

Akutversorgung Rehabilitation Seniorenpflege

Do we need radioablation of ventricular tachycardia ? + Problems to solve....



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Conflict of Interest

None.

First clinical case series

5 patients with a total of 6577 VT-episodes over 3 pre-radiation months





Cuculich NEJM 2017



Phase I/II Study for EP-based non-invasive cardiac radioablation for VT

Primary Endpoint: Safety: Therapy-associated SAE in first 90 days

Efficacy: Reduction of VT episodes (via ICD) or PVC reduction (via 24-h—Holter) in 6 months before/after therapy → 6 week blanking

Non-invasive multielectrode surface ECG mapping

Robinson Circulation 2019

ENCORE-VT

19 patients (17 VT, 2 PVC), > 50% with history of VT storm

Median ablation time 15.3 min (5.4-32.3) \rightarrow 25 Gy single dose

2/19 with therapy associated SAE (pericarditis/ AHF)

Median VT numbers: 119 (4-292)

reduction in 94% of patients reduction of 75% in 89% of patients

3 (0-31)

Less ICD shocks/ ATP/ antiarrhythmics Survival 6 and 12 months: 89% and 72% But: 69% late recurrence (6 w – 6 m) **Robinson Circulation 2019**

2014 to 2017 Bail-out after failed VT ablation in 10 patients

3-D-Map-Integration \rightarrow Definition of PTV (median 22.15 ml)

CyberKnife 25 Gy

VT-Burden: reduction of 87,5%

But: Recurrence in 80%, 3 patients with electrical storm

Complex and challenging conditions

- Extensive substrate not amenable to effective ablation
 - (Multiple) ineffective catheter ablation(s)
- Epicardial adhesions/ limited epicardial access
- Endocardiac thrombus
- Lack of transmurale lesion

- Inability to accurately identify the VT substrate
- Substrate inaccessible with current technologies

Alternative options to RF ablation

Ethanol ablation

Bipolar ablation

Half-normal saline RF ablation

Sympathectomy or stellate ganglion block

Intramyocardial needle RF ablation

Surgical ablation

(Antiarrhythmic drugs)

Stereotactic Arrhythmia Radioablation

Do we need stereotactical radioablation of VT?

YES !

Scar related VT after myocardial infarction







Current problems/

questions

Motion/Tracking

Mapping

Ablation target

Integration EP map

CT-/KM-CT accuracy

Workflow

Collaboration EP + Rad

Mechanism

Dose

Long term efficacy

Safety profile





ENCORE-VT

"These are patients who have typically gone through 8-hour procedures with extended recovery times," Cuculich said. "The last patient we treated on the protocol worked in the morning, came in on his lunch break for his VT ablation, and did a job in the afternoon. He's a plumber. It's a very different way of thinking."