Near elimination of ventricular pacing in SafeR mode compared to DDD modes: a randomized study of 422 patients.

RESULTS FROM THE SAVE-R STUDY

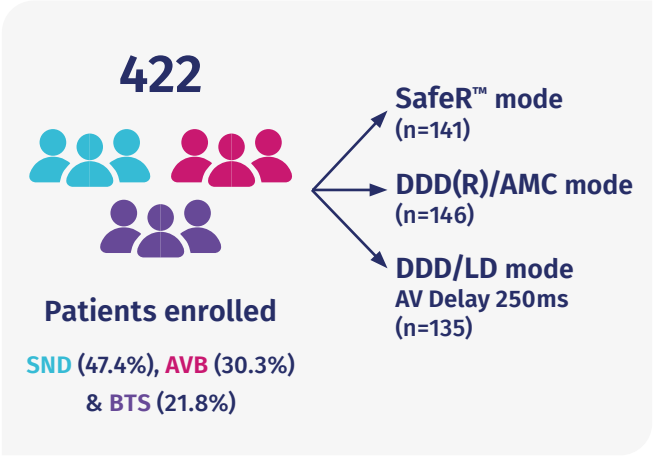
Davy JM, Hoffmann E, Frey A, Jocham K, Rossi S, Dupuis JM, Frabetti L, Ducloux P, Prades E, Jauvert G. Pacing Clin Electrophysiol. 2012 Apr;35(4):392-402. doi: 10.1111/j.1540-8159.2011.03314.x. Epub 2012 Feb 6. Erratum in: Pacing Clin Electrophysiol. 2012 Jul;35(7):909. PMID: 22309303. April 2015.

Background & objectives

→ SafeR™ performance versus DDD / automatic mode conversion (DDD/AMC), based on AV delay hysteresis, and DDD with a 250 ms atrioventricular (AV) delay (DDD/LD) modes were assessed toward ventricular pacing (VP) reduction.

Objective: The main endpoint was the percentage of VP (%VP) at 2 months and 1 year after randomization, ascertained from device memories.

Methodology



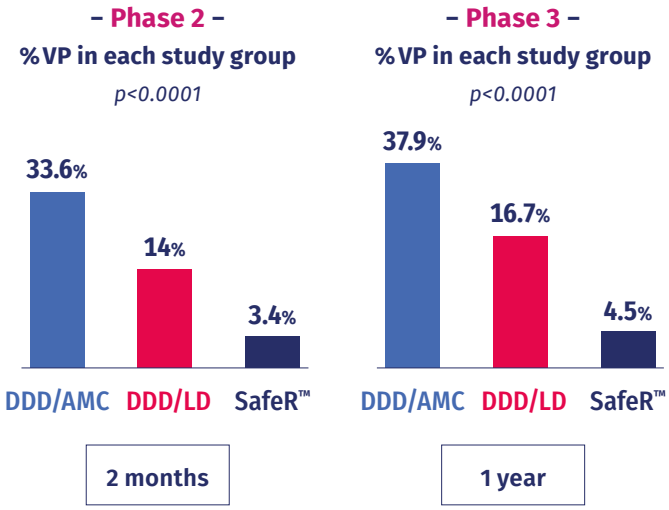
Study was divided into 3 phases:

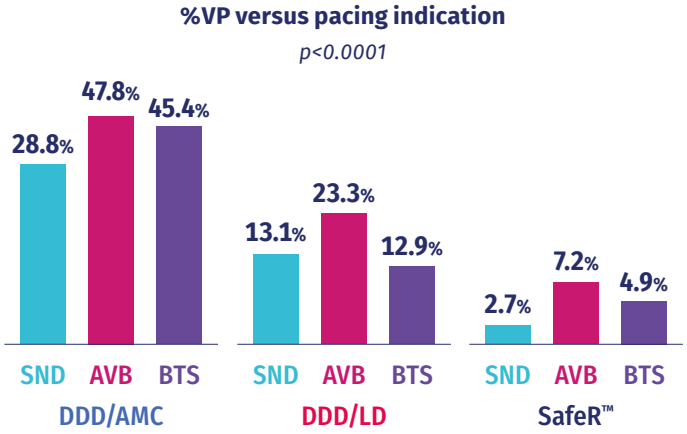
› **Phase 1**: Before assignment to one of the three study groups, all patients were paced in SafeR™ mode (with bipolar atrial sensing mandatory) to confirm the proper functioning of the pacing system and the presence of predominant spontaneous AV conduction.

› **Phase 2**: interim evaluation and interrogation of the pacemaker **2 months** after random assignment

› **Phase 3**: final evaluation at **1 year**

Results





Conclusion

→ This randomized trial confirmed **the superiority of SafeR™ in the prevention of ventricular pacing** in patients without fixed high-degree AV block compared with DDD pacing.

→ In patients with preserved AV conduction, **SafeR™ significantly decreased the percentage of ventricular-paced events compared with DDD pacing modes** and eliminated ventricular pacing in high proportions of patients paced for **paroxysmal AV block, SND, or BTS**.

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