

Hot Line Session II

5 September 2005 11.00- 12.30

ESC Congress - Stockholm

DISCUSSANT

Prof. Luigi Tavazzi

S. Matteo University Hospital

Pavia, Italy

Primary ICD Prevention Studies

- 7 RCTs involving 5139 patients
- 2 year follow-up:
 - 3% reduction of absolute risk of death :
17.3% vs 14.3% (annual 1.5%)

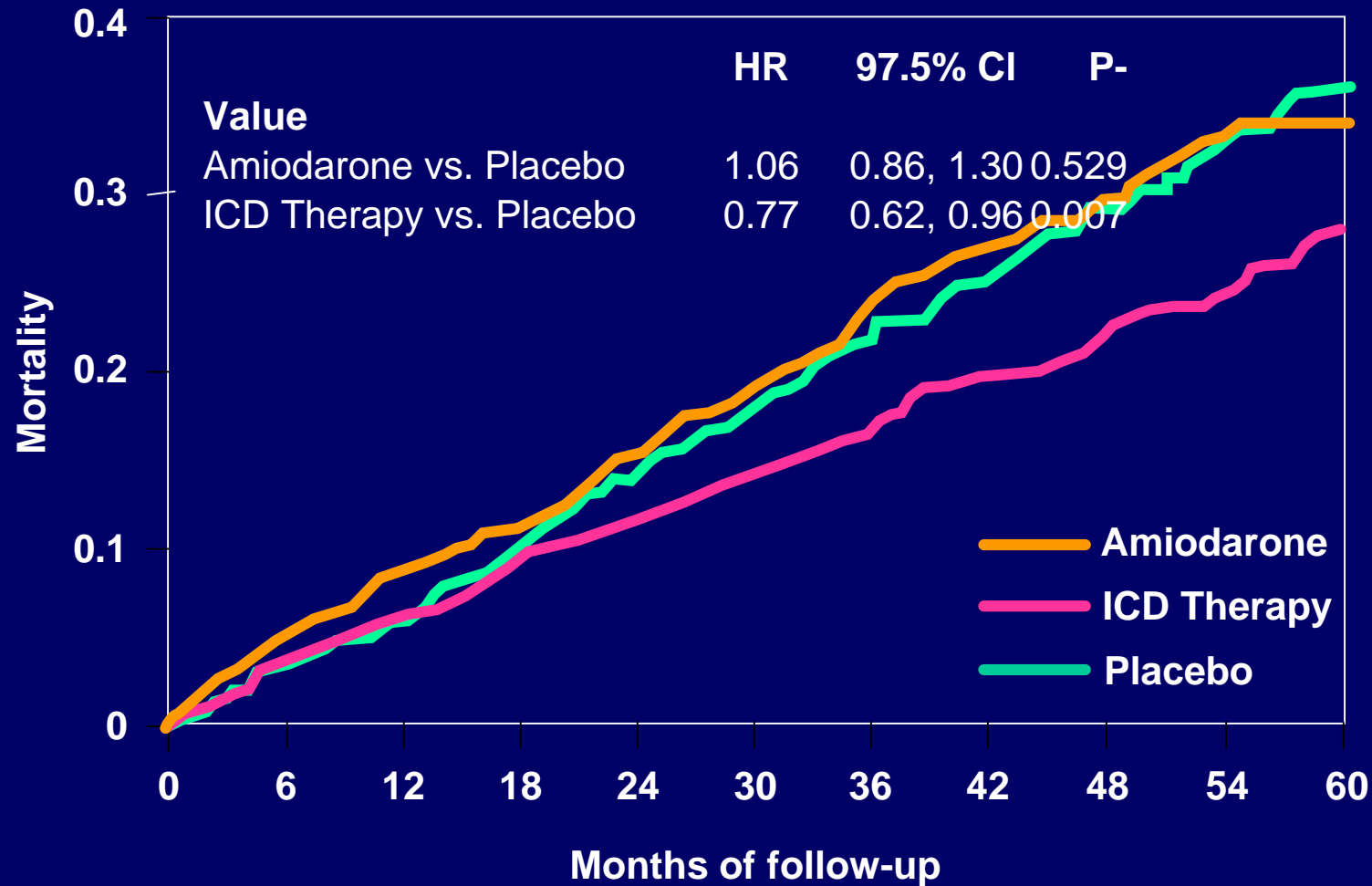
Secondary ICD Prevention Studies

- **3 RCTs involving 2963 patients**
- **2 year follow-up:**
 - **7.5% reduction of absolute risk of death:**
23% vs 15.5% (annual : 3.7%)

