



LIVE IN A BOX SESSION

AI-guided tailored ablation



**&ELECTRA
RHYTHM**



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Disclosures:

None



58y male

VSD surgical correction 1989 – LVOT patch

HT

Flutter (CTI ablation 2019), tachycardiomyopathy

Persistent AF since 2021 april

fatigue

LVEF 60%,

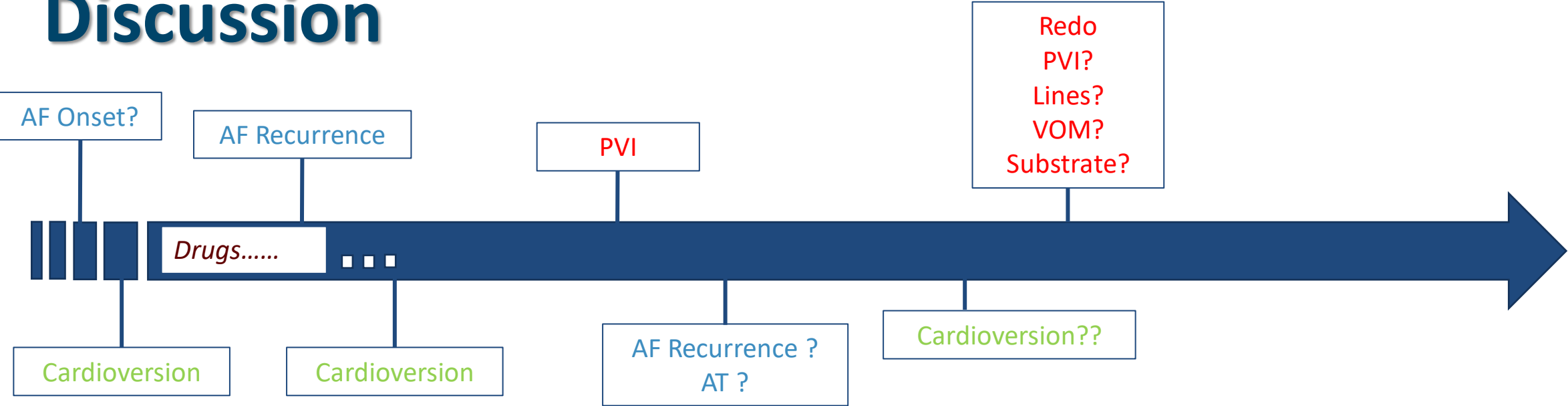
LA 57 mm diameter - 40 cm² surface

Amiodarone, Irbesartan, Apixaban

Patient referred in January 2022 to discuss AF strategy
(remember : Covid year...)

