



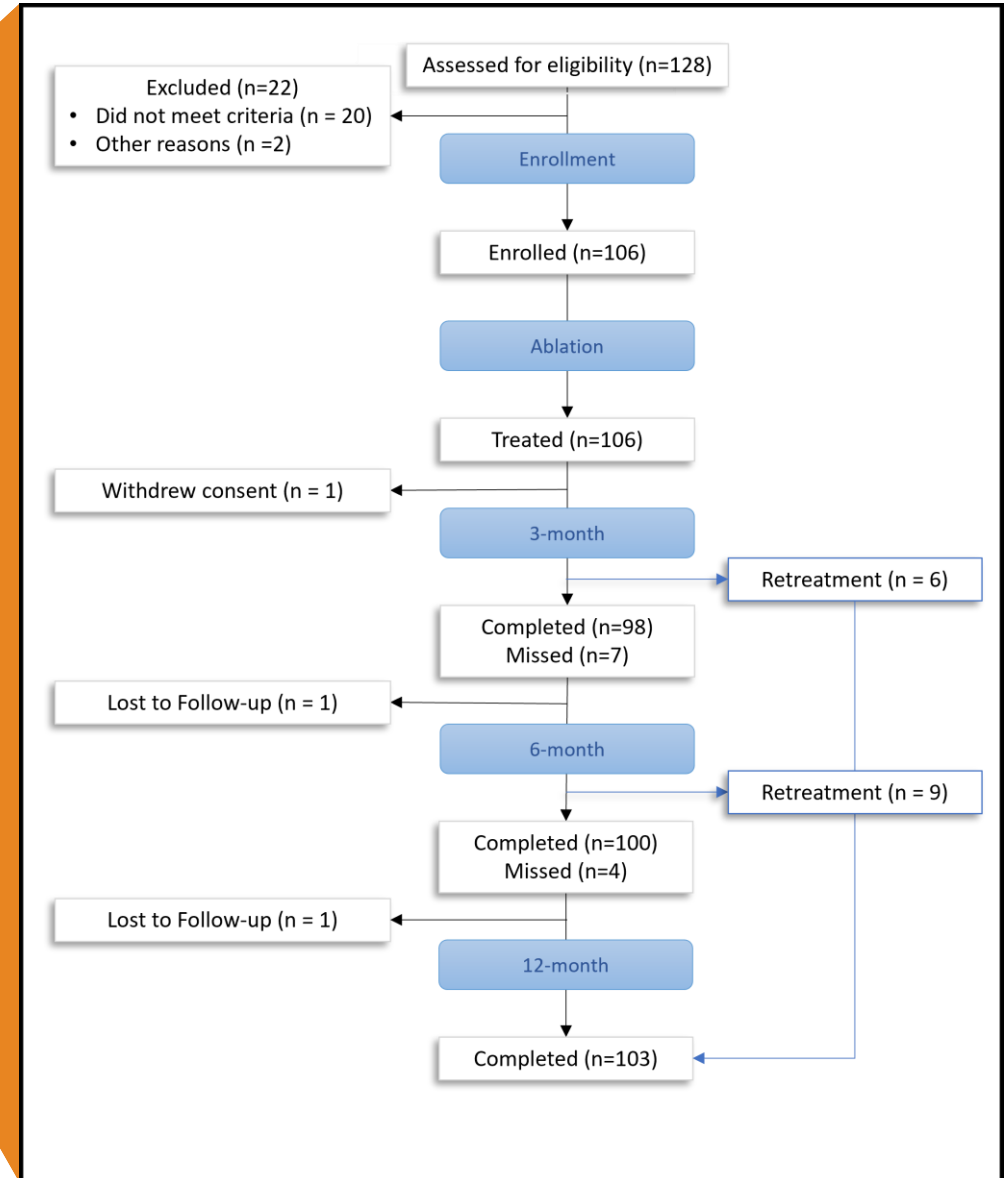
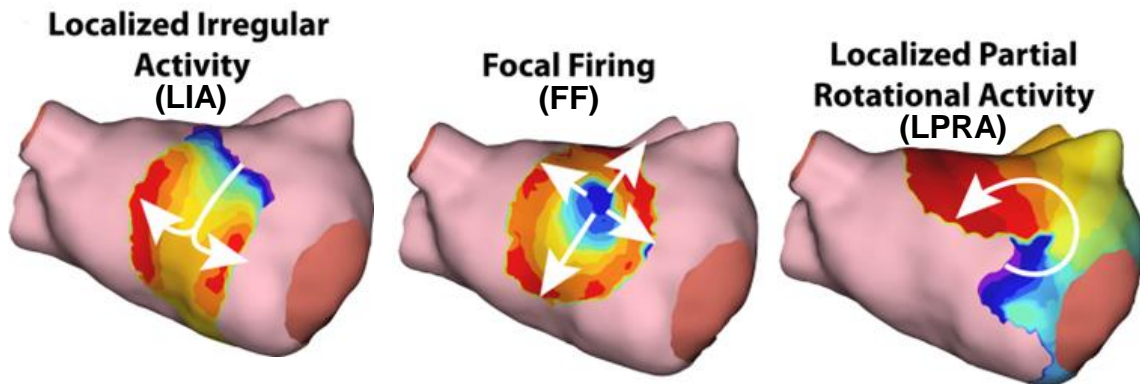
# RECOVER AF