The problem of sudden death prevention

- **ICDs saved lives; but most patients implanted do not benefit from ICDs**
- **The number of patients at risk of sudden death is much broader than that of cardiac patients implanted/implantable with ICDs**

SCD-HeFT trial: Mortality results

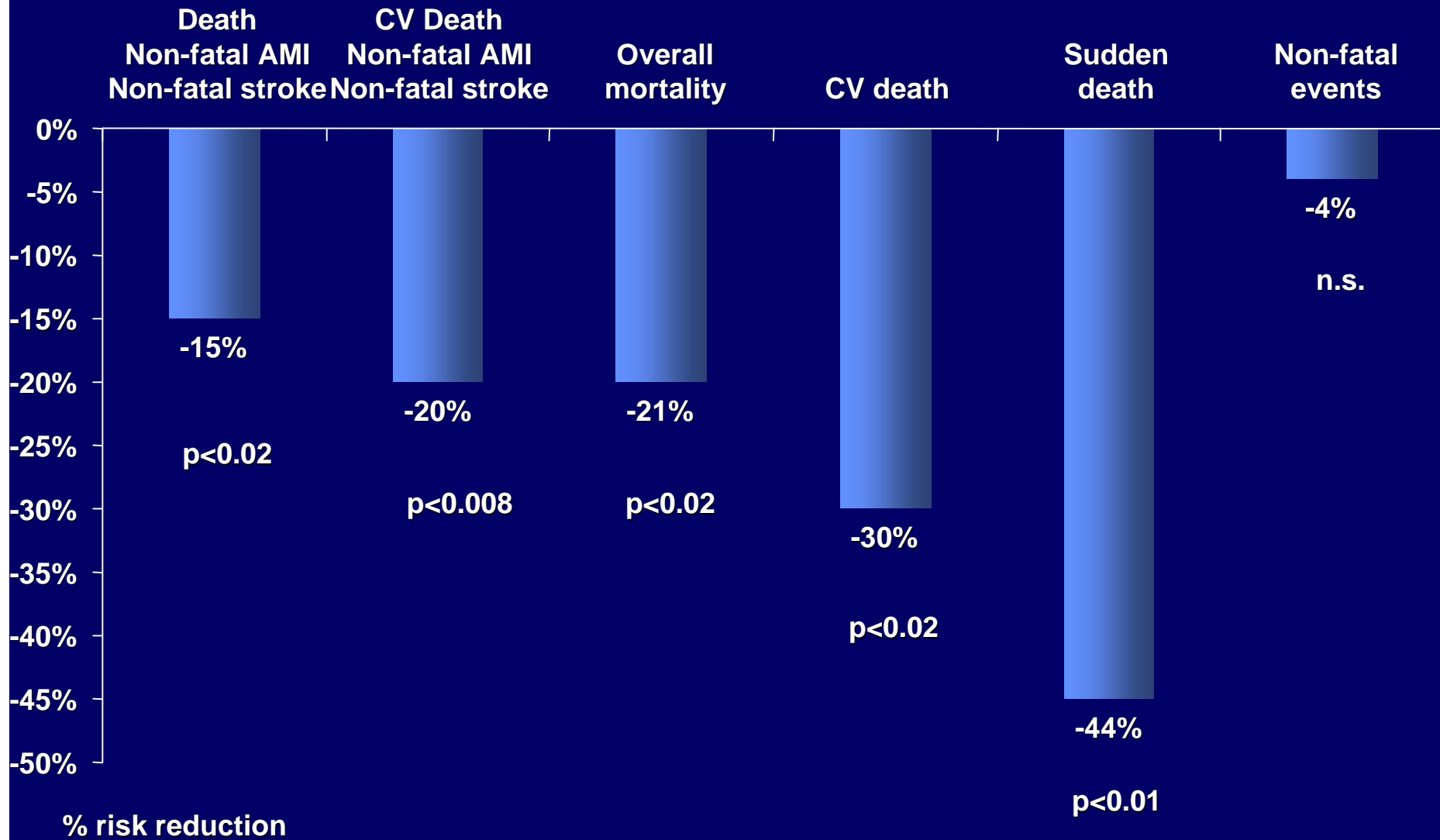


ACC, 2004

The problem of sudden death Solutions?

