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Mapping the maze: advancing atrial fibrillation models and therapies

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Mapping the Maze

Advancing Atrial Fibrillation Models and Therapies

Niels Harlaar

1. Clamping ablation devices provide more consistent intraoperative isolation of the posterior left atrium compared to nonclamping devices, having the potential to provide better freedom from atrial fibrillation recurrences. (*This thesis*).
2. Thoracoscopic pulmonary vein and posterior wall isolation is an effective rhythm-control strategy for patients with long-standing persistent atrial fibrillation, particularly when combined with endocardial touch-up procedures in case of recurrences. (*This thesis*).
3. The physiological proximity of excised atrial tissue to its patient source offers distinct translational advantages, though this same biological variability provides a challenge to experiment reproducibility and standardization. (*This thesis*).
4. Conditionally immortalized human atrial myocytes (hiAMs) constitute a robust, scalable, and functionally mature cell source for disease modeling, outperforming human pluripotent stem cell-derived atrial myocytes in electrophysiological fidelity and reproducibility. (*This thesis*).
5. Optimizing atrial fibrillation ablation outcomes extends beyond procedural refinement, significant improvements in success could be achieved by the systematic integration of lifestyle risk factor management. (*Based on Vermeer et al. Eur Heart J, 2025, ehaf689*).
6. Endocardial ablation performed solely in the event of recurrence (selective two-stage hybrid ablation) could pose a more efficient strategy than single-stage hybrid approaches with similar effectiveness. (*Based on this thesis & Aerts et al. Europace, 2024, 10, euae232*).
7. Species-specific differences in heart size, atrial architecture, autonomic regulation, and ion-channel expression, plus the rarity of natural AF, create a translational gap between animal models and human atrial fibrillation. (*Based on Schüttler et al. Circ Res. 2020, 127, 91-110*).
8. Next-generation atrial fibrillation research requires combined methodological strategies, spanning conventional cellular techniques, omics-driven simulations, advanced *in vitro* validation, and AI-assisted optimization to advance individualized therapeutic innovation. (*Based on Odening et al. Europace, 2021, 11, 1795-1814*).
9. "Extraordinary claims require extraordinary evidence" (*Carl Sagan*). Bold or unconventional findings must be supported by especially strong, transparent, and reproducible data.
10. "Risk and return go hand-in-hand" (*well-known Wall Street saying*). When striving for higher potential (academic) returns, you must be willing to accept more volatility.