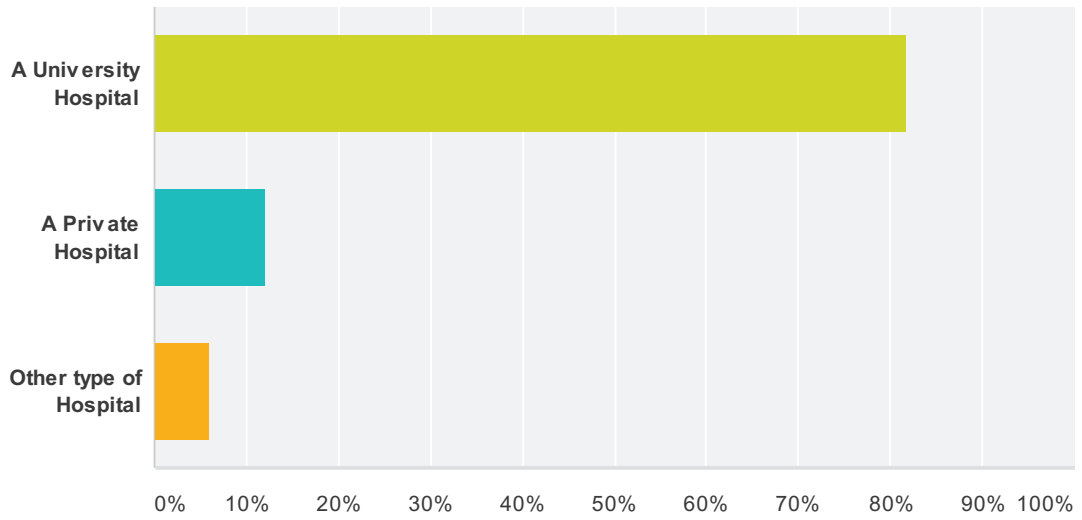


Q1 Is your Institution :

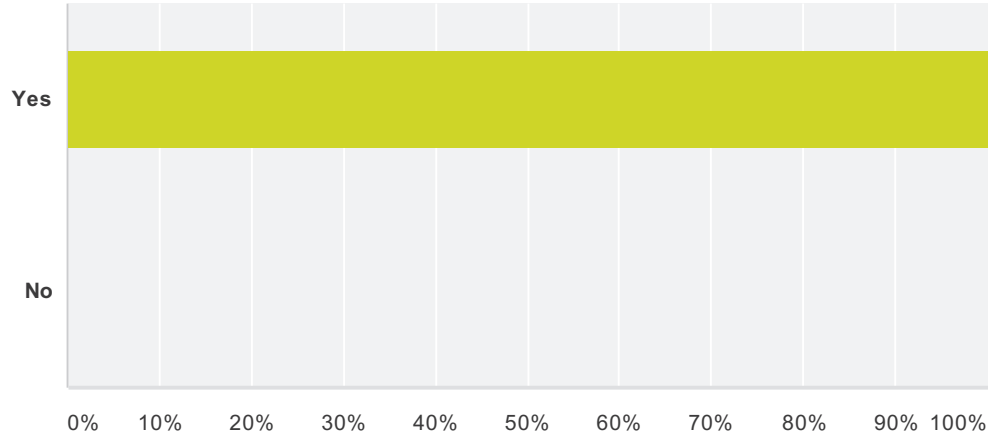
Répondues : 33 Ignorées : 1



Choix de réponses	Réponses
A University Hospital	81,82% 27
A Private Hospital	12,12% 4
Other type of Hospital	6,06% 2
Total	33

Q4 Would you be comfortable if we acknowledge your centre in the Europace Journal and on the Website?