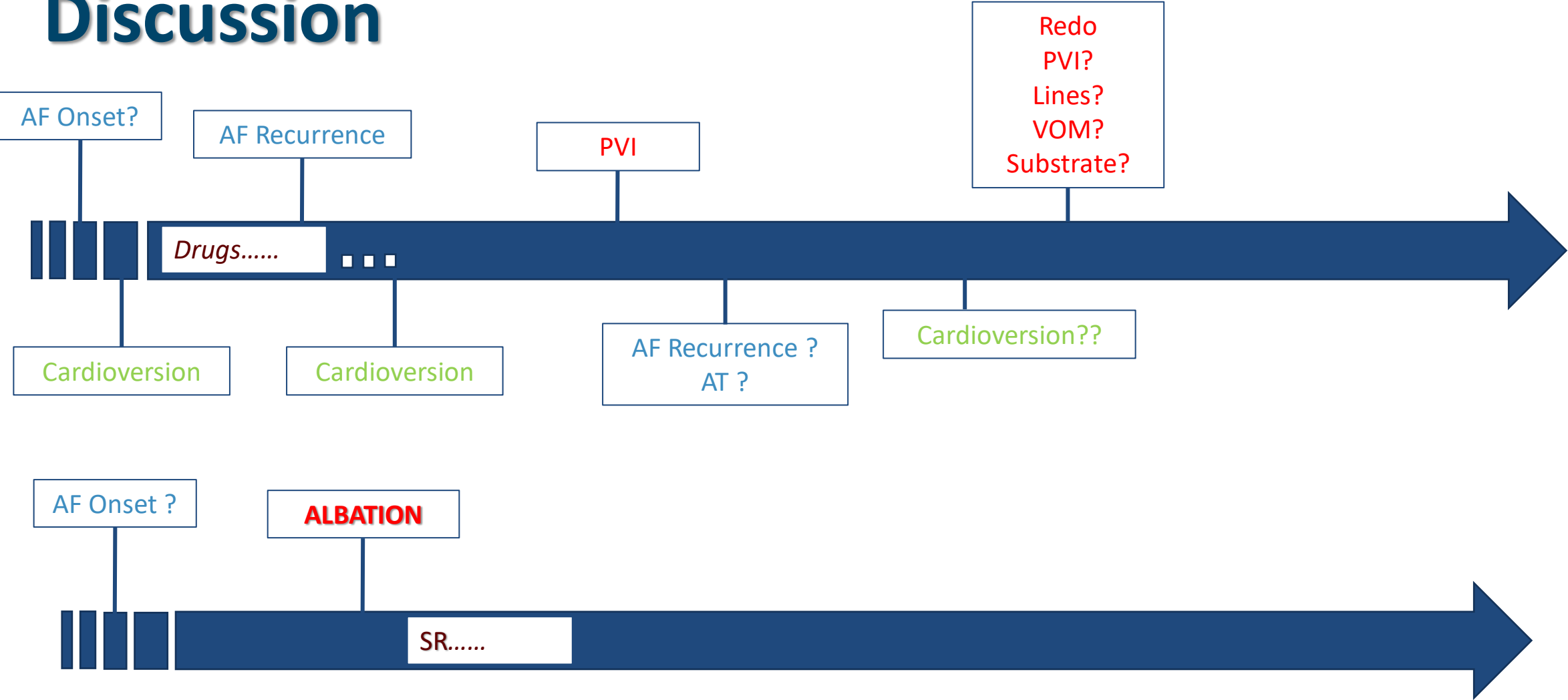


Discussion





Discussion





Our center:

substrate approach for many years

CFE's

Scare

Dispersion

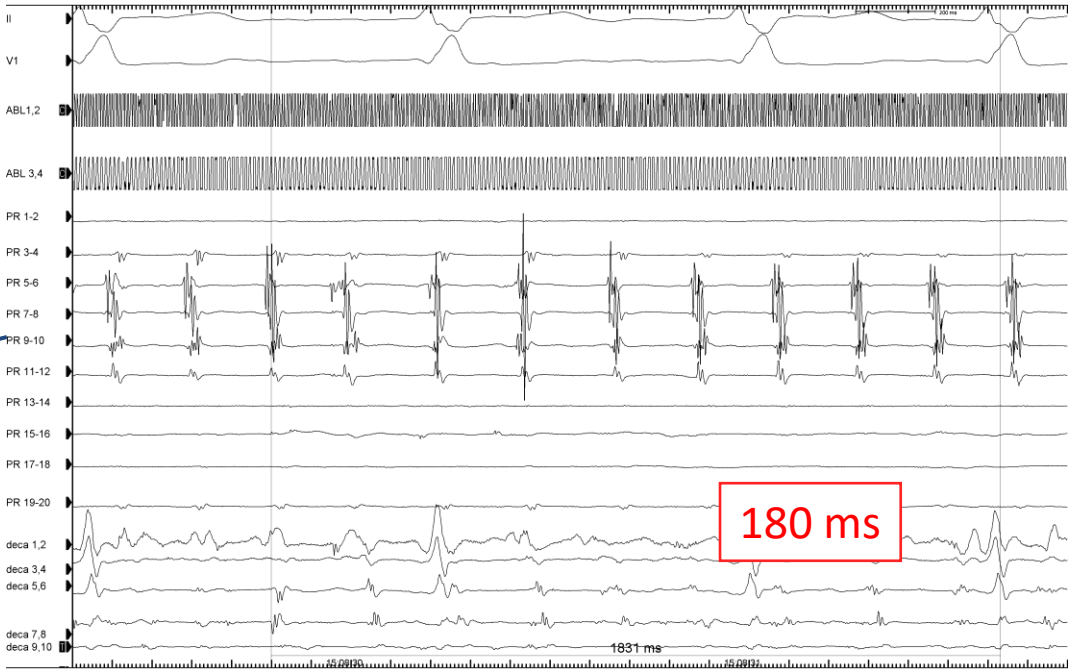
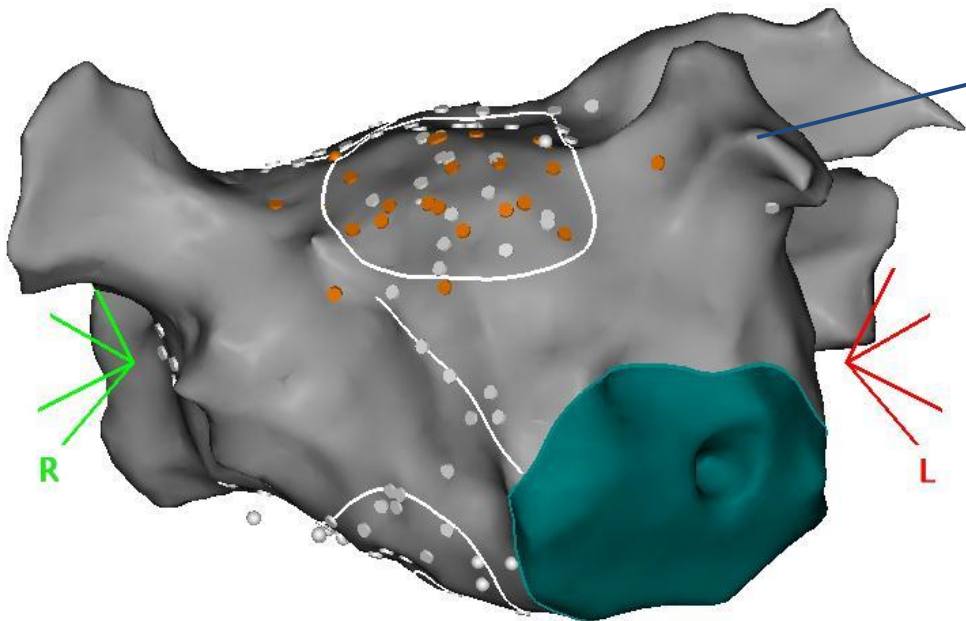
Current study:

