

Mont L, Bisbal F, Hernandez-Madrid A, et al.

**Catheter ablation vs. antiarrhythmic drug treatment of persistent atrial fibrillation: a multicentre, randomized, controlled trial (SARA study).**

Eur Heart J. 2013 Oct 17. (Original) PMID: 24135832

Group(s): on behalf of SARA investigators

**BACKGROUND:** Catheter ablation (CA) is a highly effective therapy for the treatment of paroxysmal atrial fibrillation (AF) when compared with antiarrhythmic drug therapy (ADT). No randomized studies have compared the two strategies in persistent AF. The present randomized trial aimed to compare the effectiveness of CA vs. ADT in treating persistent AF.

**METHODS AND RESULTS:** Patients with persistent AF were randomly assigned to CA or ADT (excluding patients with long-standing persistent AF). Primary endpoint at 12-month follow-up was defined as any episode of AF or atrial flutter lasting >24 h that occurred after a 3-month blanking period. Secondary endpoints were any atrial tachyarrhythmia lasting >30 s, hospitalization, and electrical cardioversion. In total, 146 patients were included (aged 55 +/- 9 years, 77% male). The ADT group received class Ic (43.8%) or class III drugs (56.3%). In an intention-to-treat analysis, 69 of 98 patients (70.4%) in the CA group and 21 of 48 patients (43.7%) in the ADT group were free of the primary endpoint (P = 0.002), implying an absolute risk difference of 26.6% (95% CI 10.0-43.3) in favour of CA. The proportion of patients free of any recurrence (>30 s) was higher in the CA group than in the ADT group (60.2 vs. 29.2%; P < 0.001) and cardioversion was less frequent (34.7 vs. 50%, respectively; P = 0.018).

**CONCLUSION: Catheter ablation is superior to medical therapy for the maintenance of sinus rhythm in patients with persistent AF at 12-month follow-up.**

**CLINICAL TRIAL REGISTRATION INFORMATION:** NCT00863213 (<http://clinicaltrials.gov/ct2/show/NCT00863213>).

Comments from Clinical Raters

General Practice(GP)/Family Practice(FP)

The headline news looks pretty unequivocally good for catheter ablation but: 1) For many years the mantra, at least in the UK, has been "treat the rate not the rhythm"; 2) Others have recently questioned the value of the procedure e.g. BMJ 2013;347:f5277; 3) I note the study group were confined to those < 70 years, whereas most people presenting with or living with atrial fibrillation are older than this; 4) I note this rating is for Primary Care physicians. Unless or until there are widely available fast-track ablation services from our cardiology colleagues (there certainly aren't in the English Midlands), the findings are of largely academic interest.