Abstract 97 Table 2 SVT supraventricular tachycardia

	Result:		Result:
Number of Total events	44	Number of incorrectly labeled ventricular events (no therapy delivered)	12
Number of patients (% of total)	22 (18.9)	Number of patients (% of total)	7 (6)
Appropriate shocks:		T wave oversensing (event number with no therapy delivered)	1
Number of events	15	Non cardiac oversensing (event number with no therapy delivered)	11
Number of patients (% of total)	7 (6)	SVT (event number with no therapy delivered)	0
Inappropriate shocks:		Reintervention:	
Number of events	12	Number of procedures	12
Number of patients (% of total)	7 (6)	Number of patients (% of total)	9 (7.8)

therefore an important aspect of care in patients with SCD implants.

Conflict of Interest none

98 SOCIOECONOMIC DEPRIVATION SCORE IMPROVES PREDICTION OF AF RECURRENCE AND RE-ADMISSION POST AF ABLATION

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Background Atrial fibrillation (AF) recurrence post catheter ablation can occur in up to 50% within 12 months of treatment. Previously, several novel scoring systems have been suggested, inclusive of CHADS2VASc, R2CHADS2, CHADS2 and APPLE score. Nevertheless, prediction of AF recurrence and subsequent readmission remains difficult.

Methods and Results 383 consecutive patients attended the Golden Jubilee National Hospital, Glasgow, to undertake cryoablation for AF. Average age 58 ($\pm$ 13), 64% male, BMI 29 ($\pm$ 4.7), 60% paroxysmal AF. Degrees of socioeconomic deprivation as per Scottish Index of Multiple Deprivations (SIMD) were recorded in deciles. Patients were followed up to at least 12 months post procedure. After initial 3-month blanking period, symptomatic recurrence of documented AF (not SVT/Atrial tachycardia/Flutter) requiring admission to hospital were observed in 86 patients (22.5%).

Individual CHADS2VASc Score, R2CHADS2 (R for renal dysfunction), APPLE Score (one point for Age >65 years, Persistent AF, imPaired eGFR (<60 ml/min/1.73m²), Left atrial diameter $\geq$ 43 mm, left ventricular Ejection fraction <50%) were recorded and compared to Scottish Index of Multiple Deprivations (SIMD) using statistical methods to assess for AUC as per ROC Curve. In the current cohort of patients, previous scoring systems CHA2DS2-VASc score (AUC 0.5337 (95% CI 0.4336 – 0.6338, p = 0.287), R2CHADS2 score (AUC 0.5202 (95% CI 0.4201 – 0.6203, p = 0.874) and APPLE score (AUC 0.5523 (95% CI 0.4522 – 0.524, p = 0.049)) demonstrated lower predictive values, while SIMD demonstrating better prediction of AF recurrence requiring readmission (AUC 0.6145 (95% CI 0.5144 – 0.7146, p =0.001)). SIMD also demonstrated to better predicts recurrence of subjective AF recurrence (AUC 0.6096, 0.5095 – 0.7097, p <0.001). Addition of SIMD into CHADS2VASc,

R2CHADS2 or APPLE Score through various modeling did not improve predictive value of AF recurrence or readmission.

Conclusion Scottish Index of Multiple Deprivation is superior to the CHA2DS2-VASc, R2CHADS2 and APPLE scores for prediction of readmission and recurrence of symptomatic AF after AF cryoablation.

Conflict of Interest No

99 PULMONARY VEIN ISOLATION FOR ATRIAL FIBRILLATION: ICE 'BLOCK' VS RING OF FIRE

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Background Over the last 20 years various techniques have been developed striving for safer and more durable pulmonary vein isolation (PVI). The popularity and uptake of 'single-shot' strategies, which by their nature are simpler and quicker, has risen in line with the growing worldwide prevalence of AF and the concomitant requirement to simplify and streamline AF ablation service delivery. The most commonly used single-shot techniques are pulmonary vein ablation catheter (PVAC) and cryoballoon. Head-to-head assessment of outcomes of new-generation cryoballoon vs PVAC gold has never before been performed.

Objective Evaluate the safety and efficacy of PVAC gold vs cryoballoon in an unselected population undergoing de-novo ablation for persistent or paroxysmal atrial fibrillation (AF) at Royal Papworth Hospital (RPH).

Method Retrospective, single-centre study of consecutive AF ablations at RPH over a one year period. Demographic, procedural and outcome data were analysed. Complications were defined as any adverse procedure-related event. Success was defined as freedom from symptoms or demonstrable arrhythmia after 12 months following an initial 3-month blanking period. The consultant performing the procedure determined the ablation method used. Cases performed using point-by-point techniques or AcQMap were excluded from analysis.

Analysis of parametric continuous data were performed using Student's t-tests, whilst categorical data were compared using the χ^2 test. A two-tailed probability level of <0.05 was considered significant. Paroxysmal and persistent AF groups were examined separately due to the well-recognised differences in long-term outcome between the two entities.

Results Over the study period 329 first-time PVI procedures were performed. 131 (39.8%) were performed using cryoballoon (106 [78.6%] of which were for pAF) and 75 (22.8%) using PVAC (62 [82.7%] for pAF). The average age was 60.4 $\pm$ 10 years and 69.6% of patients were male. There was no significant difference in age, sex, left atrial diameter or cardiovascular co-morbidity profile between different ablation technique groups (table 1). Procedure times were similar between interventions (127 vs 117 mins, p =0.79). Acute vein isolation was achieved in 96.9% of cryoballoon patients and 98.7% of PVAC patients (p =0.88). 12-month freedom from symptomatic AF was not significantly different between cryoballoon and PVAC (75.7 vs 78.6%, p =0.99 for paroxysmal AF; 75.0% vs 83.3%, p =0.80 for persistent AF) (figure 1).

Overall complication rate was 1.9%, and similar between groups (table 2). A pseudoaneurysm occurred following a