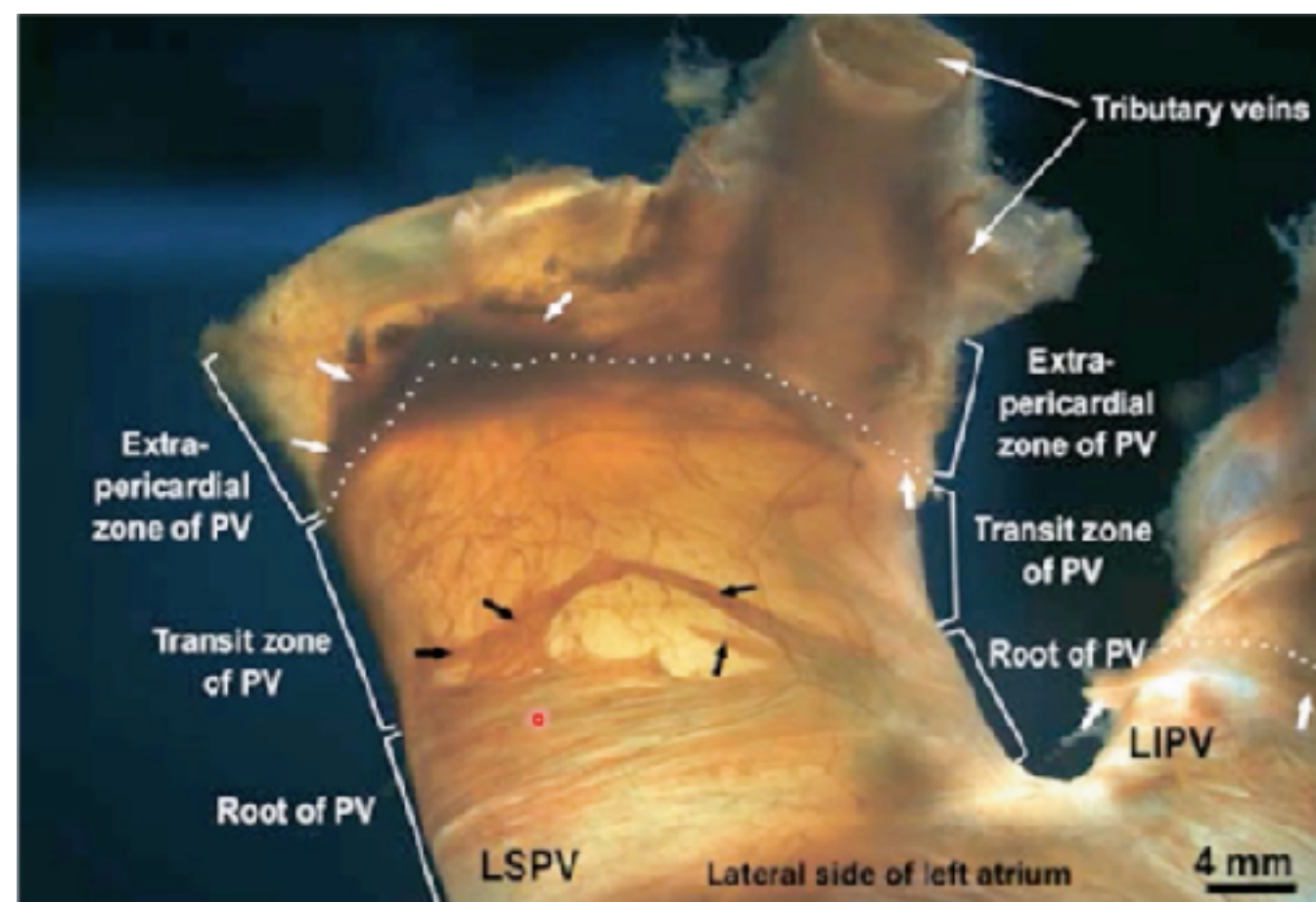
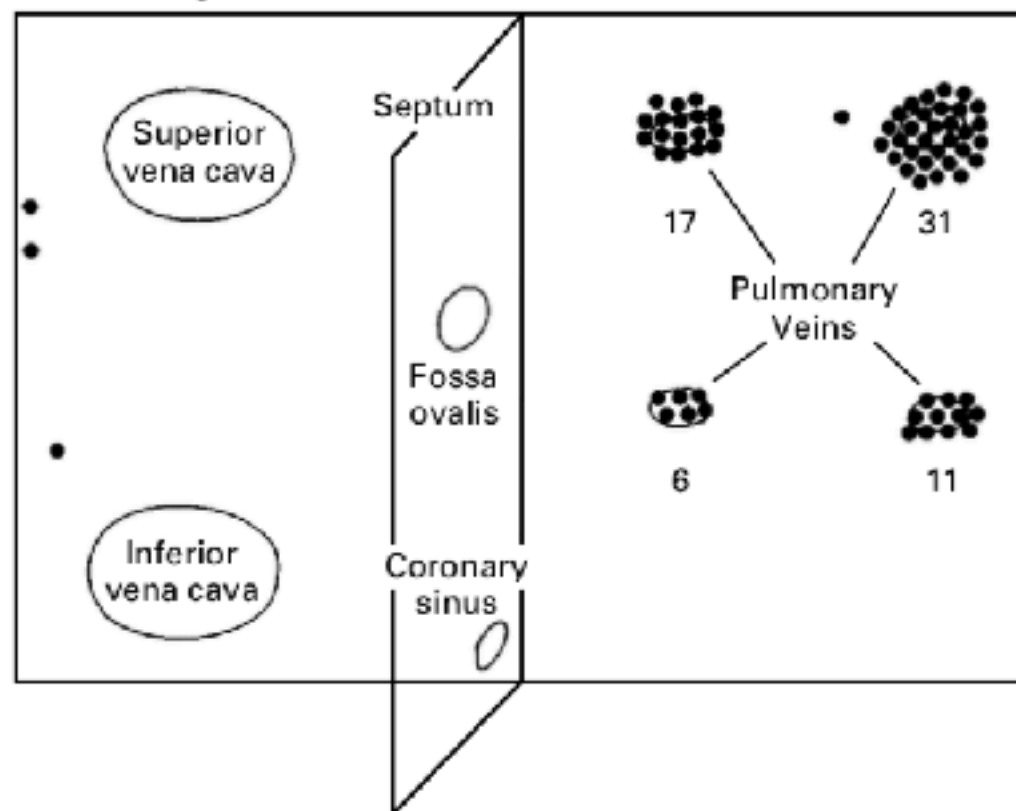
Amélioration des capacités physiques chez les patients asymptomatiques