- **Need to refine the identification of patients at very high risk of sudden arrhythmic death (to be implanted with ICDs)**
- **Need of drugs effective in the prevention of arrhythmic death (n-3 PUFA?)**

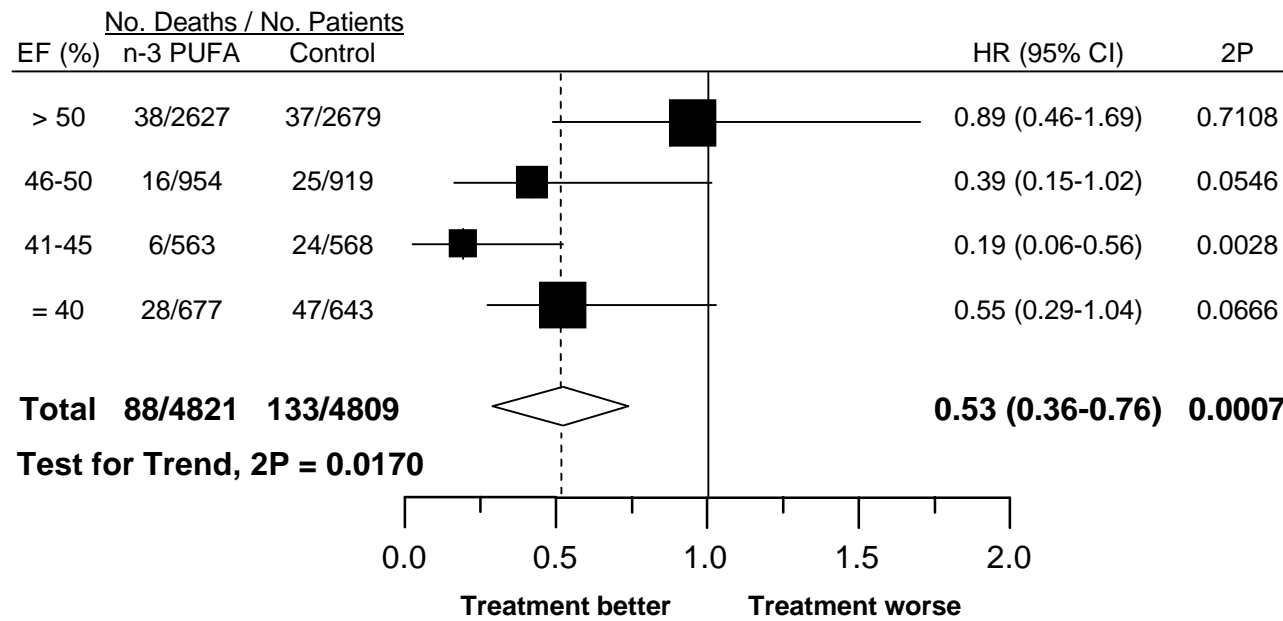
Effect of n-3 PUFA treatment in GISSI-Prevenzione (11.323 post-MI pts)