AI guided ablation



The Tailored-AF trial

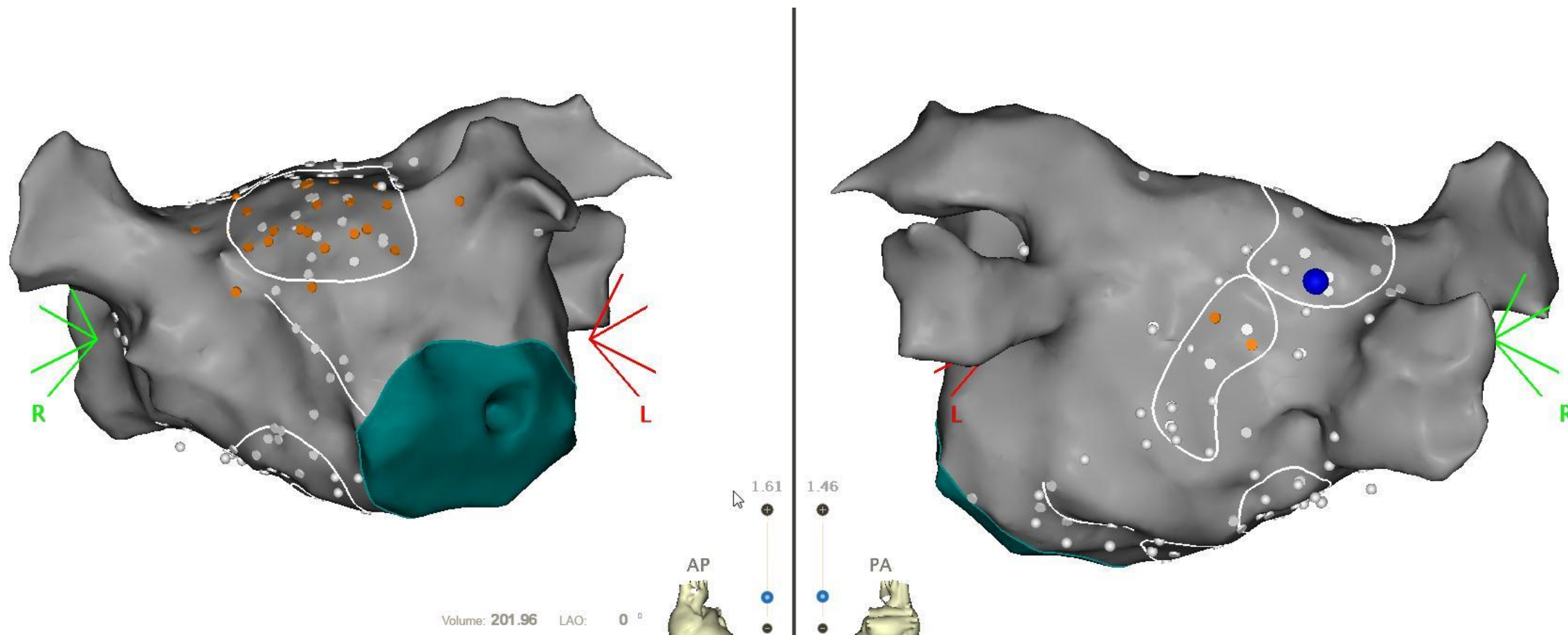




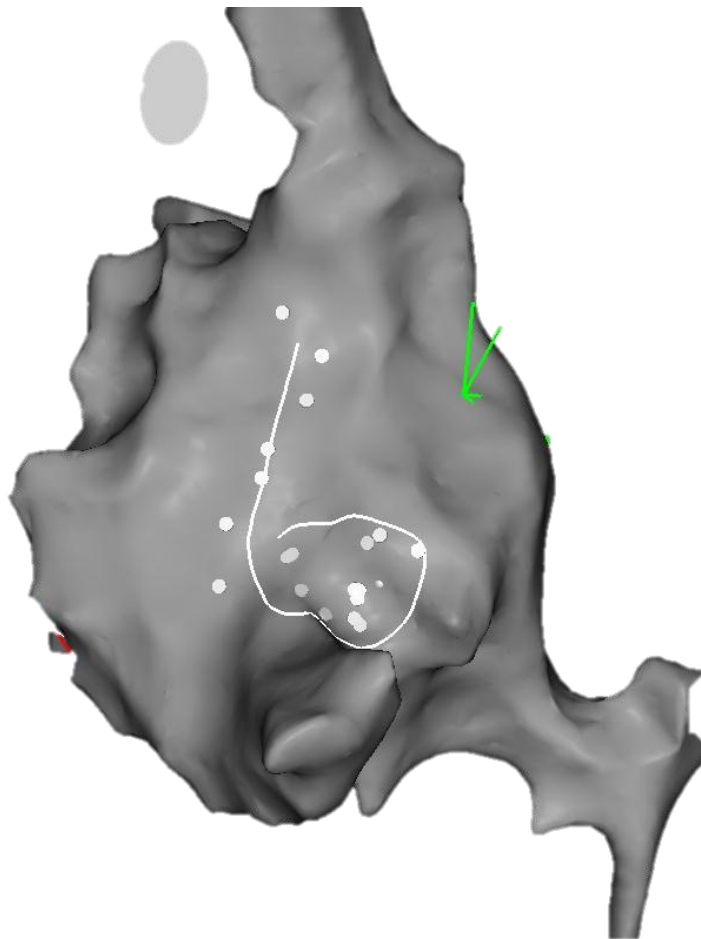
Volume: 201.96 LAO: 0°

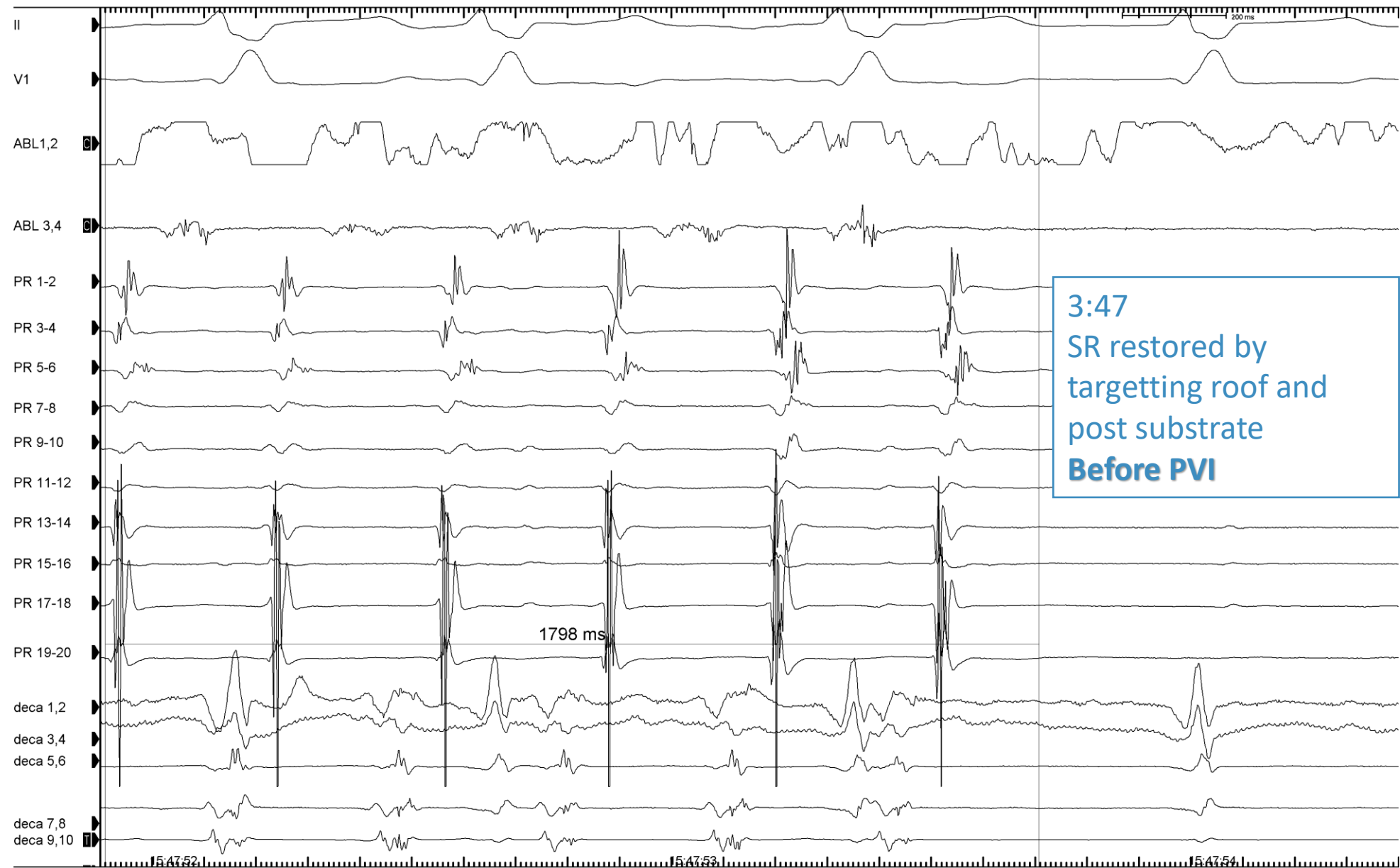