Inclusion de 34 patients avec FA persistante asymptomatique

Right Atrium

Left Atrium



Evolution des complications

Complication severity	Complication type	Rate ^{727, 748, 750, 754-759}
Life-threatening complications	Periprocedural death	<0.2%
	Oesophageal injury (perforation/fistula) ^a	<0.5%
	Periprocedural stroke (including TIA/air embolism)	<1%
	Cardiac tamponade	1–2%
Severe complications	Pulmonary vein stenosis	<1%
	Persistent phrenic nerve palsy	1–2%
	Vascular complications	2–4%
	Other severe complications	≈1%
Other moderate or minor complications		1–2%
Unknown significance	Asymptomatic cerebral embolism (silent stroke) ^b	5–20%
	Radiation exposure	

Recommandation de 2016

Event	Patients Receiving Ablation n = 1006 n (%) [*]
Ablation Catheter Insertion	39 (3.9)
Hematoma	23 (2.3)
Pseudo aneurysm	11 (1.1)
Atrial venous fistula	4 (0.4)
Pneumothorax	1 (0.1)
Sepsis	1 (0.1)
DVT	0
Pulmonary embolus	0
Catheter Manipulation within the Heart	12 (1.2)
Cardiac tamponade with perforation	8 (0.8)
TIA	3 (0.3)
Coronary occlusion	0
Myocardial infarction	1 (0.1)
Complete heart block	0
Valvular damage	0
Ablation-related events	18 (1.8)
Severe pericardial chest pain	11 (1.1)
Phrenic nerve injury	1 (0.1)
Pulmonary Vein Stenosis > 75%	1 (0.1)
Esophageal ulcer	5 (0.5)
Atrial esophageal fistula	0
Medication-related events	0
Heparin induced bleeding	0

Cabana

L'ablation fait elle mieux que le traitement médical pour ralentir l'évolution de la FA ?

