Quality of Life in the <u>Catheter Ab</u>lation Versus <u>An</u>tiarrhythmic Drug Therapy for <u>A</u>trial Fibrillation (CABANA) Trial



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Financial Disclosures

Consulting

CeleCor

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Declaration of interest

- Consulting/Royalties/Owner/ Stockholder of a healthcare company (Consulting
- CeleCor)
- Research contracts (Eli Lilly & Company, AstraZeneca, Oxygen Therapeutics)
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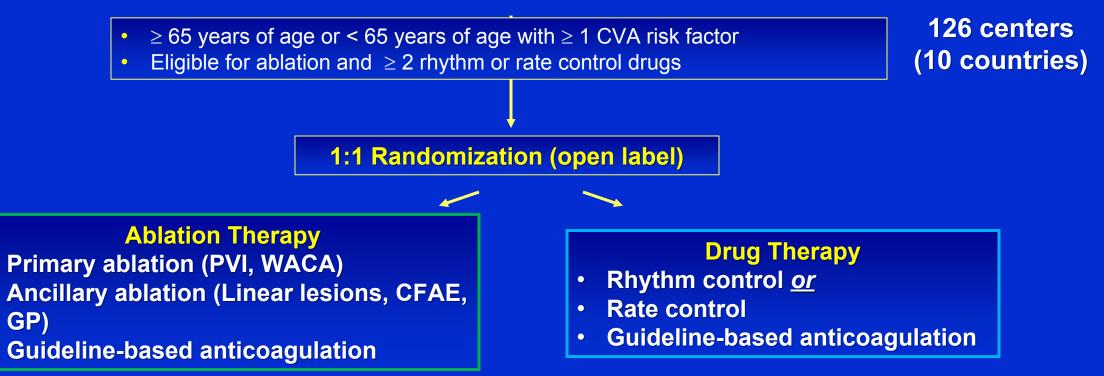
CABANA Quality of Life Study: Background

 Ablation for AF has been shown to improve QOL over drug therapy but evidence to date consists of studies with limited sample sizes, short follow-up (typically ≤ 1 year)

 A major secondary goal of the CABANA research program was to examine the long-term pattern of QOL with ablation versus drug therapy

CABANA: Design Overview

2204 symptomatic pts w/ new onset or under-treated paroxysmal, persistent, or longstanding persistent AF



Median study follow-up 48.5 months

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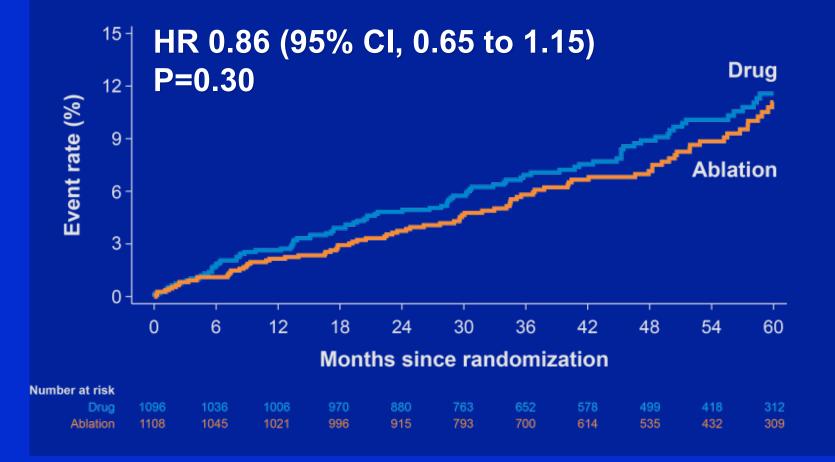
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Clinical composite 1° endpoint: death, disabling stroke, serious bleeding, or cardiac arrest 2° endpoints incl.: quality of life outcomes

Packer DL et al Am Heart J 2018

CABANA Primary Composite Endpoint: Death, Disabling Stroke, Serious Bleeding, or Cardiac Arrest

Intention to Treat (ITT)



Per Protocol (PP) (Prespecified) HR 0.73 (0.54,0.99)

As Treated (Prespecified) HR 0.67 (0.50,0.89)