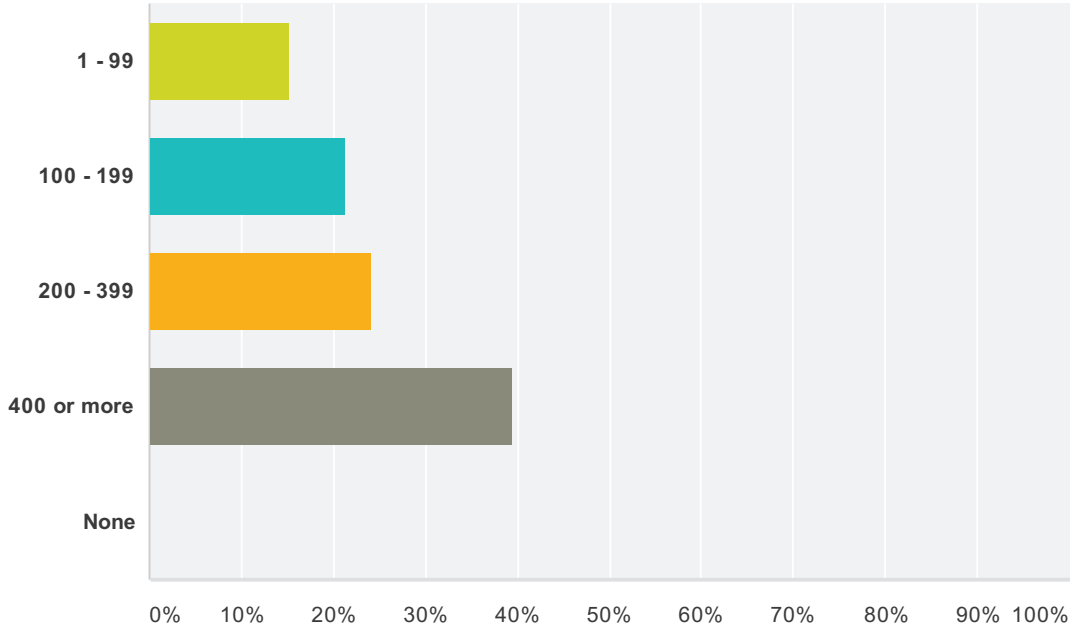
Répondues : 33 Ignorées : 1



Choix de réponses	Réponses	
Yes	100,00%	33
No	0,00%	0
Total		33

Q5 Number of Catheter ablations (all type of arrhythmia) at your institution last calendar year

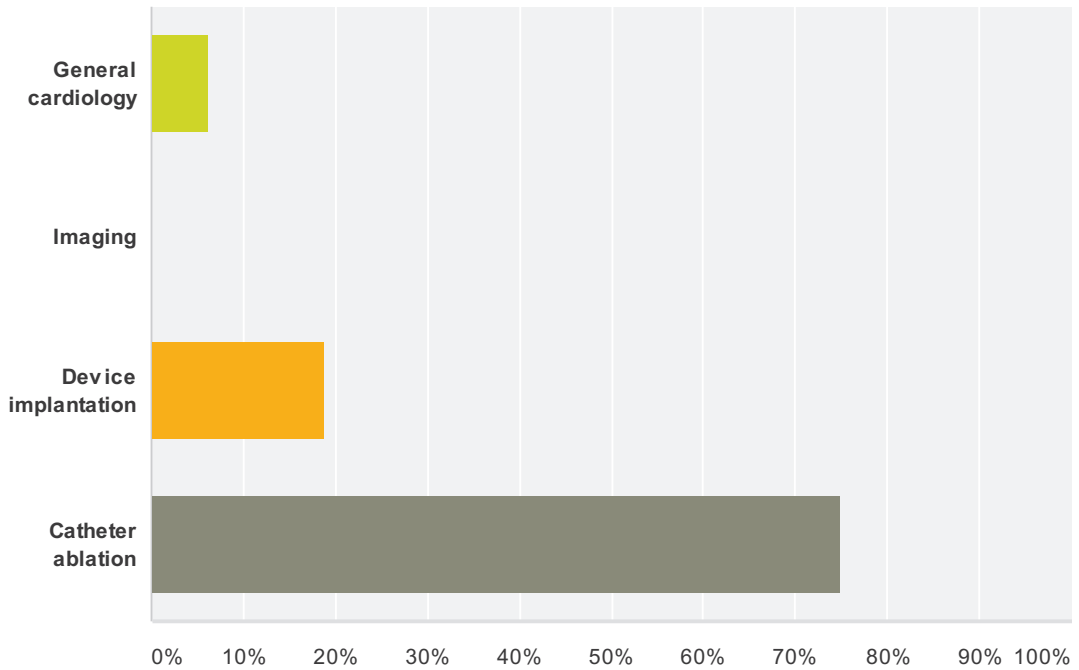
Répondues : 33 Ignorées : 1



Choix de réponses	Réponses	
1 - 99	15,15%	5
100 - 199	21,21%	7
200 - 399	24,24%	8
400 or more	39,39%	13
None	0,00%	0
Total		33

Q6 In which cardiology section are you mainly working?

