

The mortality analysis of primary prevention patients receiving a cardiac resynchronization defibrillator (CRT-D) or implantable cardioverter defibrillator (ICD) according to guideline indications in the Improve SCA Study.

Chi Keong Ching¹, Yu-Cheng Hsieh², Yen-Bin Liu³, Diego Rodriguez⁴, Young-Hoon Kim⁵, Boyoung Joung⁶, Balbir Singh⁷, DeJia Huang⁸, Azlan Hussin⁹, Alexander Chasnoits¹⁰, Janet OBrien¹¹, Jeffrey Cerkenvenik¹², Daniel Lexcen¹³, Brian Van Dorn¹¹, and Shu Zhang¹⁴

¹National Heart Centre Singapore

²Cardiovascular center

³Cardiovascular Center and Division of Cardiology

⁴Fundacion Cardioinfantil Instituto de Cardiologia

⁵Korea University Medical Center

⁶Yonsei Cardiovascular Center and Cardiovascular Research

⁷Medanta The Medicity

⁸West China Hospital of Medicine

⁹National Heart Institute

¹⁰Republican Scientific Practical Centre Cardiology

¹¹Medtronic Operational Headquarters

¹²Medtronic

¹³Medtronic plc

¹⁴Fuwai hospital and cardiovascular institute, Chinese Academy of Medical Sciences, Peking Union Medical College

April 22, 2021

Abstract

Background: Despite a proven mortality benefit in primary prevention (PP) patients, the utilization of implantable cardioverter-defibrillators (ICD) and cardiac resynchronization therapy-defibrillators (CRT-D) remains low in many geographies. **Purpose:** The objective of this analysis was to examine the mortality benefit in PP patients by guideline-indicated device type: implantable cardioverter-defibrillator (ICD) and cardiac resynchronization therapy-defibrillator (CRT-D). **Methods:** Improve SCA was a prospective, non-randomized, non-blinded multicenter trial that enrolled patients from regions where ICD utilization is low. PP patient's CRT-D or ICD eligibility was based upon the 2008 ACC/AHA/HRS and 2006 ESC guidelines. Mortality was assessed according to guideline-indicated device type comparing implanted and non-implanted patients. Cox proportional hazards methods were used, adjusting for known factors affecting mortality risk. **Results:** Among 2,618 PP patients followed for a mean of 20.8 ± 10.8 months, 1,073 were indicated for a CRT-D, and 1,545 were indicated for an ICD. PP CRT-D-indicated patients who received CRT-D therapy had a 58% risk reduction in mortality compared to those without implant (adjusted HR 0.42, 95% CI: 0.28-0.61, $P < 0.0001$). PP patients with an ICD indication had a 43% risk reduction in mortality with an ICD implant compared with no implant (adjusted HR 0.57, 95% CI: 0.41-0.81, $P = 0.002$). **Conclusions:** This analysis confirms the mortality benefit of adherence to guideline-indicated implantable defibrillation therapy for PP patients in geographies where ICD therapy

was underutilized. These results affirm that medical practice should follow clinical guidelines when choosing therapy for PP patients who meet the respective defibrillator device implant indication.

Hosted file

JCE MS file. Device by guideline indication results.pdf available at <https://authorea.com/users/409419/articles/519117-the-mortality-analysis-of-primary-prevention-patients-receiving-a-cardiac-resynchronization-defibrillator-crt-d-or-implantable-cardioverter-defibrillator-icd-according-to-guideline-indications-in-the-improve-sca-study>