**Arrhythmias and Clinical EP**

**IMPACT OF ELECTROANATOMIC SUBSTRATE ON ABLATION OUTCOMES IN NONISCHEMIC CARDIOMYOPATHY: THREE-TIERED PROGNOSTICATION**

Poster Contributions
Hall C
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**Background:** Nonischemic cardiomyopathy (NICM) patients represent a growing population referred for catheter ablation. However, the scar patterns and electrical footprint of NICM are heterogeneous, with reported ablation outcomes that are inferior to patients with postinfarct scar. Smaller scars and fewer late potentials intrinsic to the substrate may limit ablation targets.

**Methods:** Patients referred for VT ablation were analyzed into three groups based on electroanatomic mapping findings: Type I) confluent scar with late potentials Type II) confluent scar without LP Type III) minimal/no scar or LP detected. Baseline and procedural characteristics were analyzed and correlated with freedom from recurrent VT at 1 year.

**Results:** Amongst 70 patients undergoing 90 procedures (1/04-10/12), 59 patients had complete follow-up at 1 year. No differences were seen in baseline characteristics between the three groups (Type I=44, II=10, III=5) with regard to age, antiarrhythmics, or EF (9±13 vs 28±12 vs 30±11, p=0.97). At 12 months, the freedom from VT was 48% in Type I, 30% in Type II, and 0% in Type III. (SEE FIGURE 1)

**Conclusions:** Significant heterogeneity is present within the NICM population referred for VT ablation, ranging from substrates with confluent scar and LPs, akin to ICM, to undetectable scar. A three-tiered prognostication schema may be helpful in identifying patients at the time of ablation (Type III) that may require adjunctive neuraxial modulation.

![Graph showing freedom from VT (%) over follow-up (days) for Type I, II, and III.](image)