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Discussant
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Background - DCMi

- Viral persistence and autoimmunity are implicated in the pathogenesis of Inflammatory Dilated Cardiomyopathy (DCMi)
- The aim of therapy in DCMi is eradication of:
 - Inflammatory cells
 - Autoantibodies and immune complexes directed against myocytic epitopes
 - Viral particles from the myocardium

DCMi -Evolving Therapies

- **▼** Improvement in LVEF and NYHA was achieved with:
- antiviral agents*
 in pts with viral persistence
- immunosuppression# in pts with immunohistological markers of chronic inflammation and with cardiac AutoAb
- **▼ Immunosuppression can be potentially harmful** if administered to patients with viral persistence

*Kuhl U et al. Circulation 2003;107:2793-98. Single center, nonrandomized trial

*Wojnicz R et al. Circulation 2001;104:39-45. Single center, randomized trial.

Frustaci A et al. Circulation 2003;107:857-63. Single center, retrospective analysis

The TIMIC Study – Major Finding

- 38/43 (88%) of the treated group improved:
 - LVEF%, from 26.4 ± 6.9 to 48.0 ± 7.3
 - LVEDD (mm) from 68.6 ± 7.4 to 52.8 ± 6.3
 - Inflammatory infiltrates on repeat endomyocardial biopsies (EMB) disappeared
- 35/42 (83%) of the placebo group worsened both by echocardiographic and by EMB criteria

The Importance of the TIMIC Study

- **√** First randomized trial of immunosuppressive therapy in patients with <u>both:</u>
 - proven chronic myocardial inflammation
 - virus negative biopsies
- √ The remarkable results of this study compare favorably with those of a previous report of immunosuppression in chronic myocardial inflammation (HLA upregulation), in which viral status was not evaluated#

Conclusions

- There is a growing body of evidence, supported mostly by single center studies, for the use of immunosuppressive or antiviral therapy in selected subsets of patients with DCMi
- The strength of evidence for implementing in clinical practice these therapeutic approaches will be hopefully enhanced by positive results of ongoing multicenter immunomodulatory studies