Letter by Gasparini and Boriani Regarding Article, “Cardiac Resynchronization Therapy in Patients With Permanent Atrial Fibrillation: Results From the Resynchronization for Ambulatory Heart Failure Trial (RAFT)”

To the Editor:

We read with great interest the article by Healey et al.1 presenting data of patients with permanent atrial fibrillation (AF) enrolled in the Resynchronization for Ambulatory Heart Failure Trial (RAFT).2

The recent guidelines of the European Society of Cardiology3 consider patients with permanent AF as a class Ia level B only if atrioventricular junction (AVJ) ablation is performed, permitting to reach almost 100% biventricular (BIV) pacing. Starting from our experience published in 2008,4 it was almost clear that cardiac resynchronization therapy (CRT) response can be expected in patients with AF only if AVJ ablation is performed.

These data have been recently confirmed by the meta-analysis by Ganesan et al5 that clearly and undoubtedly pointed out a dramatic 42% reduction of all-cause mortality in patients with AF implanted with CRT and undergoing AVJ ablation.

Here, Healey et al.1 give us the astonishing conclusion that patients with AF who are otherwise CRT candidates seem to gain a minimal benefit from CRT-D compared with standard International Classification of Diseases.6

The conclusion drawn by Healey et al.1 even if formally absolutely correct, may be misleading and create a great confusion in a topic in which, after the Ganesan et al.5 meta-analysis, the picture seemed to be clear. In fact, in our opinion, these conclusions do not adequately take into account that AVJ ablation has been performed in only one RAFT patient. Probably, a more correct final message could simply be that patients with AF, who are otherwise CRT candidates, not undergoing AVJ ablation do not reach effective BIV stimulation and, as a consequence, gain a minimal benefit from CRT-D compared with standard International Classification of Diseases.

Strong data from the LATITUDE study7 already pointed out that 100% BIV pacing cuts by 30% total mortality compared with 92% BIV pacing. Reaching 100% of effective BIV stimulation seems to be even more important in patients with AF.

There is a huge difference between implanting a CRT device in patients with AF and curing them with CRT. To effectively cure a patient implanted with CRT, it seems nowadays, that AVJ ablation, permitting to reach 100% of pure and effective BIV stimulation, is the only adequate tool for this scope. Patients with permanent AF implanted with CRT, without spontaneous/induced atrioventricular block, could be very similar to patients in sinus rhythm implanted with CRT but left with an atrioventricular interval of 300 ms. No effective BIV stimulation could be expected in these sinus rhythm patients and in AF patients without AVJ ablation.

The article by Healey et al.1 reaches the paradox that, an evaluation of CRT efficacy with the premises for the most reliable methodological approach (a randomized clinical trial), rather than clarifying the picture, may result in more uncertainty and less clarity on the role of CRT in AF, increasing, rather than decreasing, the need for new studies.

Disclosures

M. Gasparini is on the Advisory Board for Medtronic and Boston Scientific. G. Boriani has received speaker fees for Medtronic.

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References


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