

A randomized controlled trial of AV junction ablation and cardiac resynchronization therapy in patients with permanent atrial fibrillation and narrow QRS (APAF - CRT)

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Inclusion & exclusion criteria

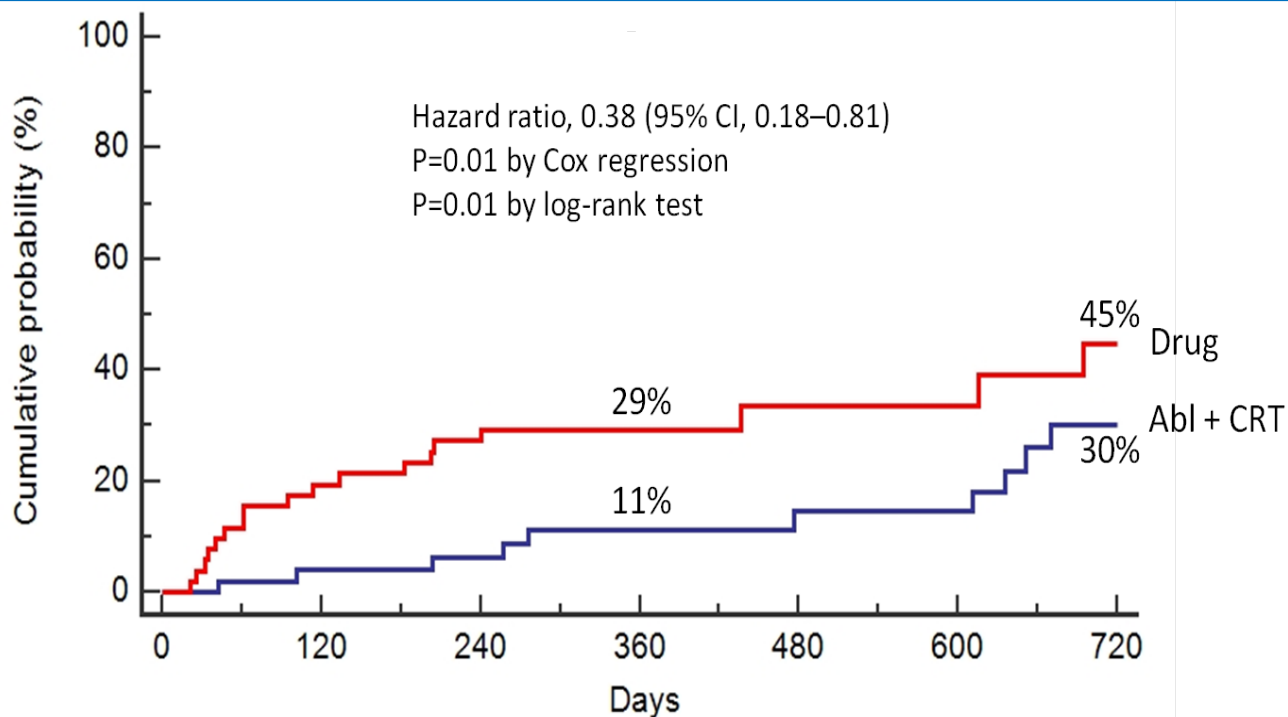
Inclusion:

1. Severely symptomatic permanent AF (>6 months) unsuitable for AF ablation or in which AF ablation had failed;
2. Narrow QRS (i.e., ≤ 110 ms); *and*,
3. At least one hospitalization for HF in the previous year

Exclusion:

1. Hospital NYHA class IV and systolic blood pressure ≤ 80 mmHg
2. Severe concomitant non-cardiac disease;
3. Need for surgical intervention;
4. Myocardial infarction within the previous 3 months;
5. Previously implanted devices.

