

## Similarities and Differences between Israeli and European Recruits to the MADIT-CRT Trial

*Buber, Yonatan<sup>1</sup>; Glikson, Michael<sup>1</sup>; Luria, David<sup>1</sup>; Eldar, Michael<sup>1</sup>; Goldenberg, Ilan<sup>2</sup>*

<sup>1</sup>Sheba Medical Center, Tel Hashomer, Israel; <sup>2</sup>University of Rochester Medical Center, Rochester, NY, USA

**Objective:** To evaluate the baseline characteristics, clinical and echocardiographic outcomes and adverse events between Israeli and European recruits to the MADIT CRT trial.

**Background:** The 1820 study patients were recruited from 120 worldwide medical centers in the United States (1271 patients) or Europe (549 patients) and were randomly assigned in a 3:2 ratio to receive either CRT-D or ICD. **Methods:** Of the 549 patients recruited in Europe, 75 were recruited in 3 medical centers in Israel. Baseline characteristics, implant associated adverse events and the effect of CRT-D relative to ICD on death or heart failure (whichever came first), heart failure only and death at any time were compared for European and Israeli recruits.

**Results:** Patients recruited in Israel were significantly older (67 Vs. 62 years old,  $p < 0.001$ ), had more ischemic cardiomyopathy (84% vs. 53%,  $p < 0.001$ ), had shorter QRS duration (151 ms vs. 162 ms,  $p < 0.001$ ) and had less often LBBB (78% vs. 54%,  $p < 0.001$ ). At an echocardiography performed after 12 months, Israeli recruits had significantly lower gain of LVEF (8.4 vs. 10.7 %,  $P = 0.01$ ). LVESV and LVEDV decreased to a significant lesser degree in Israeli recruits ( $p = 0.03$  and  $p = 0.04$ , respectively). At a mean follow up of 2.4 years, CRT-D therapy was associated with a decrease in the risk of heart failure or death (whichever came first) and of heart failure in European recruits only, but not in Israeli recruits (figure). On a multivariate analysis, CRT-D therapy was associated in decrease in these risks for European recruits only as well. The occurrence of adverse events was not different between the groups.

**Conclusions:** CRT-D therapy conferred significantly greater benefits for European recruits to the MADIT CRT trial when compared to Israeli recruits, possibly due to significant differences in important patients' baseline characteristics.

**Kaplan–Meier Estimates of the Probability of Survival Free of Death or Heart Failure for patients recruited in Europe (left) and Israel (right).**