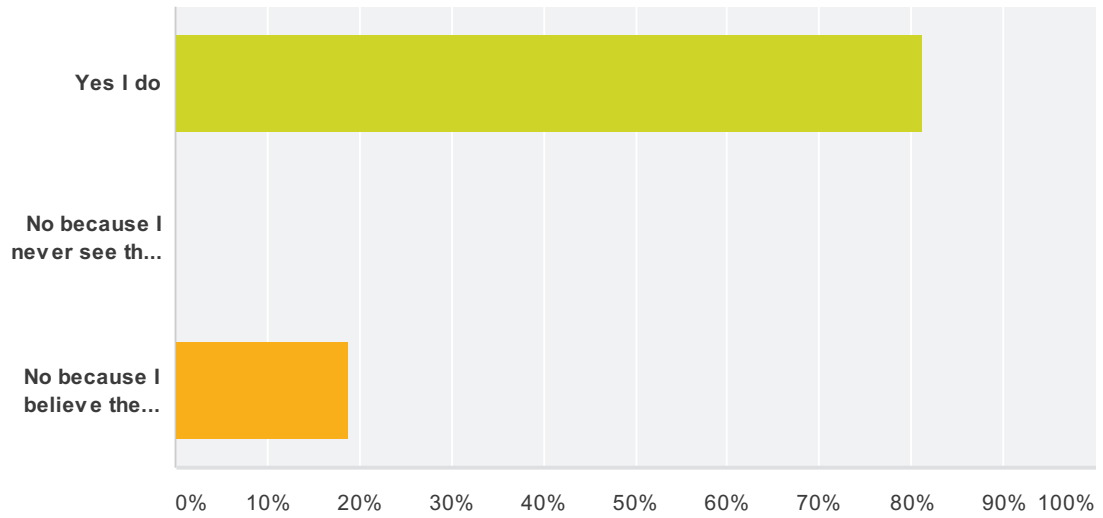
Répondues : 32 Ignorées : 2



Choix de réponses	Réponses	
General cardiology	6,25%	2
Imaging	0,00%	0
Device implantation	18,75%	6
Catheter ablation	75,00%	24
Total		32

Q7 Do you use the term 'lone AF' in clinical practice?

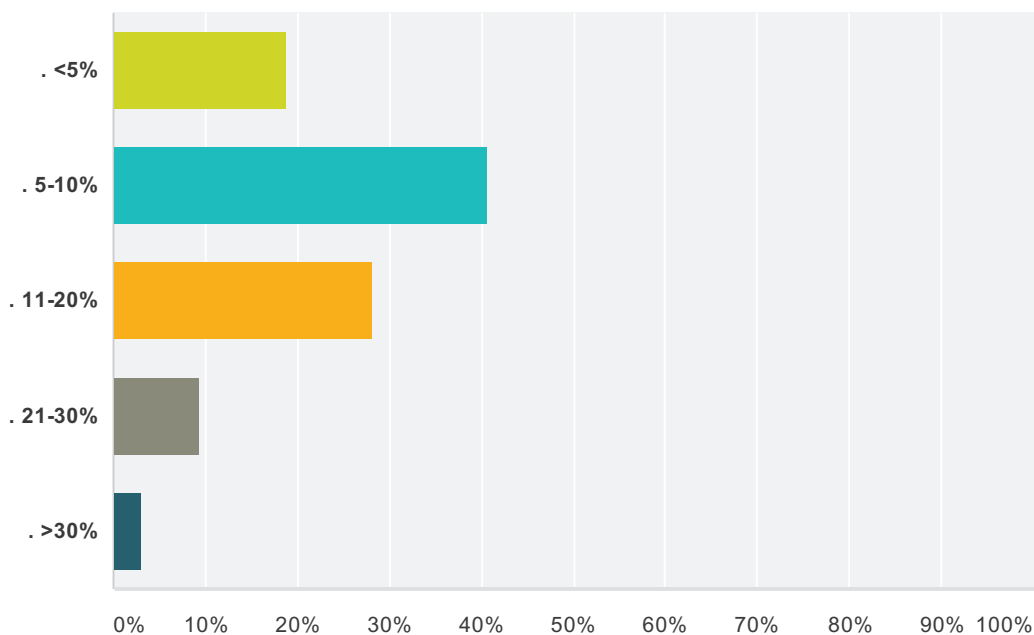
Répondues : 32 Ignorées : 2



Choix de réponses	Réponses
Yes I do	81,25% 26
No because I never see this kind of patients	0,00% 0
No because I believe the historical term 'lone AF' should be avoided	18,75% 6
Total	32

Q8 Current AF guidelines define lone AF as AF in younger adults (age < 60 years) with no clinical history or echocardiographic evidence of concomitant cardiovascular or pulmonary conditions or acute trigger. What is the prevalence of 'lone AF' in your practice?

