**Title: AFSymposium 24: MANIFEST-PF: Impact of LAPW Ablation During PFA for Persistent AF**

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**Date: 07 Feb 2024**

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"My name is Mohit Turagam. I'm an associate professor at the Mount Sinai Hospital in New York City.

What is the MANIFEST-PF registry?

The title of my talk is the impact of posterior wall ablation with pulmonary vein isolation in patients with persistent AF. A manifest PF substudy, Manifest PF, is a large collaborative effort of 24 European centers who first started to use the pulse field ablation catheter since commercialization in Europe.

What is the importance of this sub-study?

The importance is typically posterior wall ablation, which is a standard area for performing ablation in persistent AF. The trials so far using RF and cryo have been mixed. Some studies have shown benefits. Some studies have shown it doesn't work, again showing the importance of technique in doing this kind of ablation.

What was the study design and outcome measures?

Pulsed field ablation is a novel, revolutionary technology which has significant safety and effectiveness, and the idea is to see if pulsed field ablation helps by doing this ablation. The study was a retrospective analysis, it's a substudy of the Manifest PF registry and the outcomes were primary effectiveness outcome was 30 seconds of AF on follow-up cardiac monitoring, while the safety outcome was looking at major or minor adverse events.

What are the baseline characteristics of the cohort?

The baseline category is very typical for any AF ablation patient. The mean age was 65 included. About 40% were women, 80% had hypertension, 20% had coronary disease, 20% had diabetes and CHA2DS2-VASc was about 2.5, which is very typical for an AF population.

What are the findings?

The findings show that at one year follow-up, patients who received posterior ablation had freedom from AF was about 66% compared to those who received pulmonary isolation was about 71%, and the p-value was not significant.

What are the take-home messages for practice?

The take-home message is that physicians and operators should be careful about performing embolic posterior ablation in all patients with persistent AF and should approach this on a most selective basis.

What are the next steps?

The next step is obviously to perform a large randomized trial to actually compare the safety and effectiveness of this kind of an approach.”