Packer DL et al HRS May 2018

CABANA Quality of Life (QOL) Study Major Domains Assessed and Instruments Used

QOL Domains

- AF symptoms
- AF-related QOL

- General health perceptions
- Physical functioning
- Psychological well-being
- Role and social functioning

QOL Instruments

• MAFSI

• AFEQT

Prespecified co-primary endpoints

- SF-36, EQ-5D
- DASI, SF-36
- SF-36 scales
- SF-36 scales

CABANA Quality of Life Study Data Collection

QOL Questionnaire Administration by Structured Interviews

- Enrolling sites did baseline interviews
- DCRI Call Center did follow-up telephone interviews in N. America
- Enrolling sites did follow-up interviews outside N. America

Data Completeness

 QOL data were collected for 92% of eligible patients at 12 months and 81% at 60 months

CABANA QOL Outcomes: Analysis Methods

Primary comparisons using tx group assignment defined by intention-to-treat (ITT)

 Mixed-effects regression models used to account for repeated measures within a patient, adjusted for Rx group, time point (3 mos, 12 mos, 24 mos, 36 mos, 48 mos, 60 mos), baseline QOL

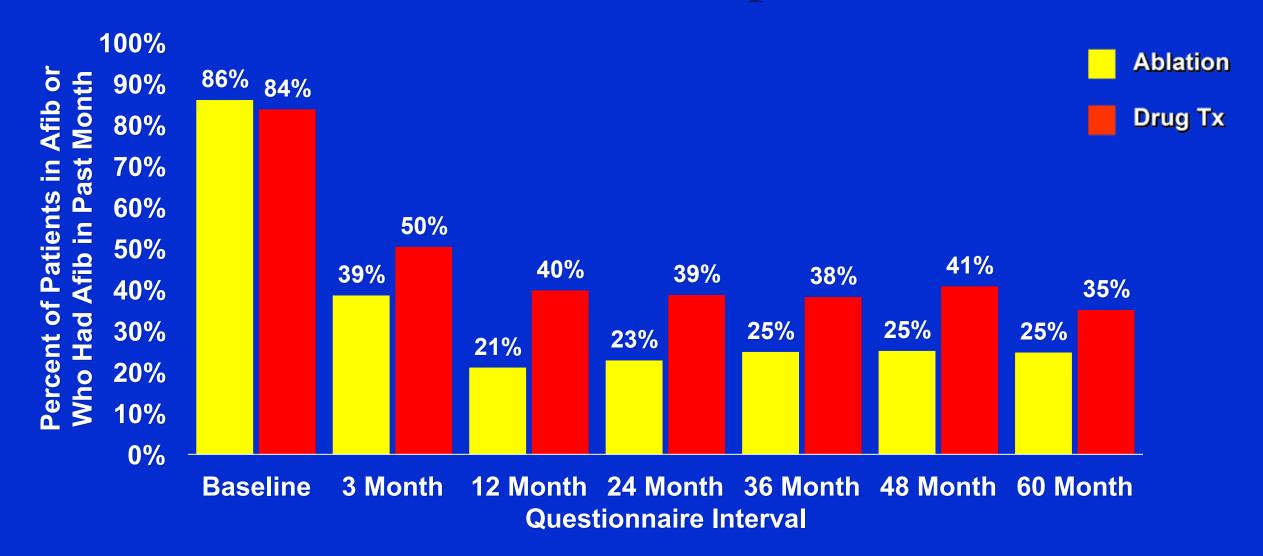
 MAFSI and AFEQT Overall Score at 12 months prespecified coprimary endpoints

CABANA:

Select Baseline Characteristics

	Ablation (N=1108)	Drug Rx (N=1096)		
Age, median (Q1, Q3)	68 (62, 72)	67 (62, 72)		
Female	37%	37%		
Minority	10%	10%		
CHF	16%	15%		
Prior CVA/TIA	11%	9%		
AF				
Paroxysmal	42%	44%		
Persistent	47%	47%		
Longstanding Persistent	10%	9%	Packer DL et a	
Years since AF onset, median (Q1, Q3)	1.1 (0.3, 4)	1.1 (0.3, 3.9)		

