Mortality Rate of Japanese SCD-HeFT or MADIT-II Criteria Population: Sub-Analysis from the PREVENT-SCD

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Background and Objective: Recent studies have shown conflicting data regarding mortality rate in Japanese LV dysfunction patients and the purpose of this study is to compare the clinical outcomes of Japanese patients with LV dysfunction to US patients. Methods: the PREVENT-SCD was a multicenter, prospective registry of Japanese patients with LV ejection fraction <=40% due to ischemic or non-ischemic cardiomyopathies and we analyzed the mortality rate of patients matching for SCD-HeFT and MADIT-II criteria. One fourth of PREVENT-SCD patients were implanted ICD, so, we assume VF triggered ICD shock as death. Results: Among 453 patients enrolled in the registry, 245 (54%) were matching for SCD-HeFT criteria and 75 (17%) were matching for MADIT-II criteria. At 3-year follow up, the mortality rate of Japanese patients was equivocal to SCD-HeFT amiodarone or placebo arm. On the other hand, the mortality rate of Japanese patients was much better compared to MADIT-II conventional arm. Conclusions: Data from the PREVENT-SCD indicate that the number of patients matching to MADIT-II criteria was low and patients matching to SCD-HeFT criteria were common in Japan. The mortality rate of the PREVENT-SCD was similar to SCD-HeFT population, but much better compared to MADIT-II population. Keyword: ventricular arrhythmia