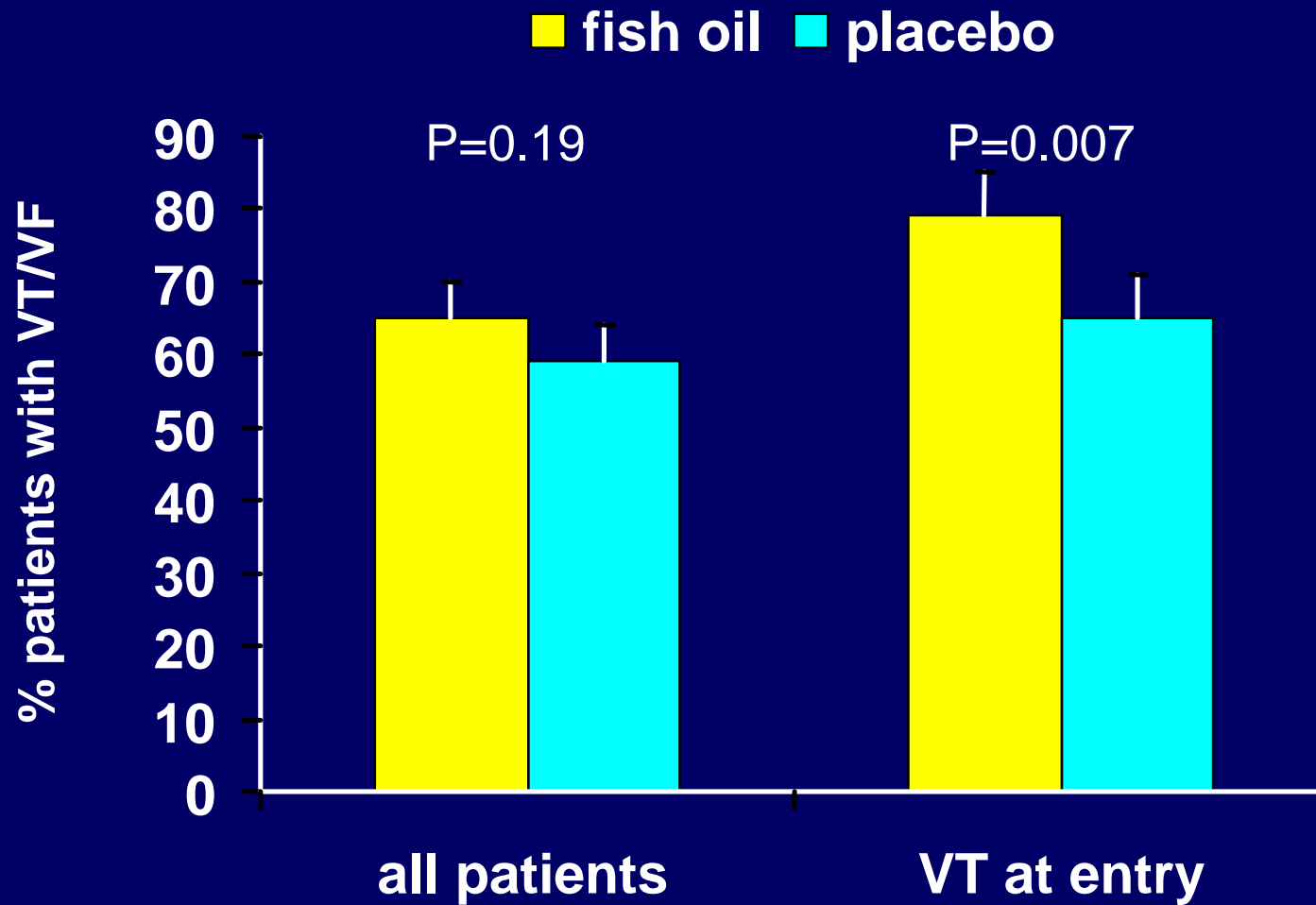
(GISSI-Prevenzione Investigators, Lancet 1999; 354:447)

