Very low ventricular pacing rates can be achieved safely in a heterogeneous pacemaker population and provide clinical benefits: the Canadian multi-centre randomised study–spontaneous atrioventricular conduction preservation.

RESULTS FROM THE CAN-SAVE R TRIAL

Thibault B, Ducharme A, Baranchuk A, Dubuc M, Dyrda K, Guerra PG, Macle L, Mondésert B, Rivard L, Roy D, Talajic M, Andrade J, Nitzsché R, Khairy P; CAN-SAVE R Study Investigators. J Am Heart Assoc. 2015 Jul 23;4(7):e001983. doi: 10.1161/JAHA.115.001983. PMID: 26206737; PMCID: PMC4608083. May 2016.

Background & objectives

→ It is well-recognized that right ventricular apical pacing can have deleterious effects on ventricular function.

Objective: Evaluate the effectiveness of SafeR™ in patients with spontaneous AV conduction.

Methodology

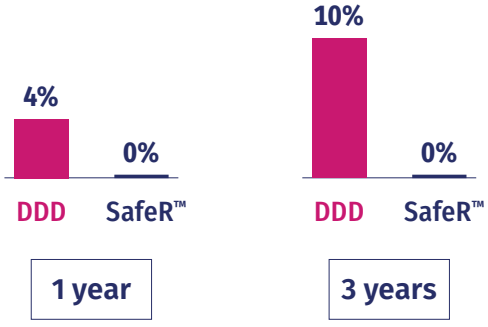
10
Canadian centers

373
Patients enrolled SafeR™ (n=191) & DDD (n=182)

Multicenter prospective double-blinded randomized trial

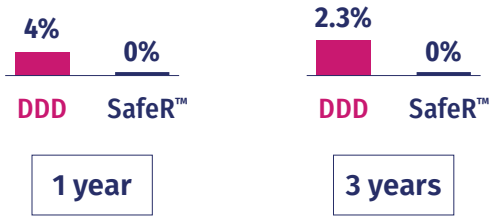
Results

SafeR™ significantly reduces V pacing % in ALL patients compared to DDD after 3 years (P<0.001)

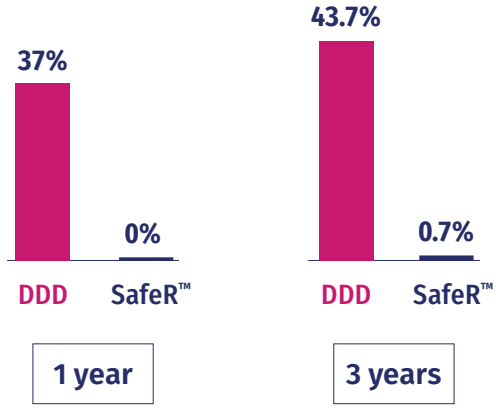


Results

SafeR™ significantly reduces V pacing % in No AVB compared to DDD after 3 years (P<0.001)



SafeR™ significantly reduces V pacing % in AVB compared to DDD after 3 years (P<0.001)



Conclusion

→ **Ventricular-paced rate <1% was safely achieved with SafeR™** in a population with a wide spectrum of indications for dual-chamber pacing.