**EFFECT OF INSTITUTIONAL EXPERIENCE ON OUTCOMES OF ALCOHOL SEPTAL ABLATION FOR HYPERTROPHIC OBSTRUCTIVE CARDIOMYOPATHY**

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**Objective:** The current ACCF/AHA guidelines on hypertrophic cardiomyopathy (HCM) state that institutional experience is a key determinant of successful outcomes and lower complication rates of alcohol septal ablation (ASA). The aim of this study was to evaluate the safety and efficacy of ASA according to institutional experience with the procedure.

**Method:** We retrospectively evaluated 1310 patients with symptomatic obstructive HCM undergoing ASA who were divided into two groups. First-50 Group consisted of the first consecutive 50 patients treated at each center, and Over-50 Group consisted of patients treated thereafter (patients 51 and above).

**Results:** In the 30-day follow-up, there was a significant difference in the occurrence of major cardiovascular adverse events (21% in First-50 Group versus 12% in Over-50 Group; p<0.01), which was driven by occurrence of cardiovascular deaths (2.1% versus 0.4%; p=0.01) and implanted pacemakers (15% versus 9%; p<0.01). In the long-term follow-up (5.5±4.1 years), First-50 group was associated with a significantly higher occurrence of major adverse events (p<0.01) and higher cardiovascular mortality (p<0.01). Also, patients in First-50 group were more likely to self-report dyspnea of NYHA class III/IV (16% versus 10%), to have a left ventricular outflow gradient >30 mmHg (16% versus 10%) at the last clinical check-up (p<0.01 for both), and a probability of repeated septal reduction therapy (p=0.03).

**Conclusion:** An institutional experience of >50 ASA-procedures was associated with a lower occurrence of ASA complications, better cardiovascular survival, better hemodynamic and clinical effect, and a lower need for repeated septal reduction therapy.