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ATRIAL FIBRILLATION

# Catheter ablation as a first-line AF therapy: the RAAFT-2 trial

Radiofrequency catheter ablation reduces the rate of atrial fibrillation (AF) recurrence to a greater extent than antiarrhythmic drug therapy when used as first-line therapy for paroxysmal AF, according to the results of the randomized, multicentre RAAFT-2 trial. Current international guidelines recommend catheter ablation only as a second-line therapy for AF, when treatment with at least one antiarrhythmic agent has been unsuccessful.

In the RAAFT-2 trial, patients aged 18–75 years who had experienced four episodes or fewer of AF within the previous 6 months, and had not received any antiarrhythmic agents, were randomly assigned to undergo catheter ablation with complete pulmonary vein isolation ($n = 66$) or drug therapy ($n = 61$). The choice of antiarrhythmic drug and the dose was determined by the treating physician and based on guideline recommendations. Flecainide was prescribed to 69.0% of patients, 25.0% received propafenone, and 16.4% received more than one type of drug. Three patients (4.9%) crossed over to ablation during the study period. In the catheter-ablation group, the procedure was successful in 87.0% of patients, and 13.6% underwent a second ablation.

The rate of recurrence of any atrial tachyarrhythmia (primary end point) at 24 months was significantly lower in the ablation group than in the drug-therapy group (54.5% vs 72.1%; HR 0.56, 95% CI 0.35–0.90, $P = 0.02$). The incidence of the secondary outcome, recurrence of symptomatic AF, was also lower in the ablation group (40.9% vs 57.4%; HR 0.52, 95% CI 0.30–0.89, $P = 0.02$). Quality of life, assessed using the EQ-5D questionnaire, improved from baseline in both groups, but the improvement was significant only in the ablation group ($P = 0.03$). Ablation led to a serious adverse event in 9.0% of patients, the most common of which was pericardial effusion with tamponade (6.0%).

The investigators caution that their study was small and that the treatment differences, although significant, might be clinically modest. The risks of ablation therapy should not be underestimated, and must be discussed with patients before considering this strategy as first-line therapy.

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