

RAFT-AF

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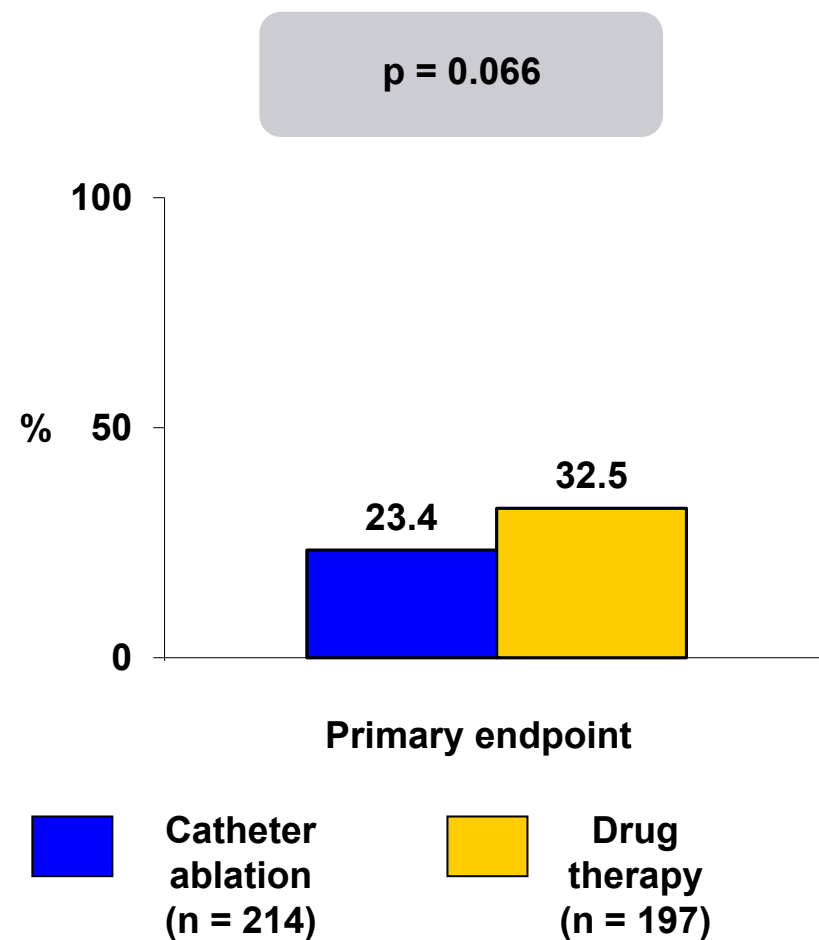
Trial Description: Patients with AF and HF were randomized in a 1:1 fashion to either catheter ablation or drug therapy. Patients were followed for a median duration of 37.4 months. Trial terminated early due to futility concerns.

RESULTS

- Primary endpoint, death and HF events for rhythm vs. rate control: 23.4% vs. 32.5% (HR 0.71, 95% CI 0.49-1.03, $p = 0.066$)
 - Among patients with $EF \leq 45\%$ at baseline: HR 0.63, 95% CI 0.39-1.0 ($p = 0.059$)
- Minnesota Living With Heart Failure Questionnaire: change from baseline to 24 months: -17.4 vs. -14.8 ($p = 0.0036$)
- 6-minute walk distance to 24 months: 44.9 vs. 27.5 m ($p = 0.025$)
- Change in LVEF from baseline at 24 months: 10.1 vs. 3.8% ($p = 0.017$)

CONCLUSIONS

- A rhythm control strategy (via AF ablation) is not superior to a rate control strategy for CV outcomes at 5 years among patients with AF and HF. This in the context of early termination of the trial
- Significant improvements were noted in functional and serum biomarkers, including NT-proBNP. AF was significantly reduced with rhythm-control strategy



Presented by Dr. Anthony Tang at ACC.21