Primary Outcome: Death for HF, or Hospitalization for HF, or Worsening HF



Number at risk

Group: Abl + CRT

50 46 39 31 25 24 14

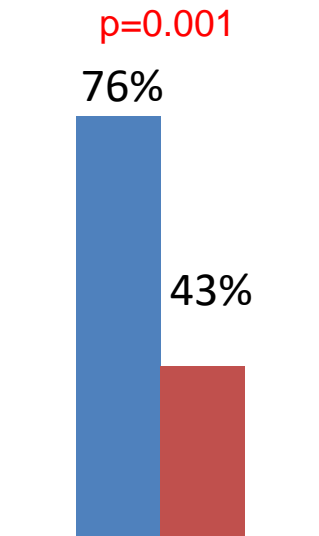
Group: Drug

52 41 34 28 15 13 7

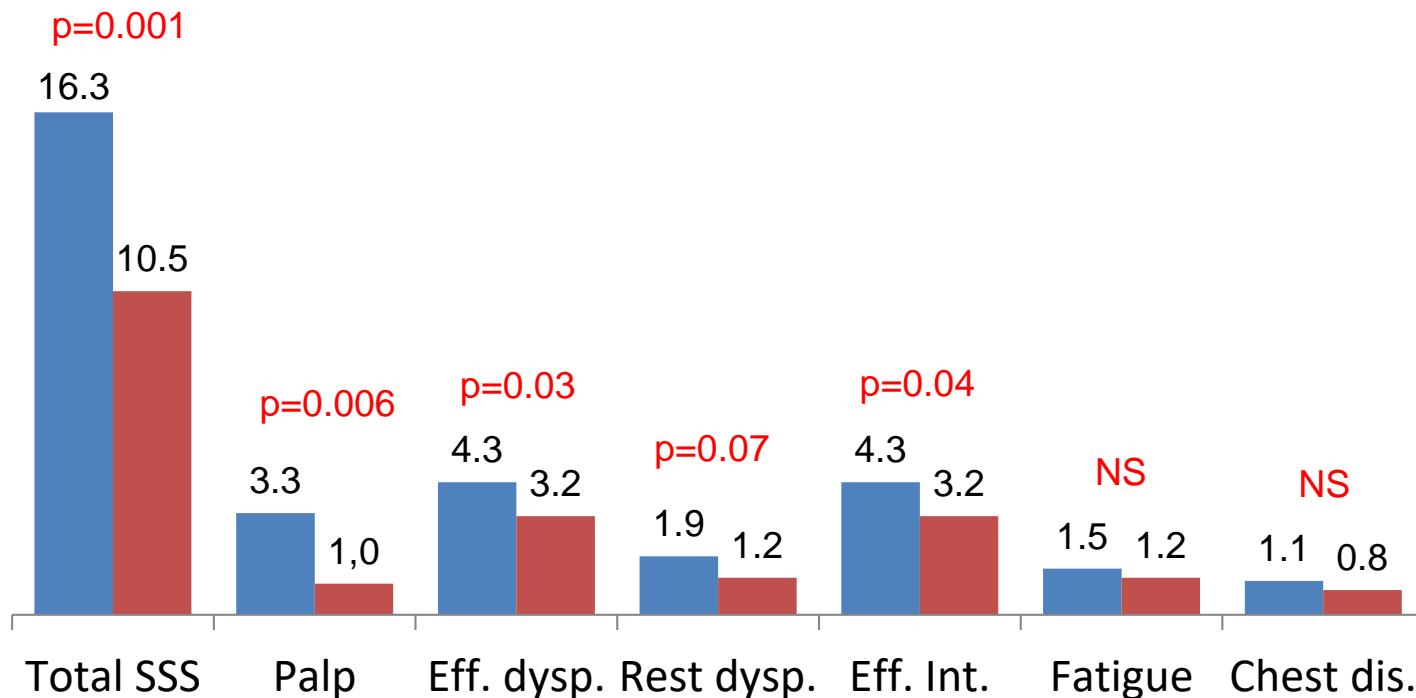
Symptoms & Physical Limitation at 1-year visit

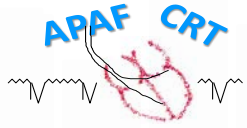
EHRA score

≥1 class decrease



SSS questionnaire





Conclusions

In elderly patients with permanent AF and narrow QRS, AV junction ablation and CRT:

- **reduced the risks of death due to HF, or hospitalization due to HF, or worsening HF by 62%, *and***
- **improved specific symptoms of AF by 36%**