



RACP Foundation Research Awards

YEAR 2 PROGRESS REPORT

Project / Program Title		CAPLA trial: Catheter Ablation for persistent atrial fibrillation: A Multicentre randomised trial of Pulmonary vein isolation (PVI) vs PVI with posterior Left Atrial wall isolation (PWI).
Name		Dr Hariharan Sugumar
Award Received		2017 RACP NHMRC JJ Billings Scholarship
Report Date		02 Nov 2018
Chief Investigator / Supervisor		Prof Peter Kistler
Administering Institution		Baker IDI Heart and Diabetes Institute
Funding Period	Start Date:	6 February 2017
	Finish Date:	6 February 2020

PROJECT SUMMARY

CAPLA trial comparing atrial fibrillation outcomes between two approaches to ablation has obtained approval from the ethics committee and has since commenced recruitment at three sites.

PROJECT AIMS / OBJECTIVES

Perform AF ablation in patients with PsAF using either PVI strategy alone or PVI + PWI in 189 patients each across all participating centres. Total of 378 participants.

SIGNIFICANCE AND OUTCOMES

Atrial fibrillation is one of the emerging epidemics of cardiovascular disease with one in five people at risk of AF in their lifetime. AF poses significant added burden to the health care system with frequent hospitalisation and more importantly, AF is associated with poor quality of life. Although catheter ablation for AF has become standard of care in patients with PAF, there is ambiguity about the next step in ablation strategy and effectiveness of catheter ablation in patients with PsAF. Prior studies have yielded mixed results with a large high-profile study concluding that outcomes are no different with additional ablation. However, there is strong emerging evidence supporting improved outcomes with addition of posterior wall isolation in addition to standard PVI. Direct head to head comparisons have been limited to non-randomised and single centre studies. Our study hopes to demonstrate that the addition of PWI to routine PVI will improve longer term success of remaining arrhythmia free. In doing so, we will improve patients' quality of life and decrease health care burden. For example, Atrial fibrillation (AF) patients were hospitalised for cardiovascular problems four times more often than people without AF, and were more likely (8x) to have multiple hospital admissions. Given that AF has been described as an emerging epidemic with estimated lifetime risk of about 23%, our research is very relevant to current issues facing the

cardiovascular community and patients in Australia and worldwide with improved outcomes for patients, health care providers and the health system.

PUBLICATIONS / PRESENTATIONS

To be completed