**Treatment of Pathophysiologic Propagation Outside of the Pulmonary Veins in Retreatment of AF**

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# Study Objective & Methods

- Evaluate the performance of AcQMap to guide ablation of non-PV targets in persistent atrial fibrillation (AF) patients following either a first or second failed procedure.
- Prospective, nonrandomized trial that studied 103 patients scheduled for a 1<sup>st</sup> or 2<sup>nd</sup> retreatment ablation for recurrent AF in 14 centers. AcQMap was the only system used.
- AF maps were used to guide the ablation of non-PV targets through elimination of pathologic conduction patterns (PCPs).

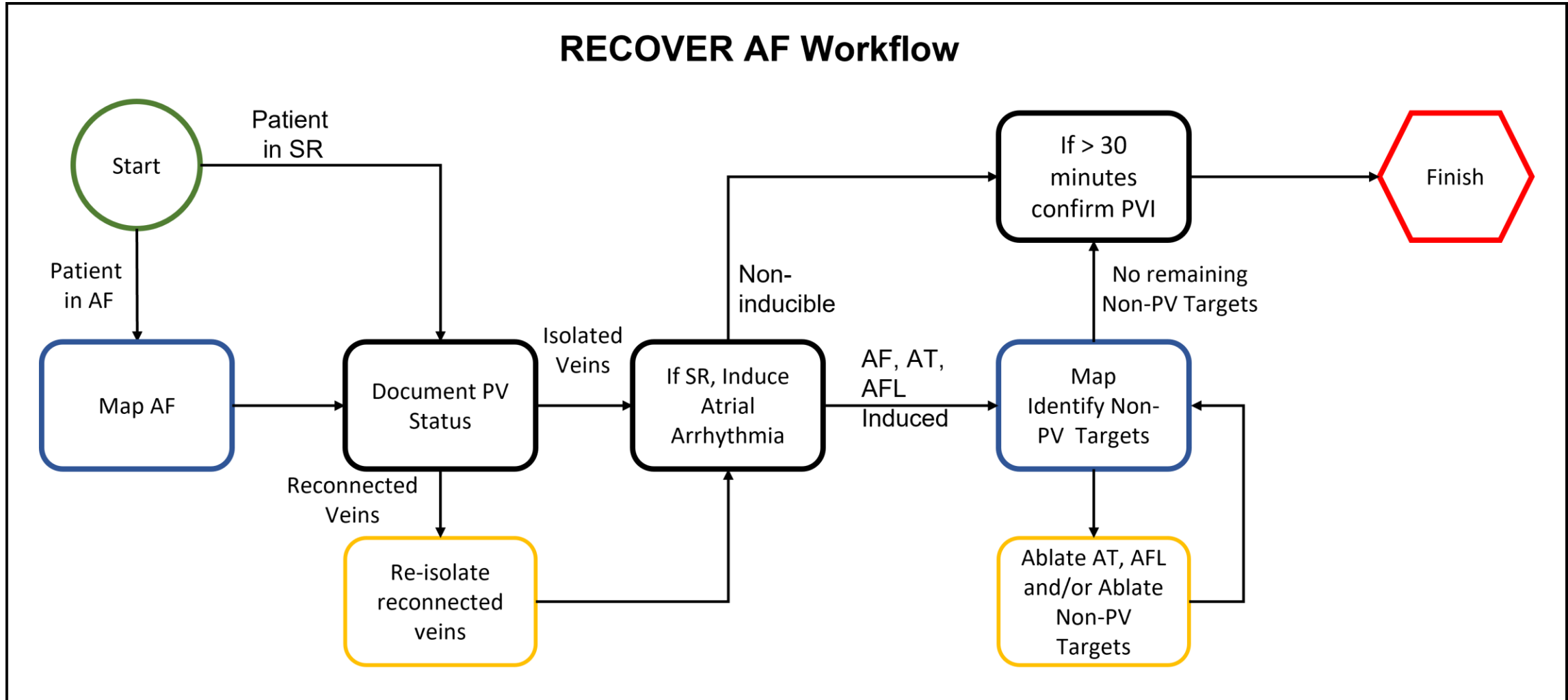


# Key Takeaways

In a Persistent AF Population:

- 1 Patient-Specific Strategies Continually Outperform Others**  
AcQMap-guided ablations help achieve superior outcomes
- 2 Less is More**  
Patients with less empirical ablations have better outcomes
- 3 The Sooner, The Better**  
Patients have better outcomes when individualized strategies are employed sooner in the treatment pathway