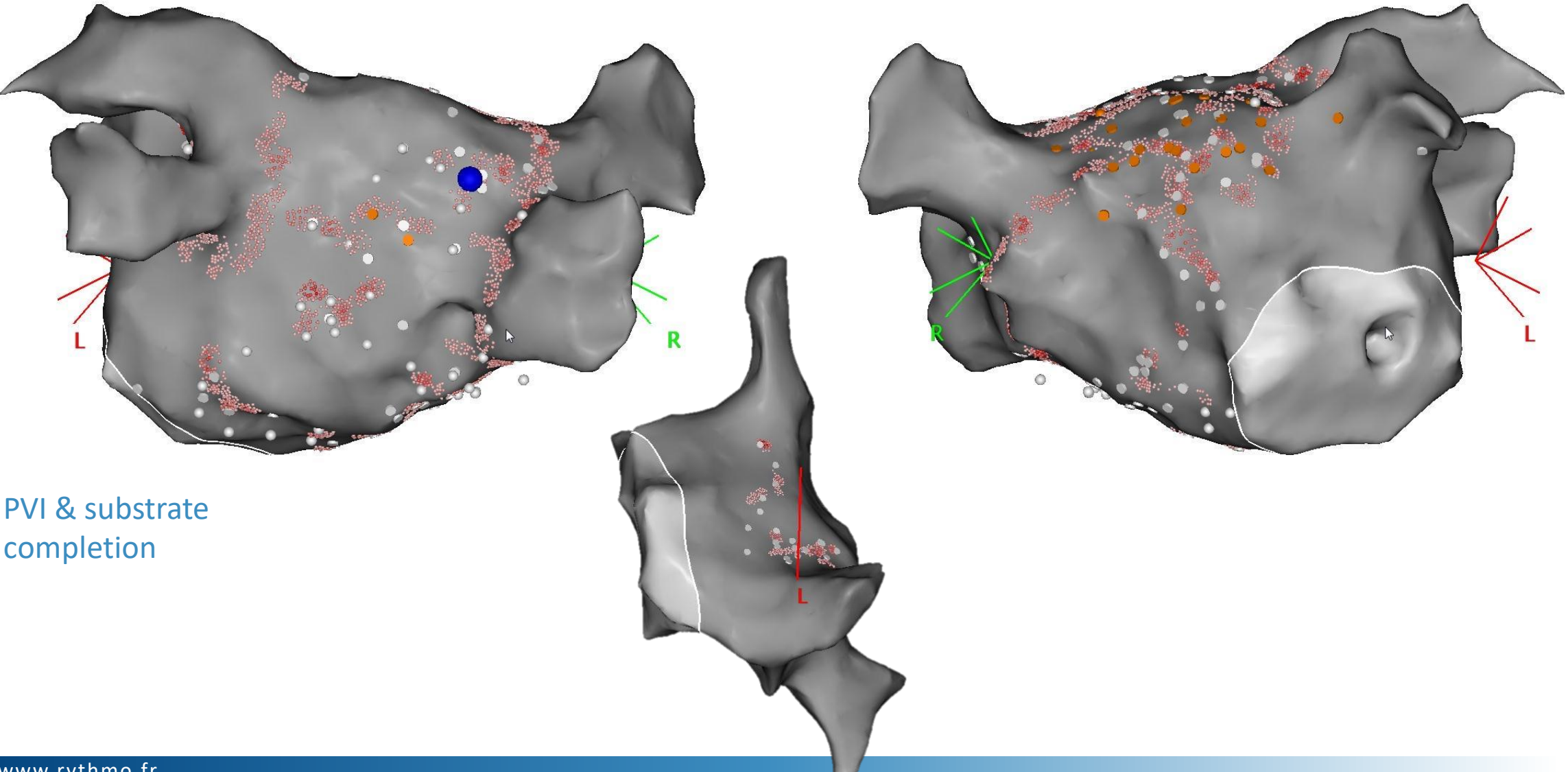
AI Volta dispersion-fragmentation maps



AI Volta dispersion-fragmentation maps







PVI & substrate completion



Duration: 2h40
Xray: 1mn24