ATTEST Study Design

Multicenter, randomized, controlled, open-label trial at 30 sites worldwide

Patients

- Aged ≥ 60 years
- PAF ≥ 2 years
- ≥ 2 AF episodes in past 6 months
- Failed 1-2 AADs or rate control drugs
- HATCH score 1–4

RF ablation group

PVI using irrigated RF catheters (6-hole irrigated ThermoCool[®] catheter family \pm CF sensing ThermoCool[®] SmartTouch or porous-tip ThermoCool[®] SF catheter) in conjunction with 3D electroanatomic mapping

AAD group

Medication managed according to current guidelines at investigators' discretion

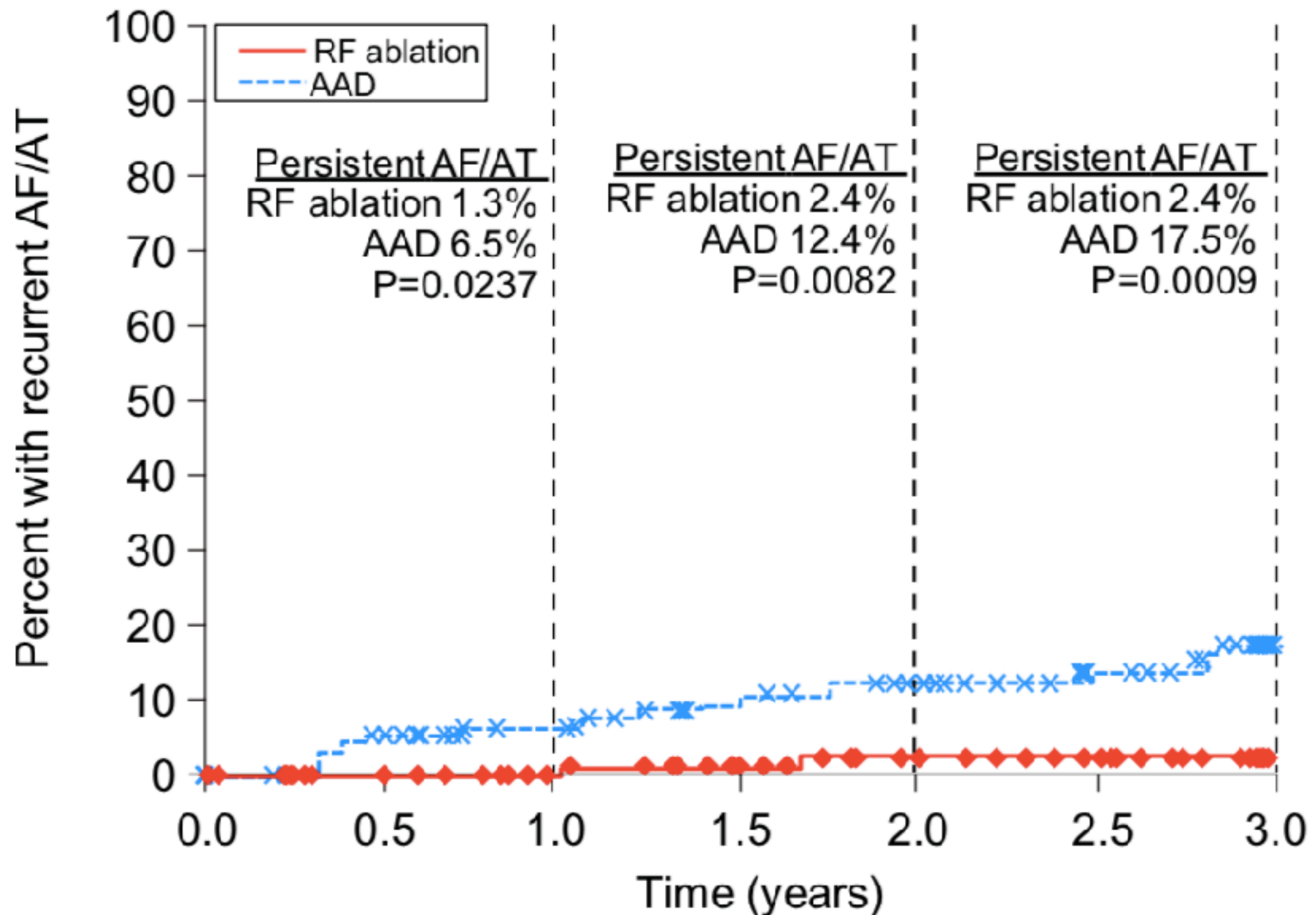
Follow-up visits 3 months 6 months 1 year 2 years 3 years