# Study Design – Procedural Workflow



# AcQMap-guided **Retreatment** Enables Superior Outcomes

**76%** Freedom from AF at 1 year

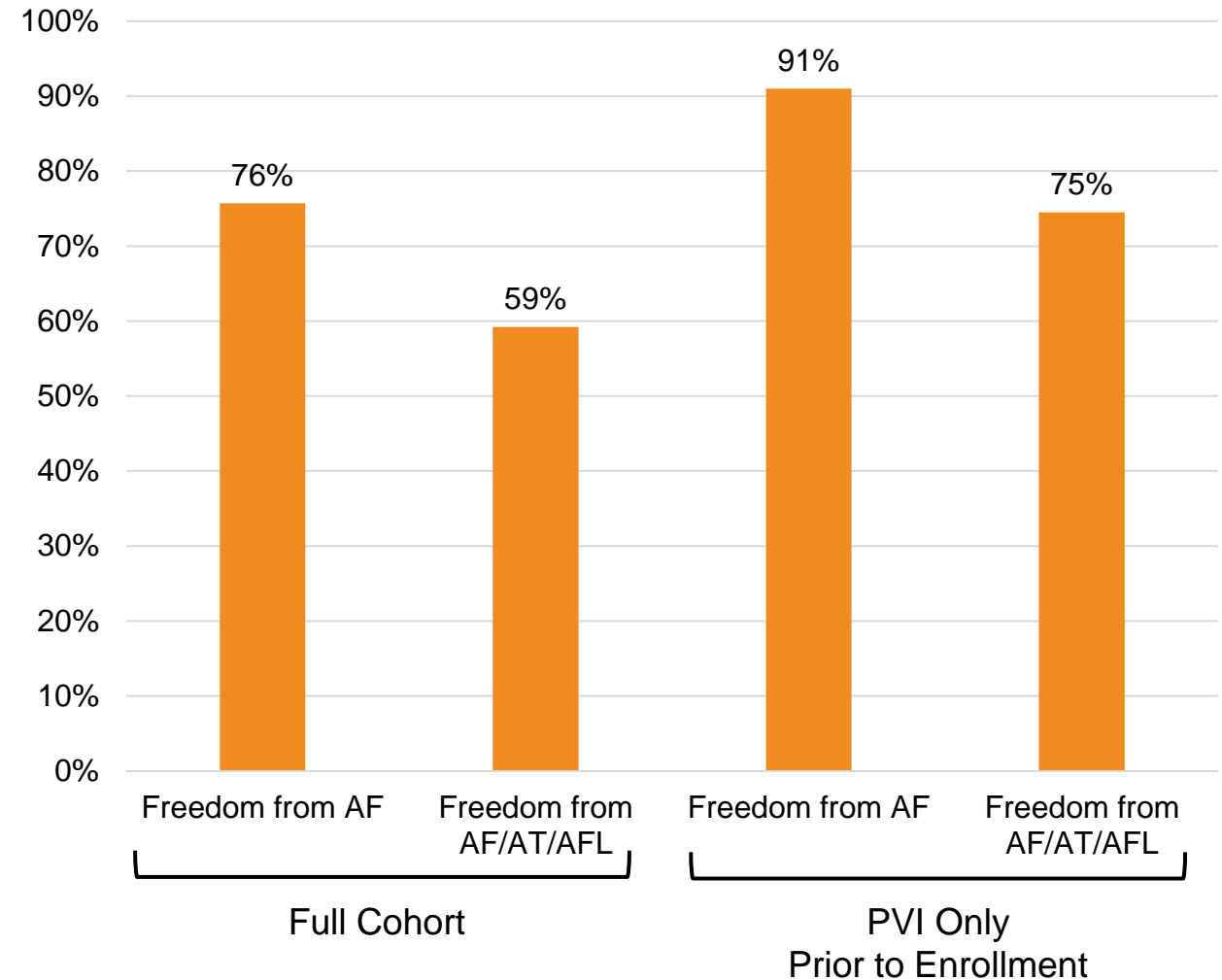
Aligned with other key AcQMap studies

- UNCOVER AF: 73%
- Core-To-Boundary: 88% (2-year)

**91%** Freedom from AF at 1 year

(de novo PVI only patients)  
(43/47 patients)