RF applications: 124 s
RF time: 2179 s

SR 40 mn after transeptal
Then PVI complement

1 night stay

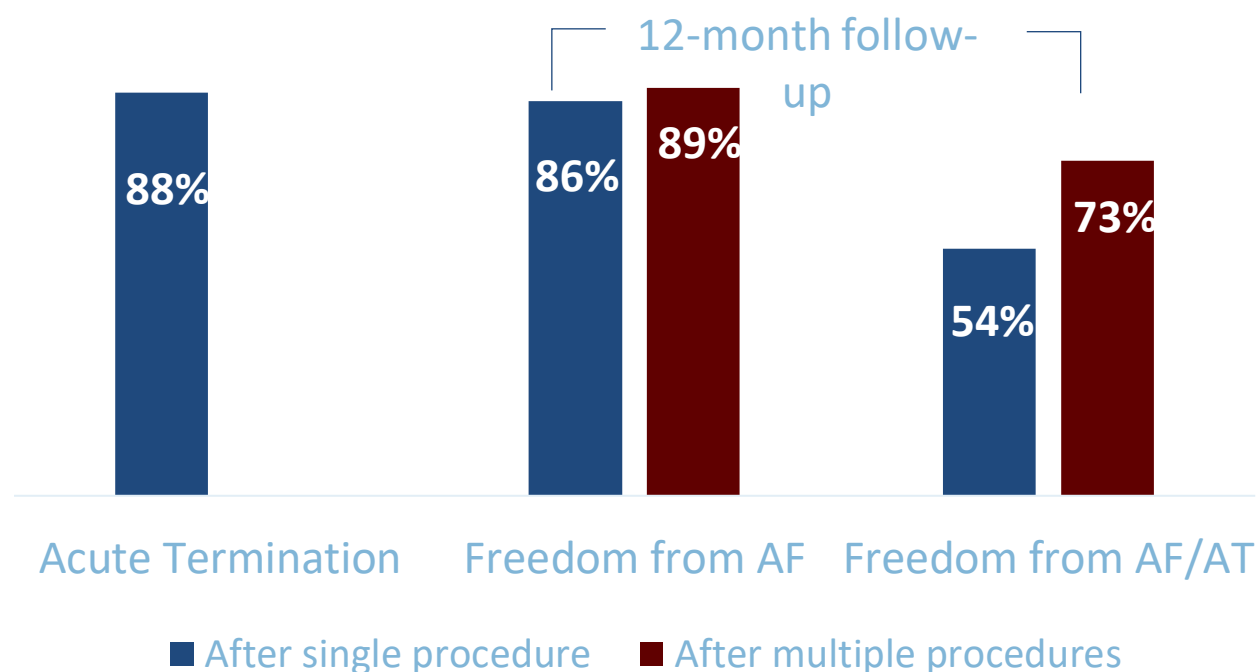


Key clinical evidence for Volta VX1: Ev-AIFib¹

(The Preliminary Evaluation of the AIFib Software Trial)

85 Patients in 8 Sites – only de novo Persistent and Long Standing Persistent

17 operators using the 3 major mapping systems (CARTO, Ensite, Rhythmia)