% Pts In Afib "Now or Within the Past Month": Patient Self-Report



Mayo AF-Specific Symptom Inventory (MAFSI): Overview

- Based on AF Symptom Checklist (Bubien and Kay, revised Jenkins 1993)
- 10 symptoms assessed "over past month" for frequency (never to always)
- Score: 0 (no AF sx) to 40 (worst)

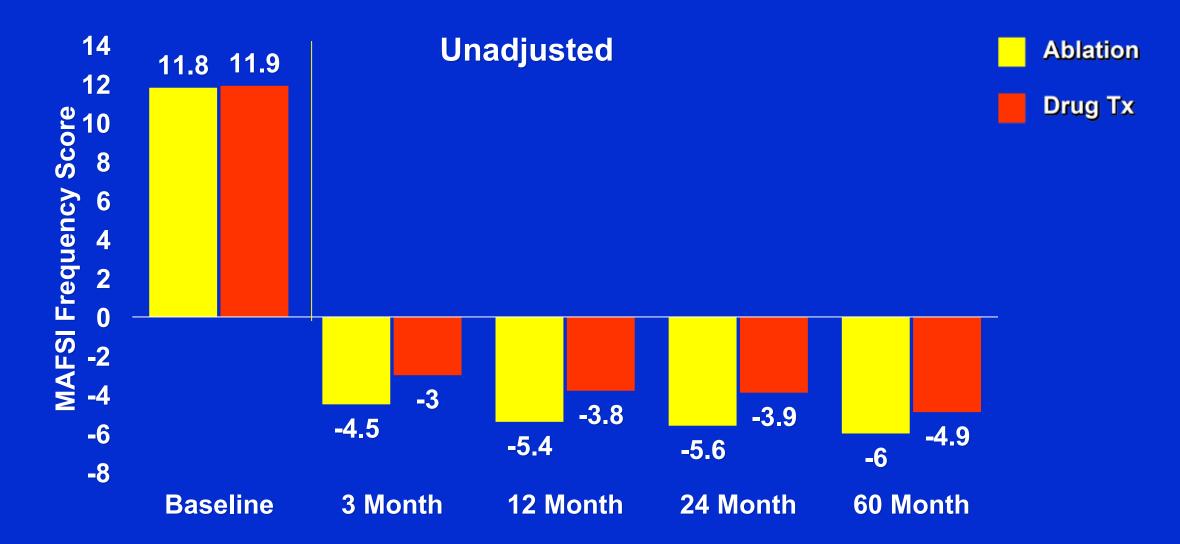
Mayo AF Symptom Inventory (MAFSI) Worksheet

Think back over the past month. Please tell us how often you have had each symptom listed below:

	How Often? (mark one)				
	Never	Rarely	Sometimes	Often	Always
Palpitations heart luttering/racing					
Slow heart beat					
ightheadedness/dizziness					
ainting/blackout/loss of onsciousness					
Chest pain, pressure or ullness WITHOUT alpitations					
Shortness of breath					
Inable to exercise					
ired/lack of energy					
Veakness					
eeling warm/flushed					

Wokhlu A et al JACC 2010

MAFSI Frequency Score: Baseline Values and Change from Baseline at Select Intervals



Mayo AF-Specific Symptom Inventory (MAFSI) Frequency Score: Intention-to-Treat Analysis

Interval							
Baseline				_	—		
3 Month							_
12 Month*							
24 Month							
36 Month							
48 Month							
60 Month							-
All						<u> </u>	
	3.5	2.5	1.5	0.5	-0.5	-1.5	-2.5

Adjusted Mean Diff. Ablation minus Drug Tx (95% CI) -0.2 (-0.7 to 0.4) -1.6 (-2.2 to -1.0) -1.7 (-2.3 to -1.2) -1.7 (-2.3 to -1.1) -1.2 (-1.9 to -0.6) -0.8 (-1.6 to -0.1) -1.3 (-2.1 to -0.5) -1.4 (-1.9 to -0.9)

* 1° endpoint

3.5 2.5 1.5 0.5 -0 ← Drug Therapy Better -1.5 -2.5 -3.5 Ablation Better \rightarrow