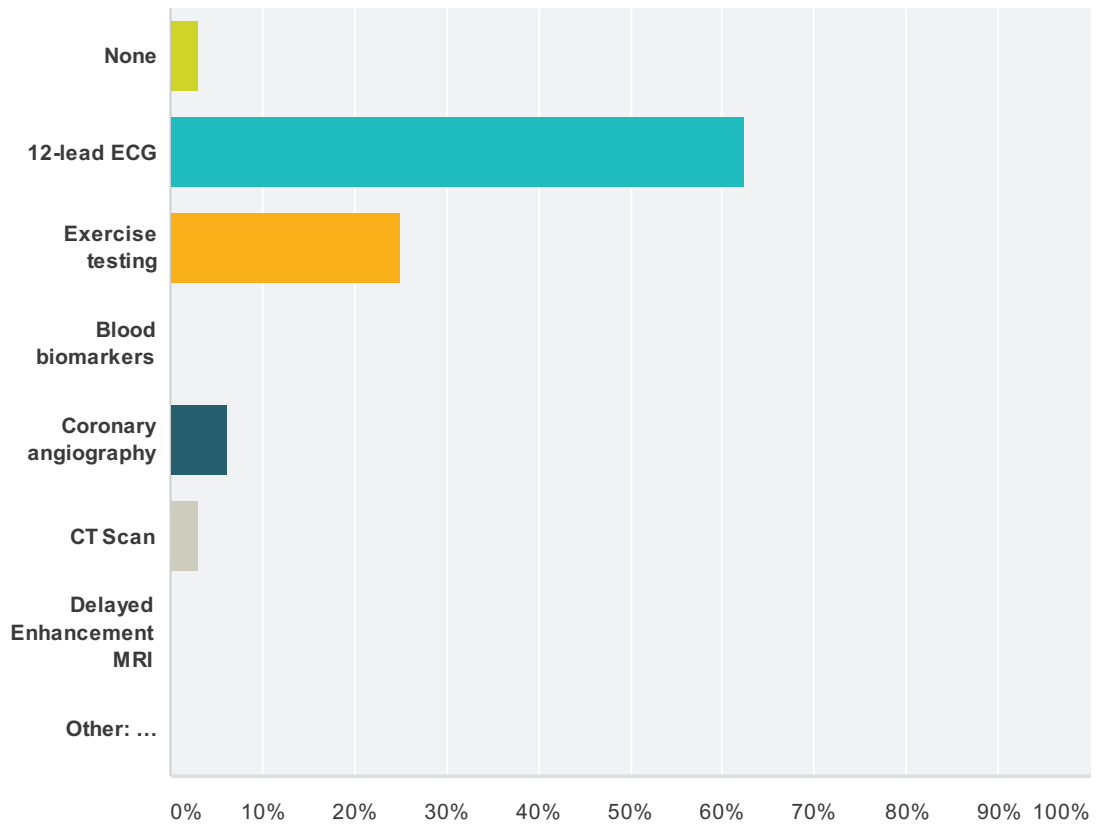
Répondues : 32 Ignorées : 2



Choix de réponses	Réponses
. <5%	18,75% 6
. 5-10%	40,63% 13
. 11-20%	28,13% 9
. 21-30%	9,38% 3
. >30%	3,13% 1
Total	32

Q9 Besides patient history and clinical examination, only echocardiography is mentioned in guidelines definitions to state that a given patient has 'lone AF'. Which additional examinations do you perform to confirm 'lone AF'?

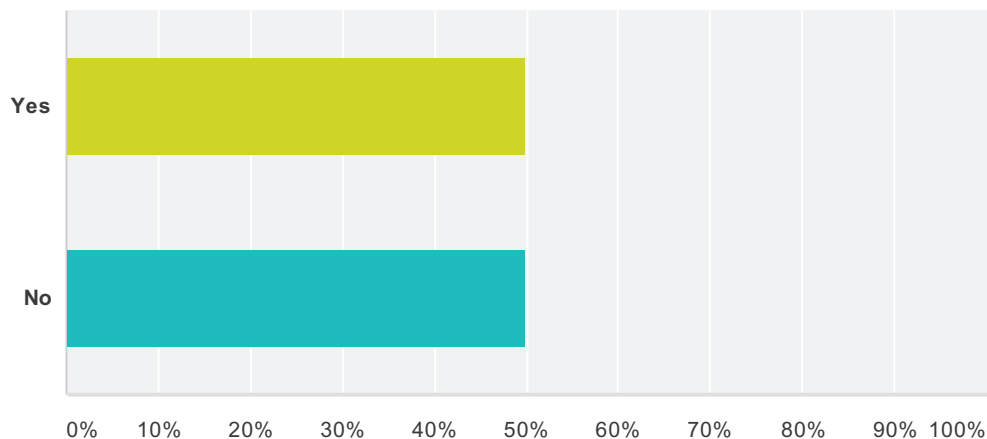
Répondues : 32 Ignorées : 2



Choix de réponses	Réponses	
None	3,13%	1
12-lead ECG	62,50%	20
Exercise testing	25,00%	8
Blood biomarkers	0,00%	0
Coronary angiography	6,25%	2
CT Scan	3,13%	1
Delayed Enhancement MRI	0,00%	0
Other: ...	0,00%	0
Total		32

Q10 Do you think that isolated left atrial enlargement represents heart disease and by itself excludes 'lone AF'?