Study terminated early Feb 2018 due to slow enrollment

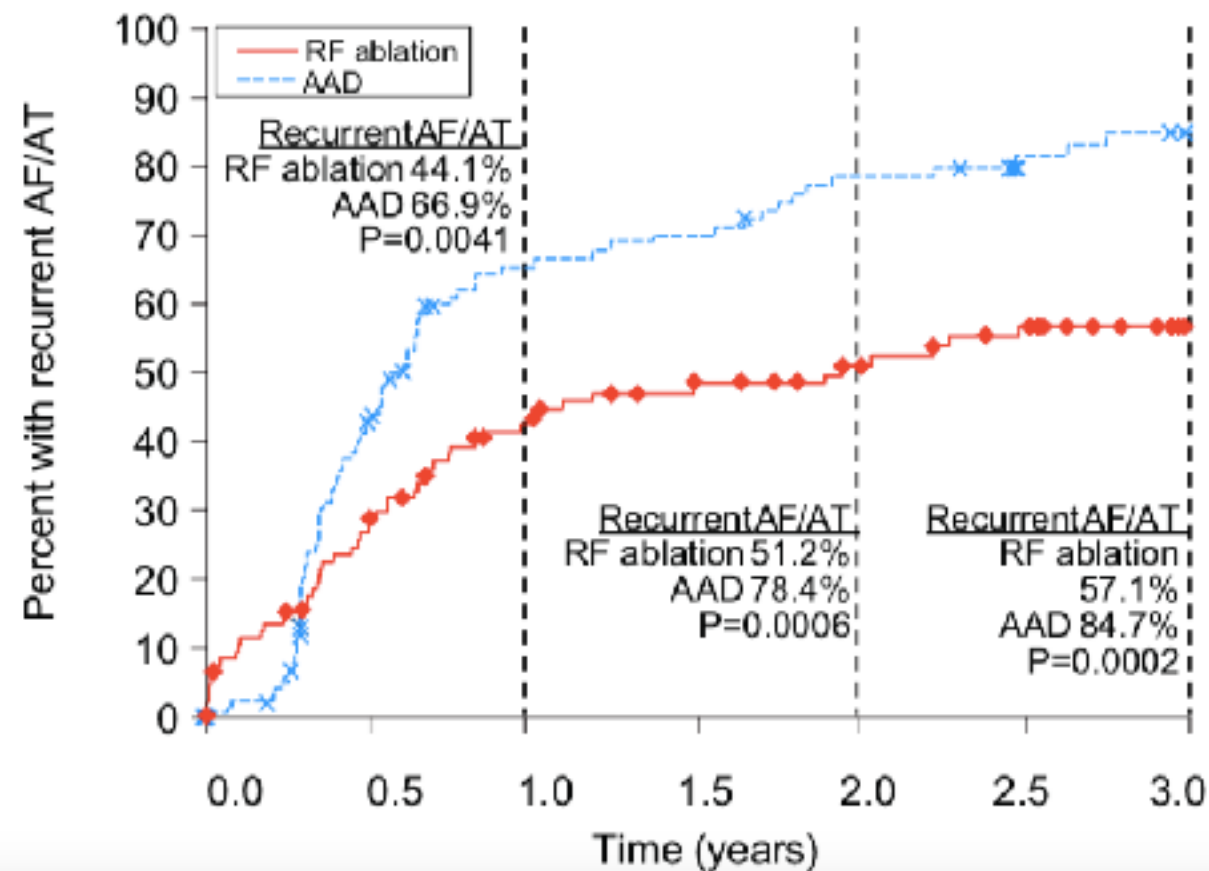
Together with

Primary endpoint:
Progression to persistent AF/AT at 3 years
(Time-to event analysis)