12-Month Outcomes



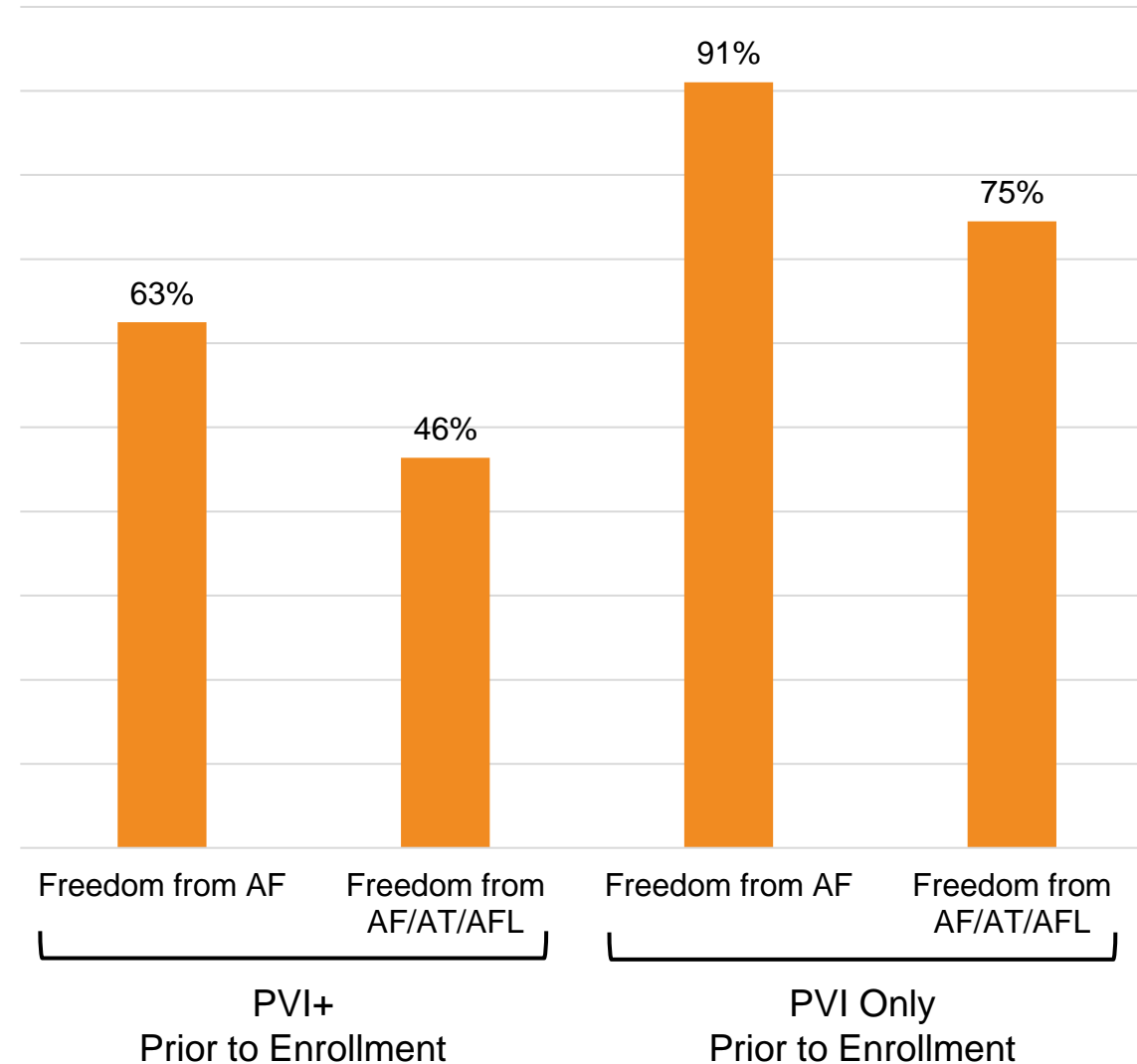
# Non-PV Anatomical Ablations May Be Detrimental

*“These particularly high success rates for persistent AF retreatment patients could indicate that ablation beyond the PVs that are not informed by a patient’s activation during AF could be deleterious to future treatment”*

*-Tim Betts, Principal Investigator*

Patient Cohort			Comparative likelihood of AF Freedom at 1 year
1st retreatment patients with <i>de novo</i> PVI only	vs	First retreatment patients with PVI +	<b>10.9x</b>
		Second retreatment patients	<b>6.6x</b>