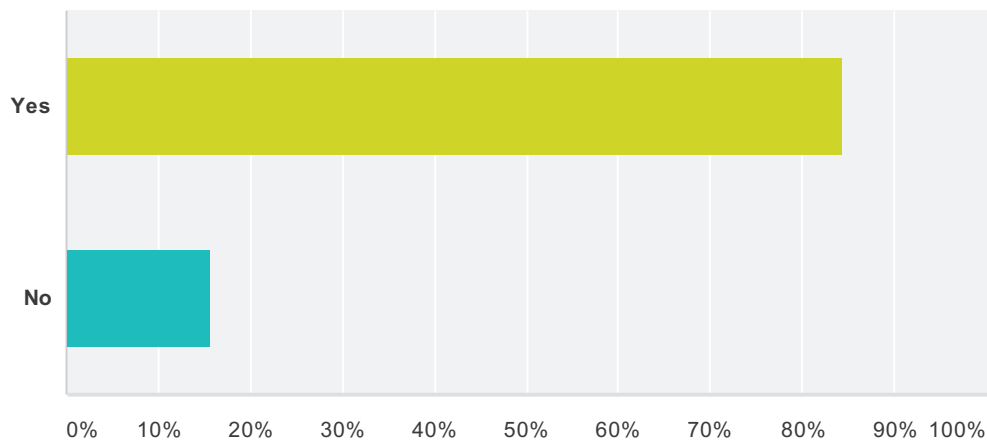
Répondues : 32 Ignorées : 2



Choix de réponses	Réponses	
Yes	50,00%	16
No	50,00%	16
Total		32

Q11 Do you think that isolated ventricular diastolic dysfunction represents heart disease and by itself excludes 'lone AF'?

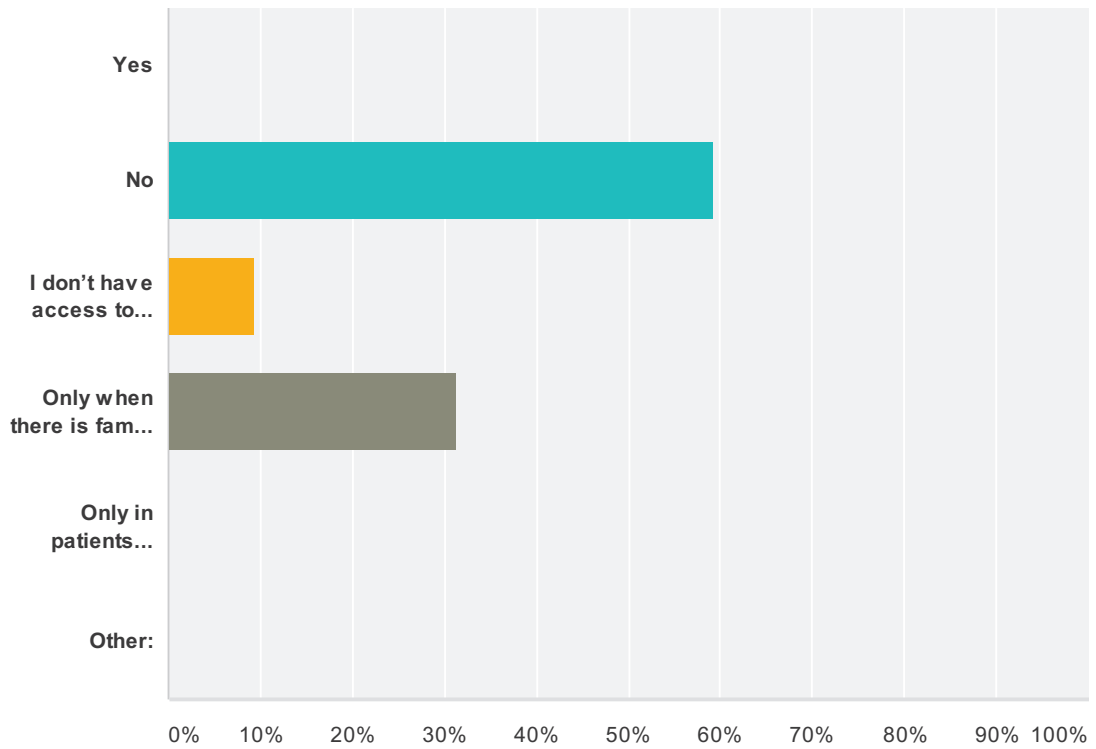
Répondues : 32 Ignorées : 2



Choix de réponses	Réponses	
Yes	84,38%	27
No	15,63%	5
Total		32

Q12 Persons with lone AF have been reported to have mutations in a range of cardiac ion channels, structural proteins, and signalling molecules. Do you routinely consider genetic testing in patients with lone AF?