GISSI-Prevenzione trial

Sudden Death

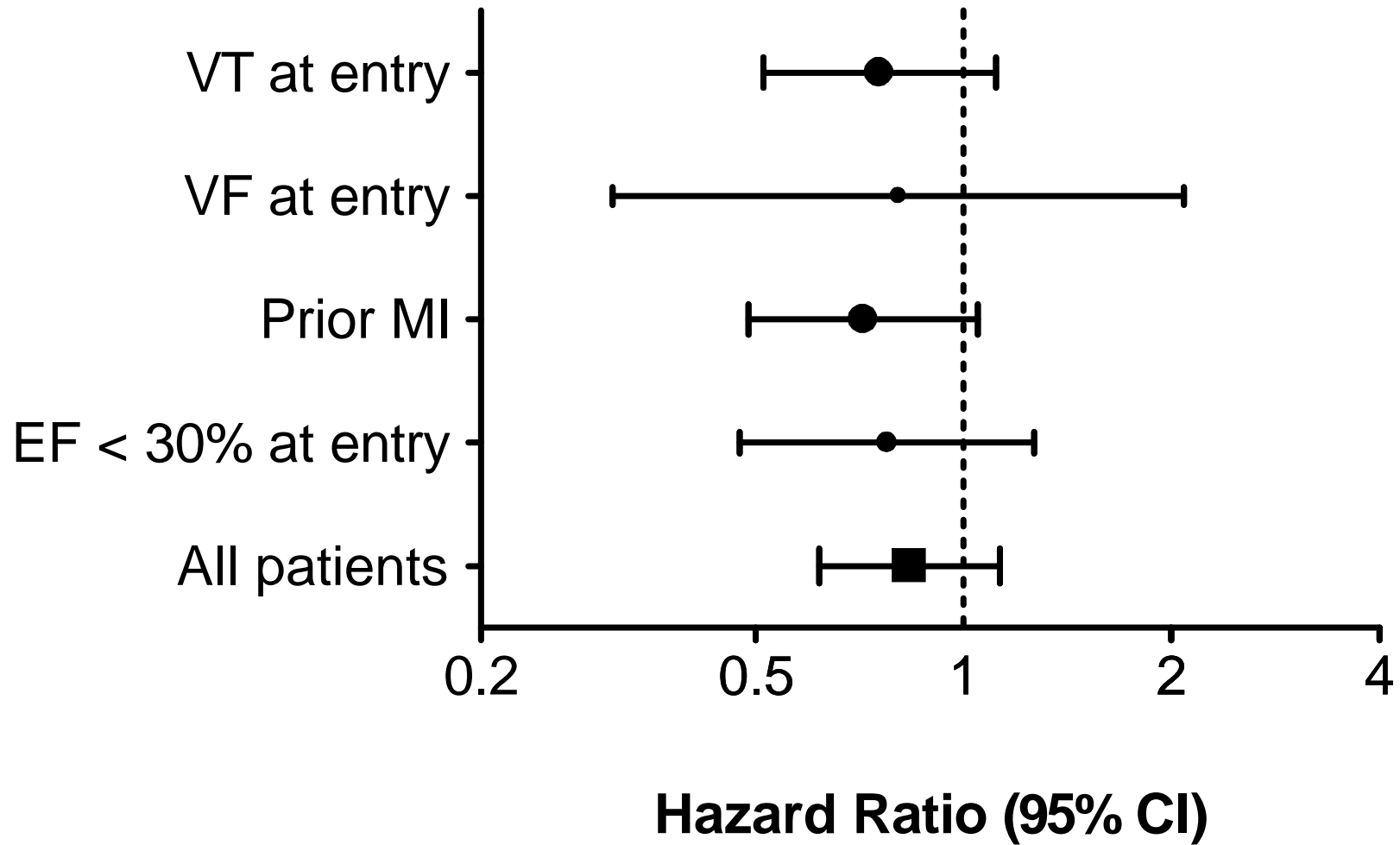


Portland trial in 200 ICD patients: No reduced risk of VT/VF



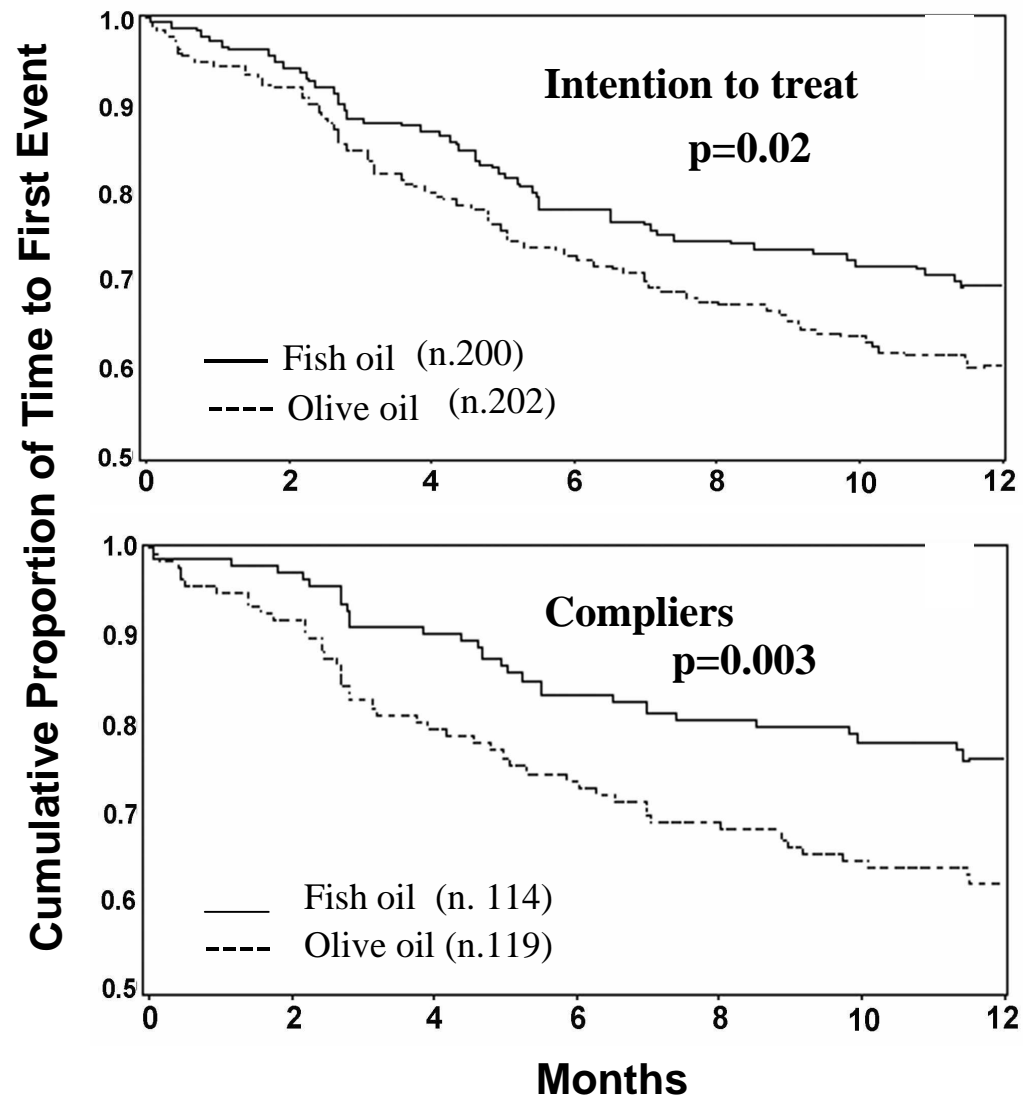
SOFA trial

Cox proportional hazards for all patients and subgroups



FAAT Trial

Alexander Leaf, personal communication, ESC Munich, August 30th 2004

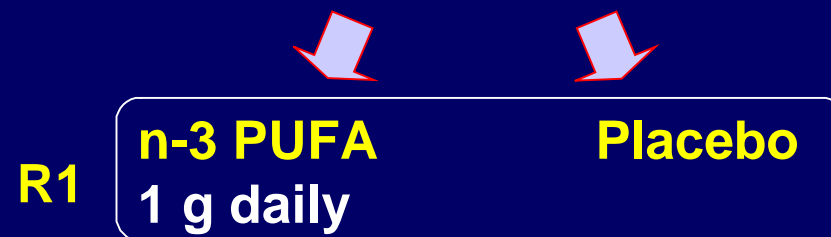


Conclusions

- **Beneficial effect of n-3 PUFA on life-threatening cardiac arrhythmias in post MI patients has been reasonably demonstrated**
- **In ICD patients (of any etiology) non consistent findings (just a positive trend)**
- **No significant side-effects (which is extremely important in pts at high risk of collateral effects)**
- **Further research warranted**

GISSI-HF trial

7057 HF pts



4642 pts



Mean follow-up 3 years
Expected end of trial : 2007