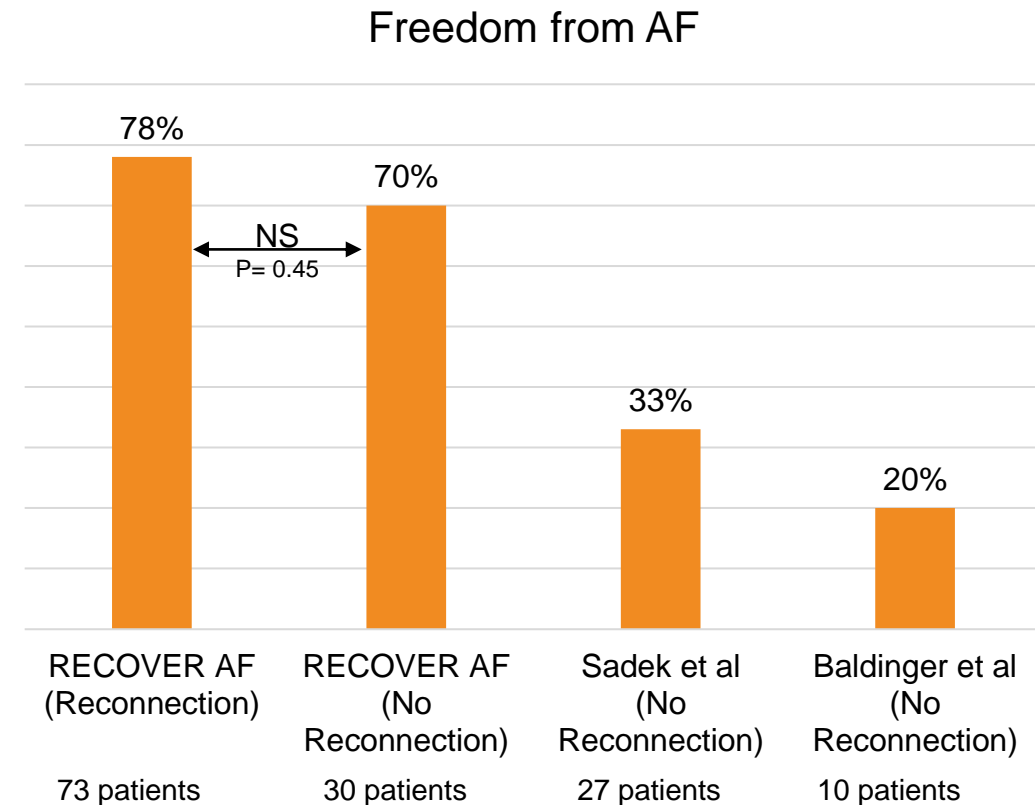
## 12-Month Outcomes



# Ablations in Patients with Intact Prior PVIs

## *AcQMap guidance can lead to superior outcomes after PVI*

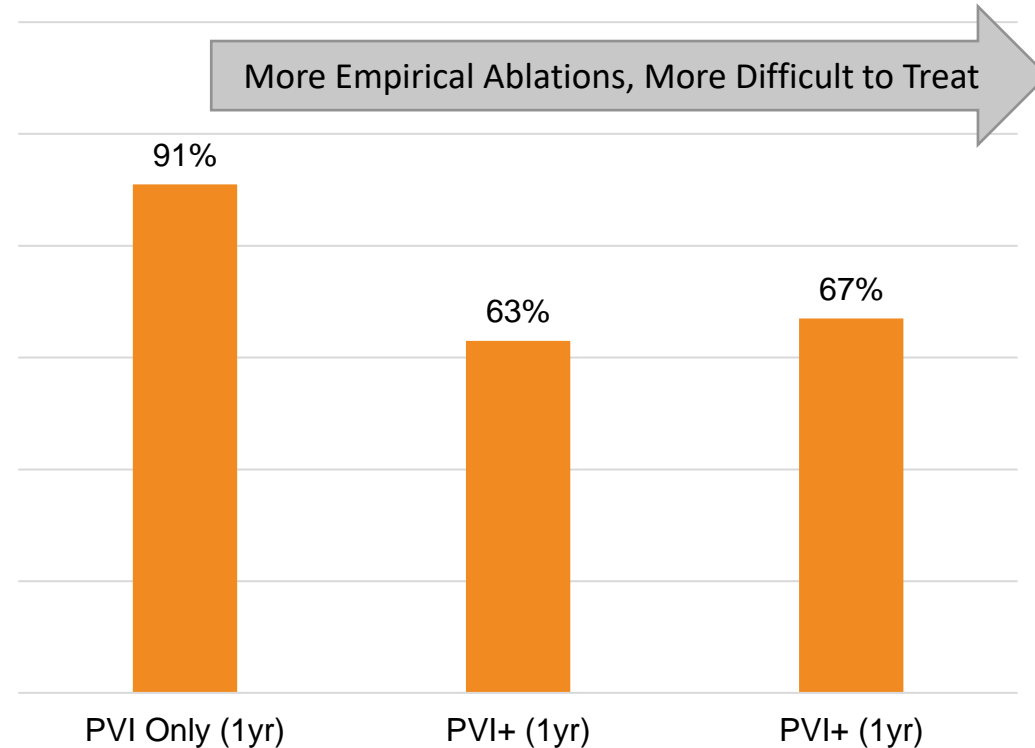
- AcQMap-guided ablations led to a significant improvement in outcomes—even if the prior PVI was intact.
- AcQMap guided ablation was the main driver of success. Vein re-isolation had no significant impact on the outcomes of these patients.
- AcQMap provided significant advantages in treatment strategies compared to anatomical strategies.