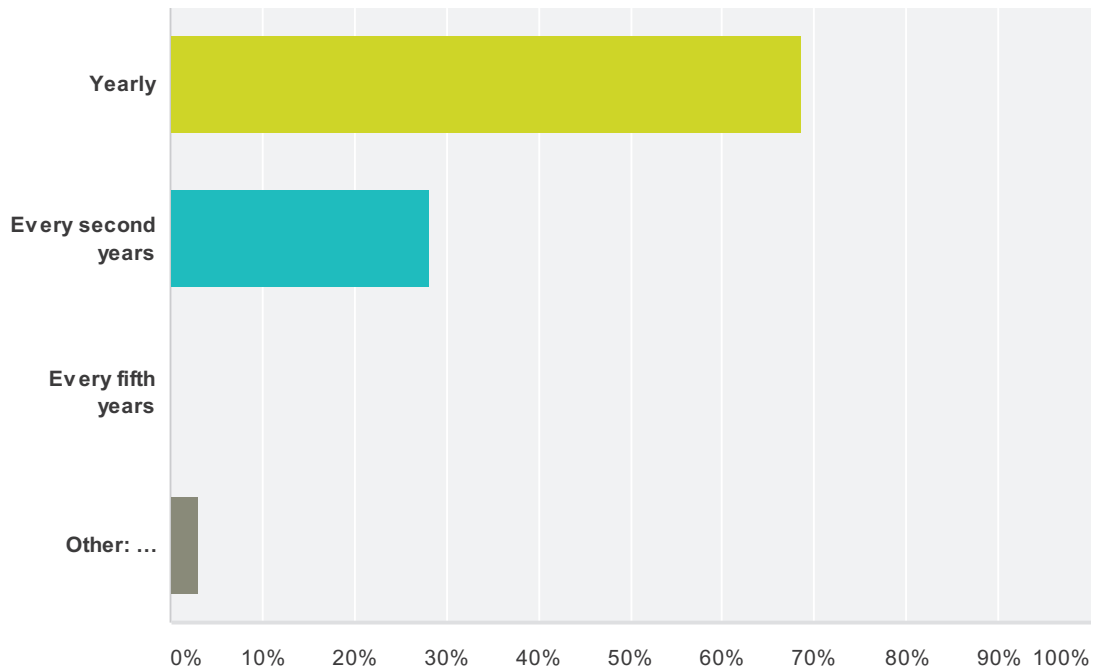
Répondues : 32 Ignorées : 2



Choix de réponses	Réponses	
Yes	0,00%	0
No	59,38%	19
I don't have access to genetic testing	9,38%	3
Only when there is family history of AF	31,25%	10
Only in patients younger than 60 years	0,00%	0
Other:	0,00%	0
Total		32

Q13 According to current guidelines, lone AF patients do not need long-term thromboprophylaxis but regular re-assessment of stroke risk is recommended. How often should this re-evaluated?

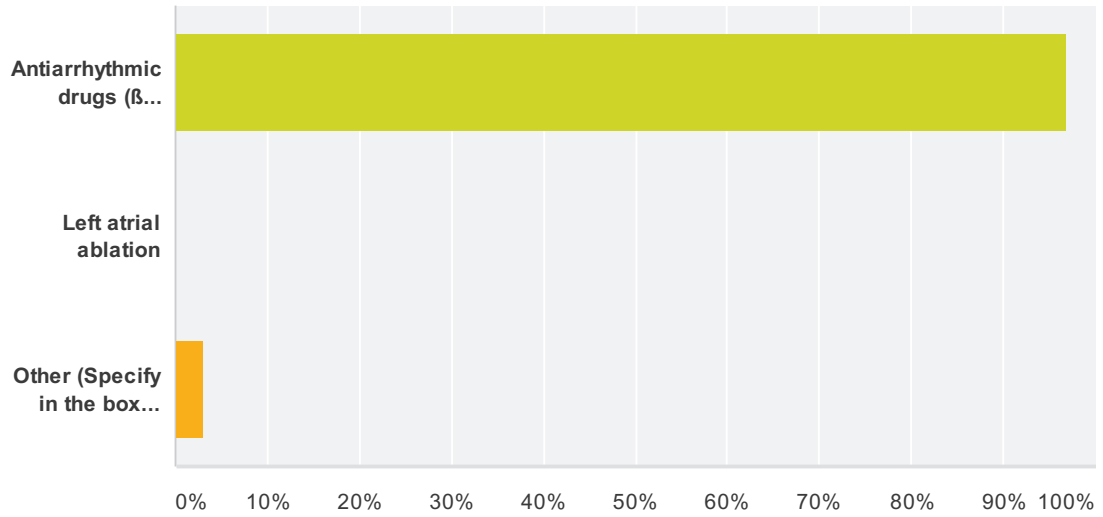
Répondues : 32 Ignorées : 2



Choix de réponses	Réponses	
Yearly	68,75%	22
Every second years	28,13%	9
Every fifth years	0,00%	0
Other: ...	3,13%	1
Total		32

Q14 What is your first therapeutic approach in symptomatic and paroxysmal lone AF patients?