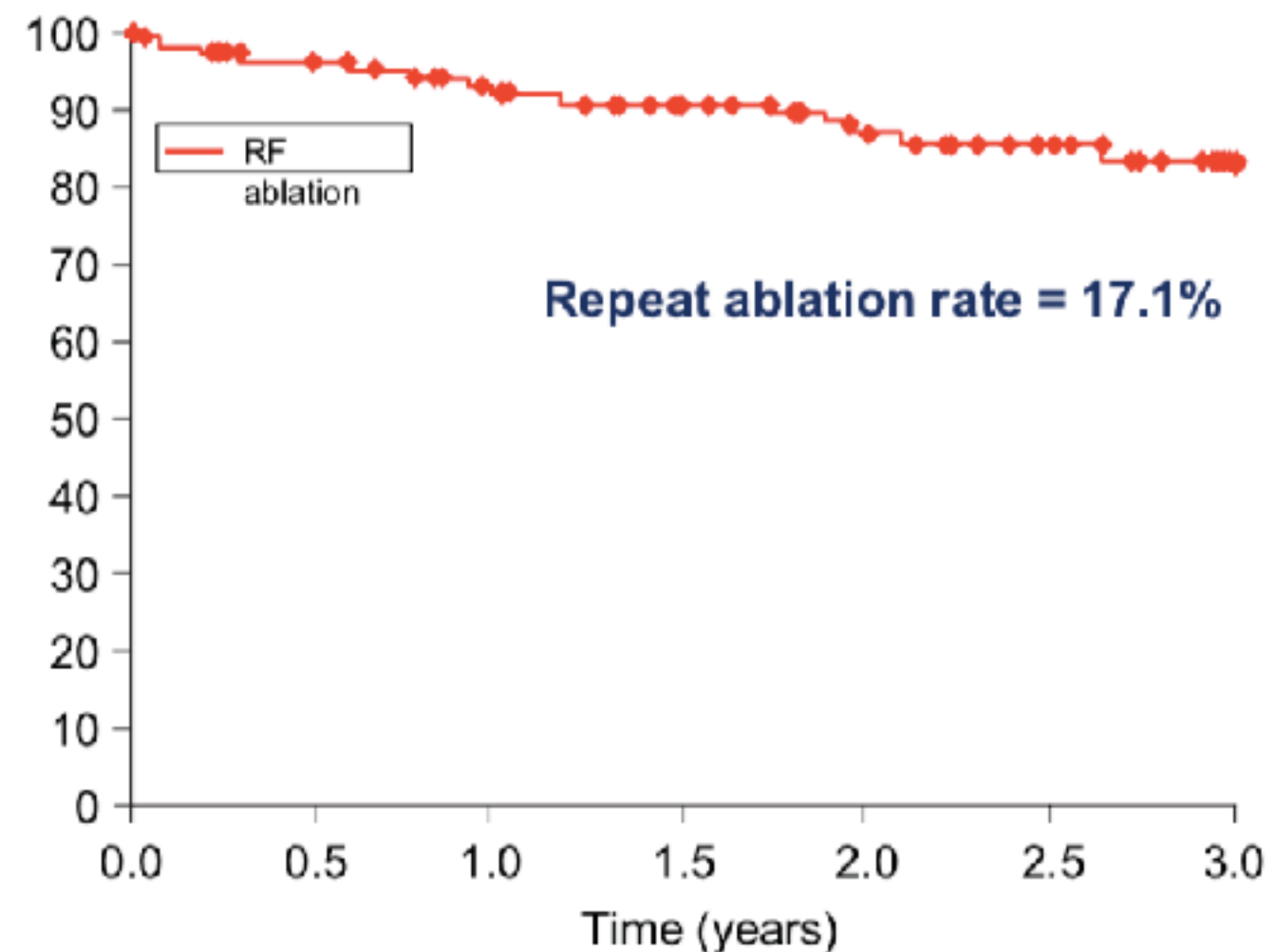
L'ablation fait elle mieux que le traitement médical pour ralentir l'évolution de la FA ?