# Outcomes Improve with Early Patient-Specific Strategies

*Evidence indicates patients have better outcomes when AcQMap is used in earlier procedures*

## Freedom From AF



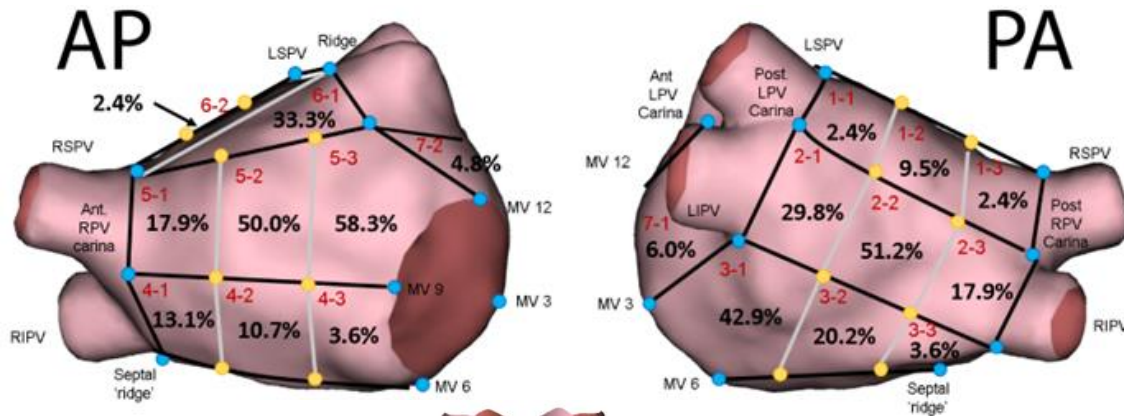
Procedures Prior to Enrollment	1	1	2
# of Patients	47	29	27



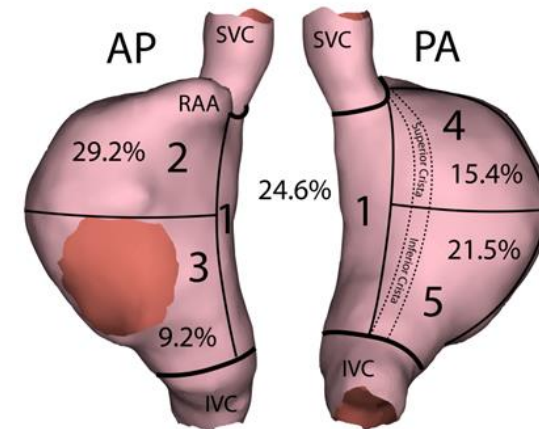
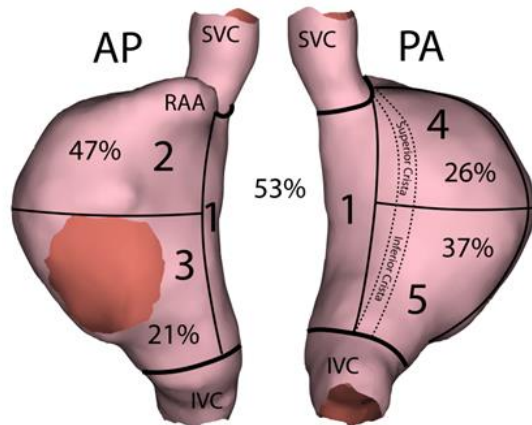
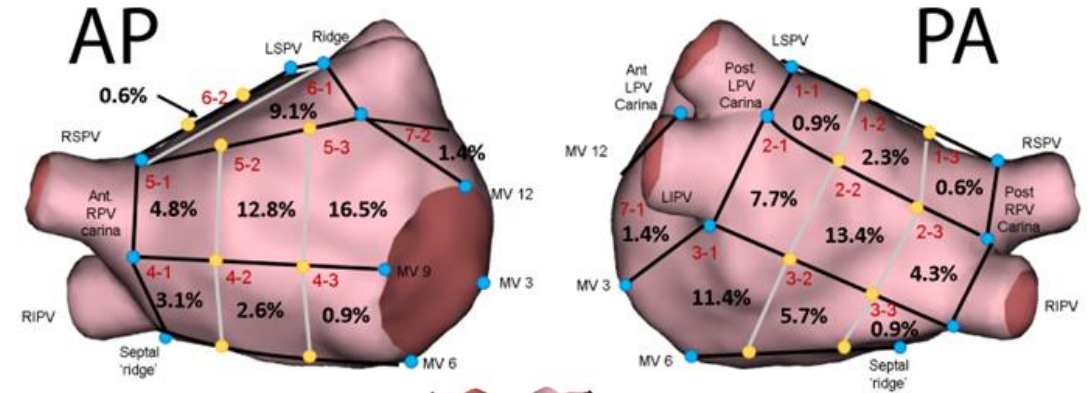
# Non-PV Targets Are Not Anatomically Localized

