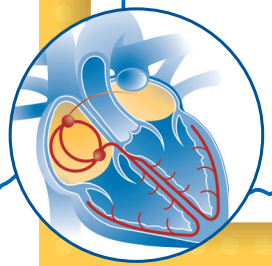
KOMPETENZNETZ
VORHOFFLIMMERN E.V. (AFNET)
Mendelstrasse 11 | 48149 Münster
Tel. +49 251 276 001 60
International Chief Investigator:
Professor Paulus Kirchhof

WWW.AF-NET.EU



THE EARLY ATRIAL FIBRILLATION ABLATION FOR STROKE PREVENTION IN PATIENTS WITH high COMORBIDITY BURDEN TRIAL

CURRENT KNOWLEDGE AND CLINICAL PRACTICE

- Early Rhythm control (ERC) therapy can reduce cardiovascular events in patients with recently diagnosed atrial fibrillation (AF).
- Safety concerns are still one of the main reasons to withhold rhythm control therapy in clinical practice in particular in patients with comorbidities.
- Catheter ablation of AF is more effective than antiarrhythmic drugs for rhythm control and improvement of QoL but few data are available in elderly patients with multiple comorbidities (e.g. 600 patients in CABANA).
- Superiority for the reduction of cardio-vascular events has not yet been confirmed.

FINDINGS IN THE EAST-AFNET 4 TRIAL SUBANALYSES

- Patients with recently diagnosed AF and multiple cardiovascular comorbidities (CHA_2DS_2-VASc score ≥4) have most prognostic benefit from ERC. DOI: 10.1161/CIRCULATIONAHA.122.060274
- ERC was safe without increased number of safety events.
- The majority of patients has been treated with antiarrhythmic drug therapy whereas catheter ablation was under-represented.

HYPOTHESIS OF EAST^{high}-AFNET 11

Early catheter ablation in AF patients with a high **comorbidity burden (CHA_2DS_2VASc score ≥4)** will reduce a composite outcome of cardiovascular death, stroke and rehospitalization for worsening of heart failure when compared to usual care.

OUR AIM IN EAST^{high}-AFNET 11

- Improvement of current treatment for AF patients with relatively recently diagnosed AF and a high comorbidity burden.
- Demonstration of the safety and efficacy in the large population of AF patients with mutiple comorbidities.
- Providing **guideline-changing information** on the effectiveness and safety of ablation-based rhythm control therapy in a large at-risk population.

OUR STRATEGY IN EAST^{high}-AFNET 11

- Inclusion of AF patients with a high comorbidity burden recruited in different health care settings.
- Prospective, randomized, international, investigator-initiated, open, blinded endpoint assessment (PROBE) interventional multicenter trial.
- Modern and safe AF ablation in experienced centres with appropriate technological support.

OUR APPROACH IN EAST^{high}-AFNET 11

Patients with AF
Diagnosis within 5 years prior to enrolment

High comorbidity burden
(≈ CHA_2DS_2VASc score ≥ 4)

Eligible for participation in the study

Randomisation

Early AF Ablation
AF recurrence: Re-ablation or antiarrhythmic drugs

+ Anticoagulation
+ Rate control
+ Therapy of concomitant conditions

Usual Care
+ Rhythm control as clinically indicated (most likely initially AAD)

Primary outcome: composite of cardiovascular death, stroke or hospitalization for heart failure
+ **secondary outcome.** Follow-up after randomisation until no. of primary outcomes is reached.