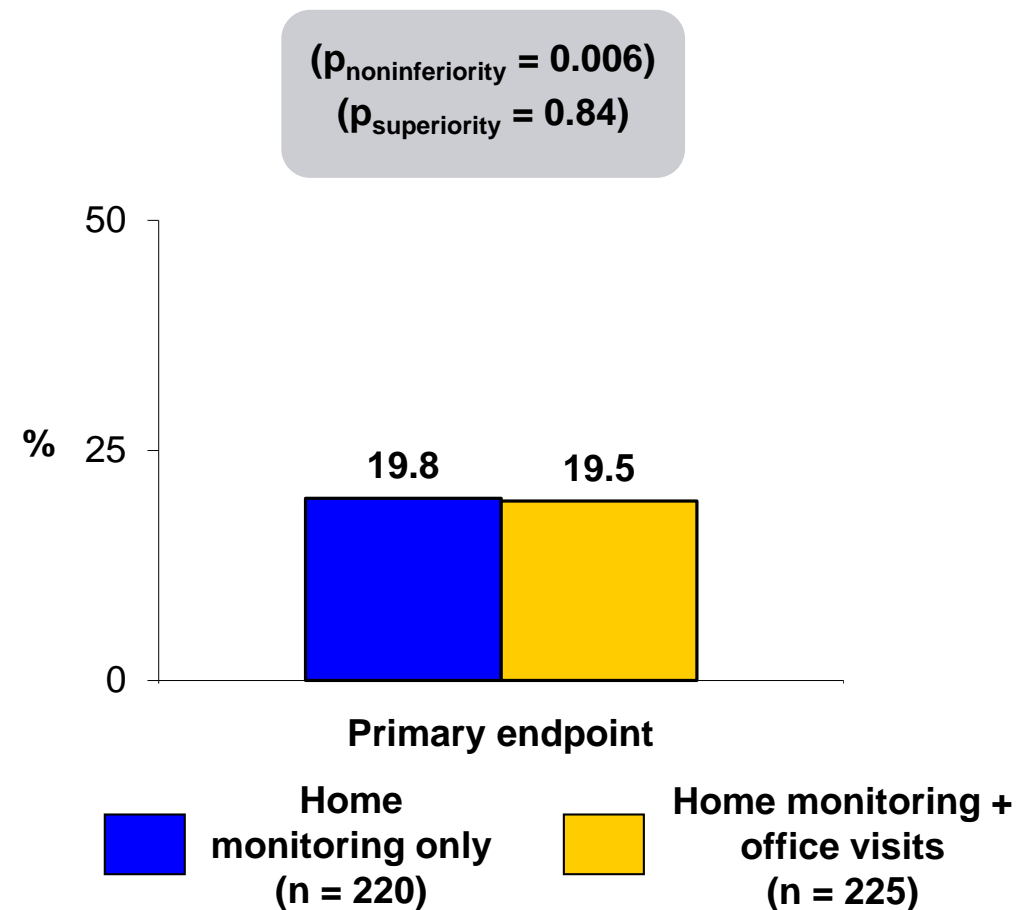


RM-ALONE

Trial Description: Patients implanted with a Biotronik PPM/ICD were randomly assigned in a 1:1 fashion to the home monitoring-only group or to the home monitoring + in-office visits group. They were followed for 2 years.



RESULTS

- Primary endpoint, ≥ 1 MACE, home monitoring alone vs. home monitoring + in-office visit: 19.8% vs. 19.5%, $p_{\text{non-inferiority}} = 0.006$, $p_{\text{superiority}} = 0.84$
- Death: 6.8% vs. 6.7% ($p > 0.05$), stroke: 2.2% vs. 1.8% ($p = 0.64$)
- Unscheduled visits: 0.55 vs. 0.44/patient ($p = 0.16$), scheduled visits: 0.06 vs. 2.45/patient ($p < 0.001$)

CONCLUSIONS

- Remote monitoring with remote interrogation every 6 months was noninferior in terms of safety to remote monitoring + in-office visits among patients who were implanted with a Biotronik PPM/ICD equipped for remote monitoring
- Resource utilization was significantly lower with remote monitoring-only strategy

García-Fernández FJ, et al. Eur Heart J 2019;Feb 21:[Epub]