Targets are evenly split between the posterior and anterior anatomy, demonstrating why anatomical ablation strategies, such as posterior wall isolation, are not effective

Percent of Patients with Targets in Each Location

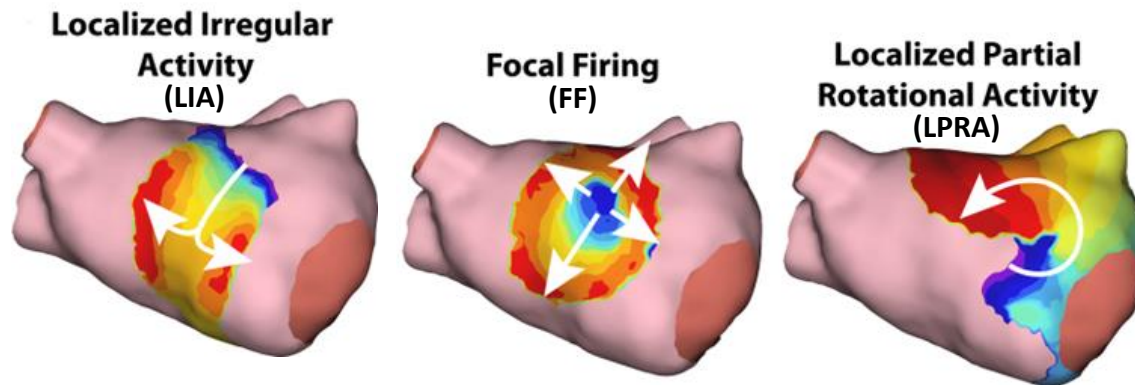


Percent Targets in Each Location

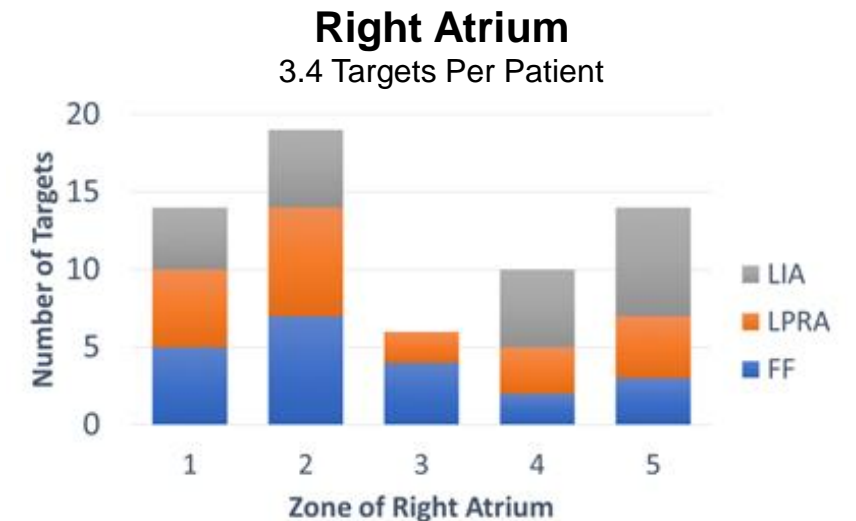
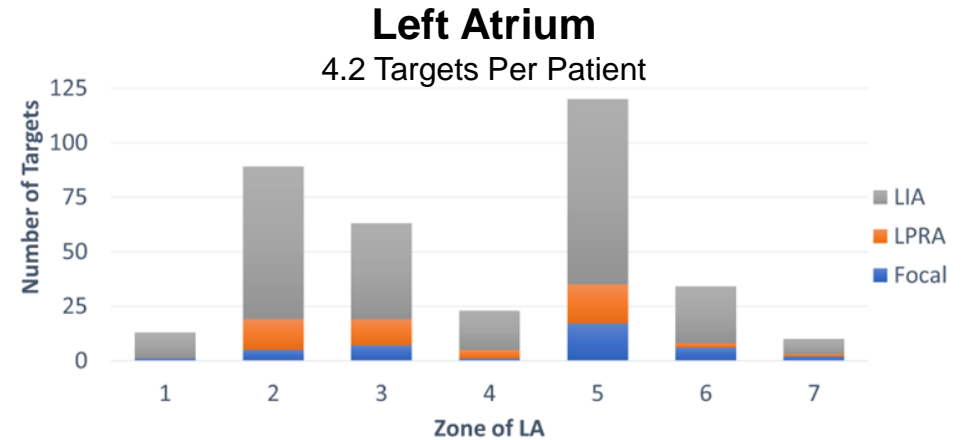


# Local Irregular Activity (LIA) Is the Most Prevalent Pathologic Conduction Pattern (PCP)

- Higher incidence of LIA, uniquely identified by AcQMap, demonstrates the importance of these conduction patterns.
- Ablation of LIAs led to significantly better patient outcomes.



