

Long-term Survival with Cardiac Resynchronization Therapy in Patients with Mild Heart Failure (MADIT-CRT)

History: At a median follow-up period of 2.4 years, the Multicenter Automatic Defibrillator Implantation Trial with Cardiac Resynchronization therapy (MADIT-CRT) trial, resynchronization + defibrillator compared to only an implantable defibrillator (ICD) in the setting of left bundle branch block (LBBB) resulted in fewer heart failure events.

Questions to answer: What are the longer-term mortality and morbidity benefits of CRT-D vs. ICD?

Trial Design	Registry. European patients who participated in the MADIT-CRT. Randomization to CRT-D or ICD only arms. 7 years f/u.	
Primary Endpoint	Benefit of cardiac resynchronization therapy with defibrillation (CRT-D) on all-cause long-term mortality and morbidity (7 years) when compared to the implantable cardioverter defibrillator (ICD) alone.	
Trial Results (at 7 years) All-cause mortality risk with LBBB	<u>CRT-D</u> 18%	<u>ICD only</u> 29%
Risk Reduction=37% with CRT-D, p=0.002		

Take Away: At 7 years, long-term survival was significantly better with early CRT-D for those patients with LBBB and mild HF.