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Percent with repeat ablation



Peut-on arrêter l'anticoagulation après l'ablation?

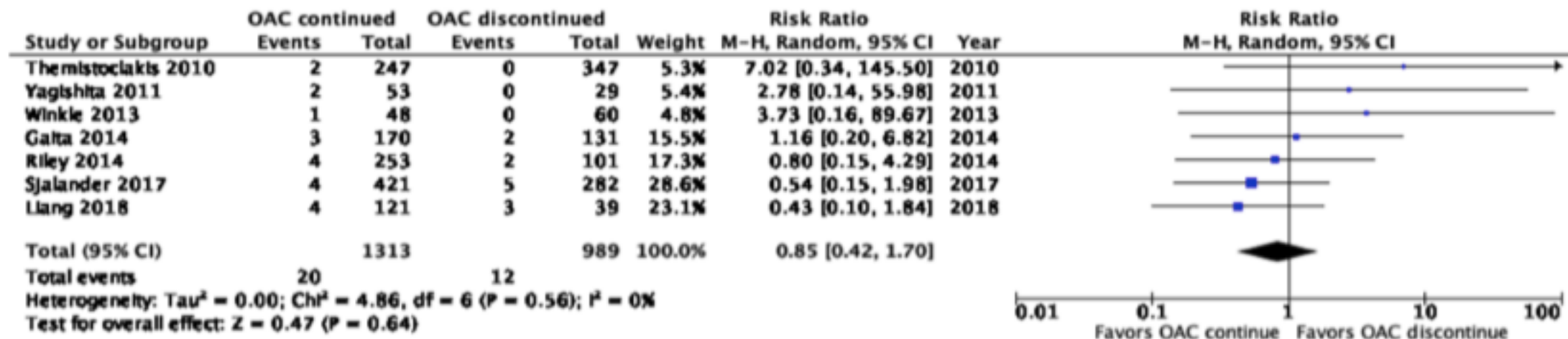


Figure 1.1: Cerebrovascular event (CVE).

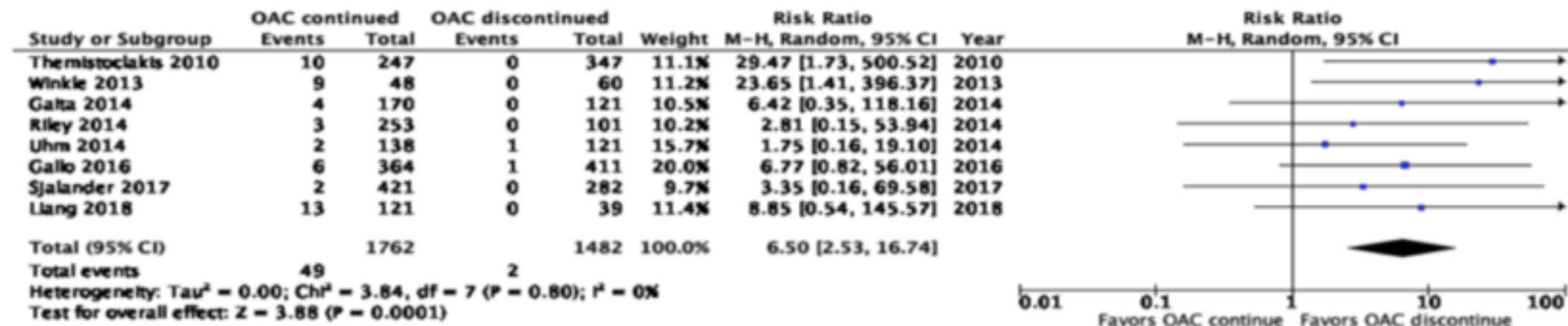


Figure 1.3: Major bleeding