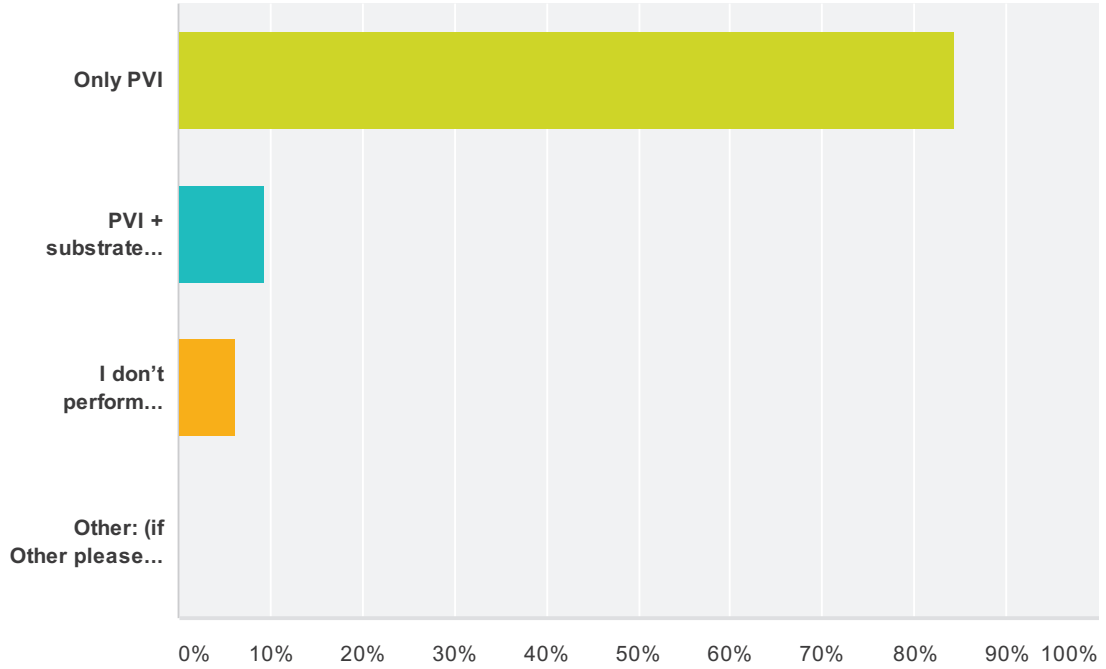
Répondues : 32 Ignorées : 2



Choix de réponses	Réponses	
Antiarrhythmic drugs (β blocker or sotalol or flecainide or amiodarone) clarify in the box	96,88%	31
Left atrial ablation	0,00%	0
Other (Specify in the box below)	3,13%	1
Total		32

Q15 What would be your first ablation strategy in patients with symptomatic and persistent lone AF?

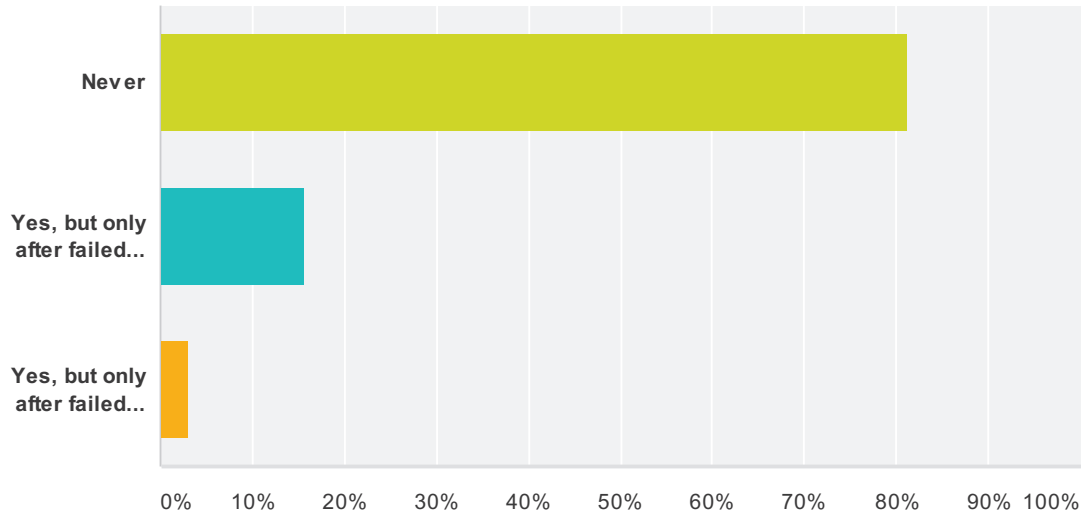
Répondues : 32 Ignorées : 2



Choix de réponses	Réponses
Only PVI	84,38% 27
PVI + substrate modification (non PV triggers or roof line or box lesion or CFAE or Rotor ablation (please indicate your choice in the box))	9,38% 3
I don't perform ablations	6,25% 2
Other: (if Other please specify)	0,00% 0
Total	32

Q16 Do you consider Cox Maze III surgical treatment for patients with symptomatic lone AF?

