

FAST Trial

Background: The strategies of endocardial catheter ablation isolation of the pulmonary veins and minimally-invasive thoracoscopic surgical epicardial isolation have been in use for several years now with each reporting results as a successful strategy.

Purpose: Designed to provide more insight into the relative merits of both catheter ablation and minimally-invasive surgical ablation and which might be better and/or safer for ablation of drug-refractory atrial fibrillation.

Methods: Interventional, Randomized, Safety/Efficacy Study, Parallel Assignment, Open Label, Treatment (n=129)

Primary Endpoints: Freedom from AF or secondary left atrial arrhythmias, lasting >60 seconds & safety or adverse events.

Secondary Endpoints: Include freedom of AADs; Decrease in: 1. the frequency and duration of AF episodes, 2. the number of AF related hospital admissions, 3. the number of cardioversions, pacemaker implant; improvement in quality of life internet

Results: Overall efficacy favored surgical ablation over catheter ablation with 65.5% (SA) vs. 36.5% (CA) was highly significant (p<0.01). Major adverse events in each group were 23% SA and 3.2% CA.

Conclusion: Minimally invasive surgical ablation was more effective than catheter ablation to treat atrial fibrillation, but was significantly more likely to cause major complications.

AF-Free Without Drugs @ 1 Yr.