VX1 software-guided ablation of dispersion areas led to convincing outcomes

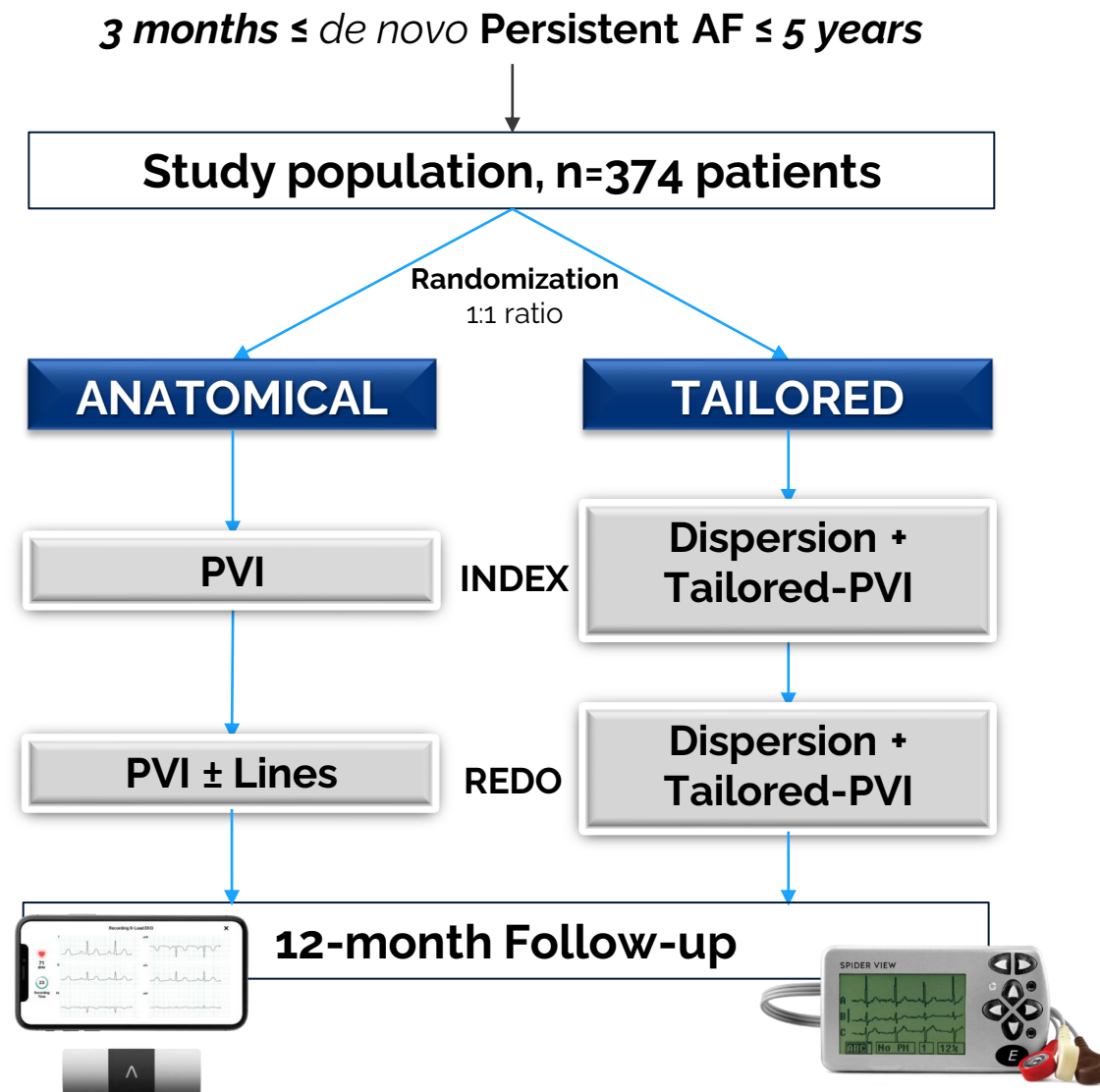
Acute and long-term **outcomes between primary and satellite centers not statistically different**, demonstrating **standardization and reproducibility of approach**

AF conversion into SR by ablation associated with significantly higher likelihood of long-term freedom from AF/AT

1. Presentation at AF Symposium 2022 Spotlight sessions

TAILORED-AF TRIAL: Tailored VS Anatomical Strategy for Persistent AF

- Prospective, randomized controlled multicenter international trial in 27 EU and US sites
- Primary Endpoint: **Freedom from AF**, with or without AADs, **12 months after single index ablation procedure**





Conclusion

Activity guided ablation

AI guided substrate ablation

Quite rapid AF termination on arrhythymogenic substrate - low ablation charge

Despite challenging AF

PVI came later





Conclusion

Best tools to target arrhythmogenic areas

AI: reproducible, reliable

Best energy to durable lesions

Patience...

Share and support progress...