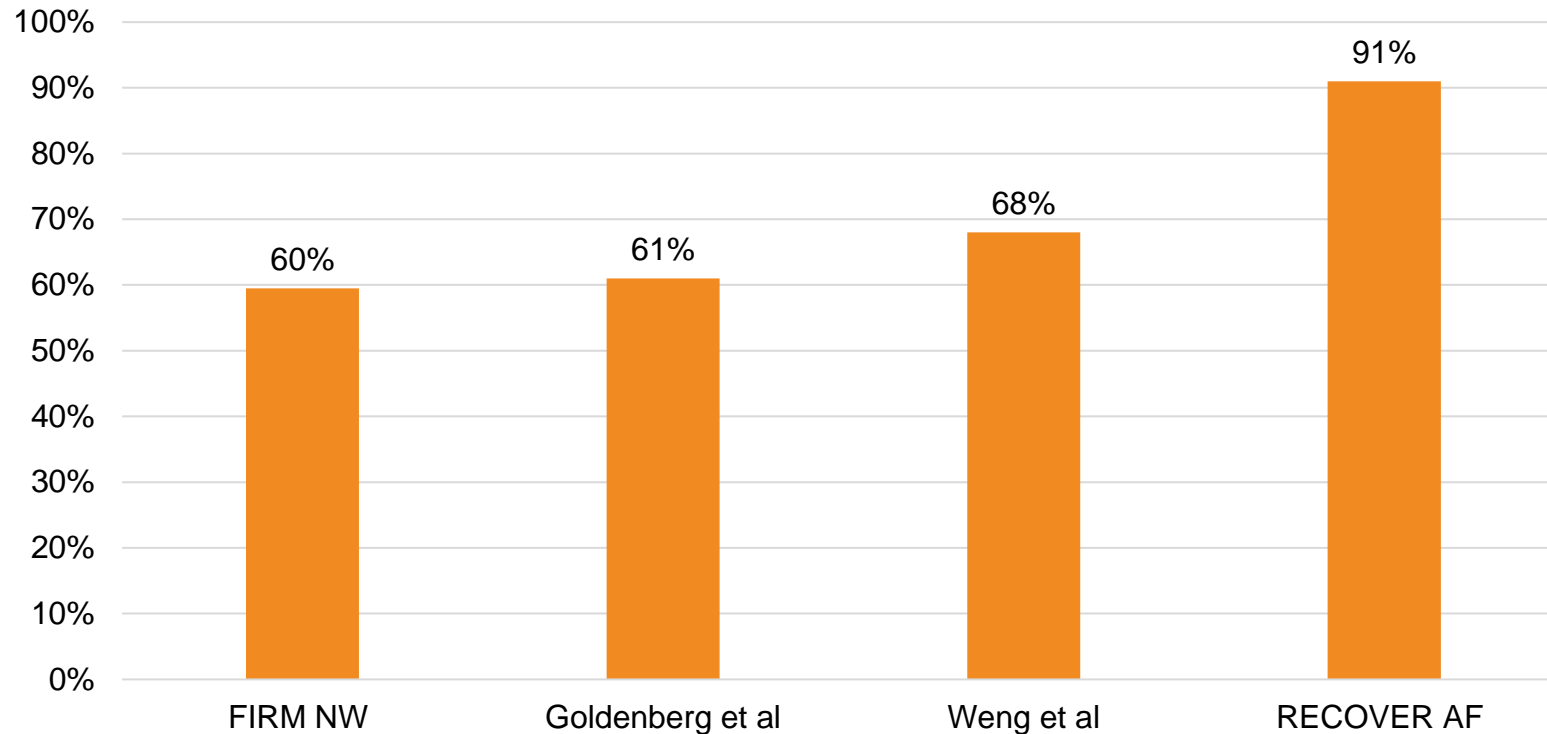
## Type and Frequency of Targets by Zone



# AcQMap Shows Superior Outcomes in Retreatment Studies

## Success rates in patients with previous PVI-only ablations

*Freedom from AF at 1 Year*



Ablation Strategy	PV Re-Isolation Only	CFAE, Lines	LVA, Triggers, Lines	AcQMap-Guided Pathologic Conduction Patterns (PCPs)
Patient Population	PAF & PersAF	PersAF	PAF & PersAF	PersAF

Peigh et al. Repeat pulmonary vein isolation with or without FIRM-guided ablation for recurrent atrial fibrillation with pulmonary vein reconnection. J Cardiovasc Electrophysiol. 2020 May ; 31(5): 1031–1037

Goldenberg et al. The incremental benefit of non-pulmonary vein left atrial ablation in patients undergoing a repeat persistent atrial fibrillation ablation procedure. J Interv Card Electrophysiol (2017) 48:185–191

Weng et al. Outcomes of a comprehensive strategy during repeat atrial fibrillation ablation Journal of Interventional Cardiac Electrophysiology (2022) 65:391–399