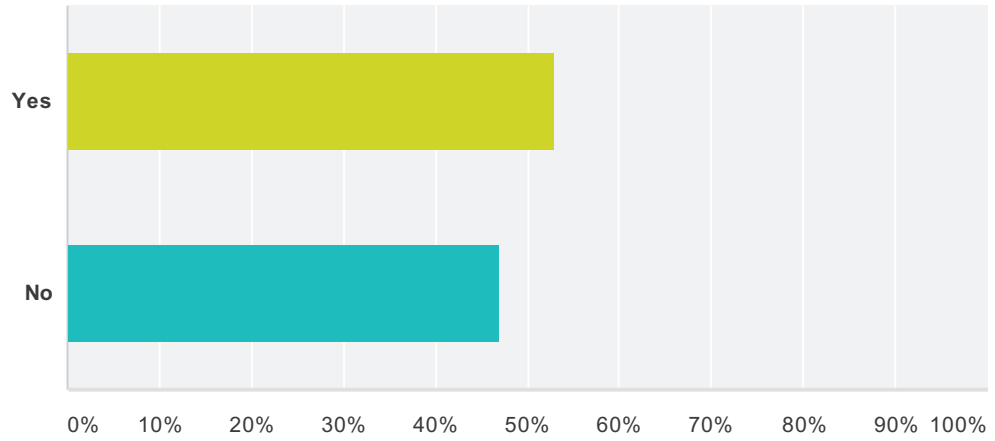
Répondues : 32 Ignorées : 2



Choix de réponses	Réponses
Never	81,25% 26
Yes, but only after failed left atrial ablation	15,63% 5
Yes, but only after failed antiarrhythmic drug treatment	3,13% 1
Total	32

Q17 Is your initial therapeutic approach different for patients with vagal and andrenergic lone AF?

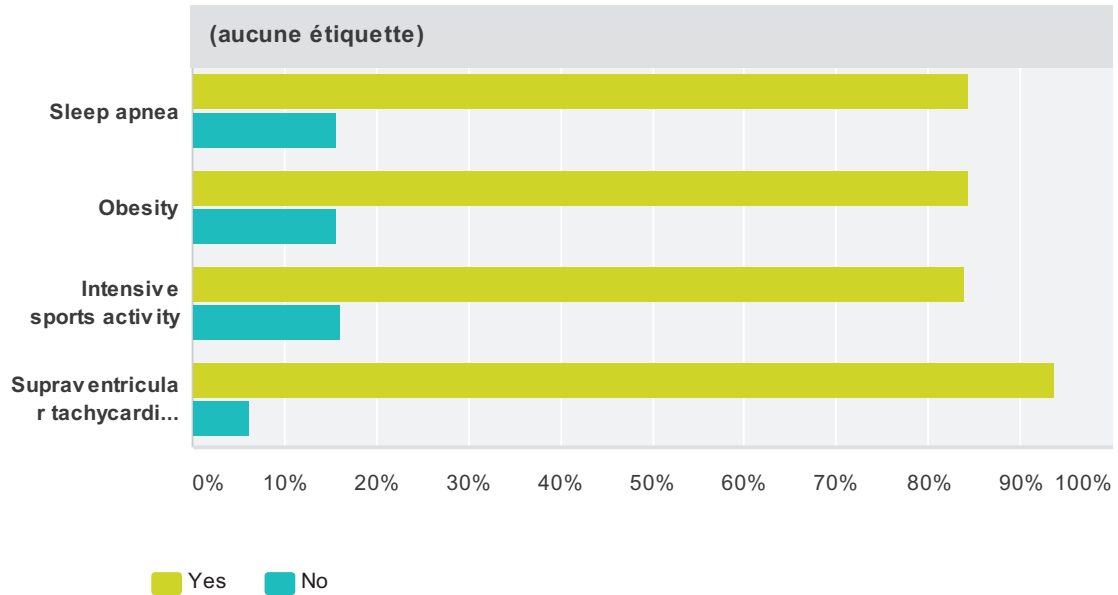
Répondues : 32 Ignorées : 2



Choix de réponses	Réponses	
Yes	53,13%	17
No	46,88%	15
Total		32

Q18 Do you systematically evaluate and consider treatment of these risk factors in patients with lone AF?

Répondues : 32 Ignorées : 2



(aucune étiquette)			
	Yes	No	Total
Sleep apnea	84,38% 27	15,63% 5	32
Obesity	84,38% 27	15,63% 5	32
Intensive sports activity	83,87% 26	16,13% 5	31
Supraventricular tachycardia as trigger for AF	93,75% 30	6,25% 2	32