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

We appreciate Drs Gasparini and Boriani’s letter and their work to clarify the role of cardiac resynchronization therapy (CRT) in patients with permanent atrial fibrillation. However, we feel that the conclusions they make are far too definitive, considering that they are based entirely on observational data. The majority of patients in Ganesan et al’s meta-analysis did not have atrioventricular (AV) node ablation; thus, important biases may have influenced the decision to undertake this intervention, which might also have been associated with a more favorable outcome. Indeed, Ganesan et al’s own conclusion was that AV nodal ablation is “worthy of investigation in a randomized controlled trial.” Far too often in cardiology has there been an apparently clear story from observational data, only to have a much clearer understanding of the truth emerge after the conduct of randomized trials. The benefit of rhythm control for atrial fibrillation is just one important example.1

We should also remember that patients with permanent atrial fibrillation were excluded from most clinical trials of CRT, not only because of concerns about the adequate delivery of biventricular stimulation, but also because of the prevailing wisdom that optimal AV timing is also critical for the effective delivery of CRT. This issue is not addressed with AV nodal ablation. Finally, as AV nodal ablation entails some cost as well as small, but measurable, risk, controversy remains about the routine need for this intervention, and at present most CRT patients do not receive it.2 CRT-eligible patients with permanent atrial fibrillation are too common, and their outcomes are too poor to settle for anything less than high-quality evidence from randomized trials. Just because the results of observational studies appear “clear” does not ensure that they are correct.

Disclosures

The RAFT trial was funded by the Canadian Institutes of Health Research and Medtronic Inc. Dr Tang has received speaking fees and research grants from Medtronic. Drs Healey and Connolly have received research grants from St. Jude Medical and Boston Scientific. Dr Philippon has received research grants from Medtronic. Dr Hohnloser has received speaking fees from Medtronic and St. Jude Medical and participated on advisory boards for St. Jude Medical. Dr Exner has received research grants from Medtronic and St. Jude Medical and has participated as a consulted and on advisory boards for Medtronic.

References


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Jeff S. Healey, Stefan H. Hohnloser, Derek V. Exner, David H. Birnie, Ratika Parkash, Stuart J. Connolly, Andrew D. Krahn, Chris S. Simpson, Bernard Thibault, Magdy Basta, Francois Philippon, Paul Dorian, Girish M. Nair, Soori Sivakumaran, Elizabeth Yetisir, George A. Wells and Anthony S.L. Tang

*Circ Fail*. 2013;6:e23-e24
doi: 10.1161/CIRCHEARTFAILURE.113.000183

*Circulation: Heart Failure* is published by the American Heart Association, 7272 Greenville Avenue, Dallas, TX 75231

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Print ISSN: 1941-3289. Online ISSN: 1941-3297

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