Atrial Fibrillation Effect on Quality of Life (AFEQT): Overview

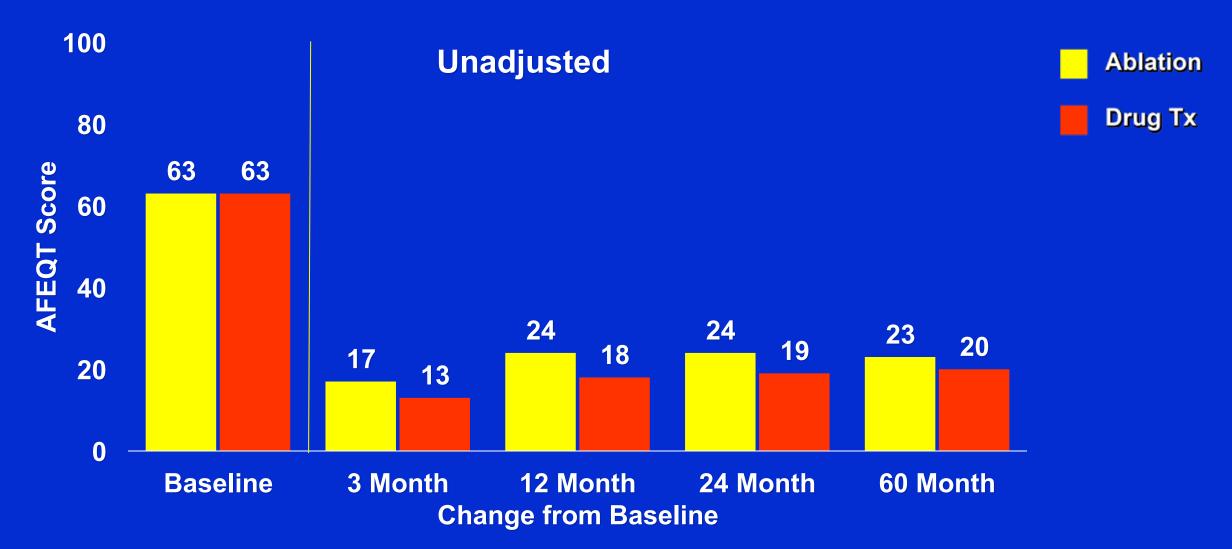
- Created in multi-step development and validation process in accord with US FDA draft recommendation for patient-reported outcomes
- Final instrument contained

Symptoms	4 items
Daily Activities	8 items
Treatment Concerns	6 items
Summary Score	18 items

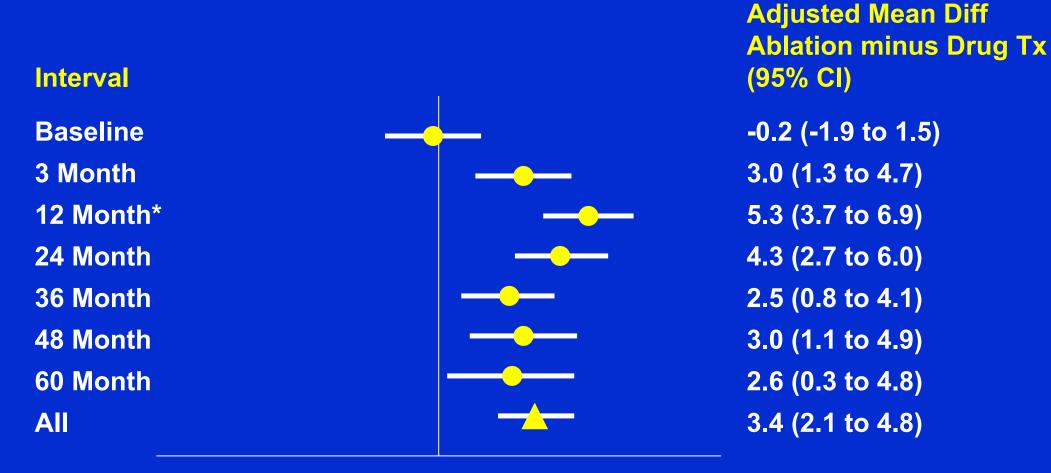
- Each item assessed on 7-point Likert scale
- Final scores transformed to 0 (worst) to 100 (best) scale

Spertus J et al Circ Arrhythm EP 2011

AFEQT Overall Score: Baseline Values and Change from Baseline at Select Intervals



AFEQT Overall Score: Intention-to-Treat Analysis



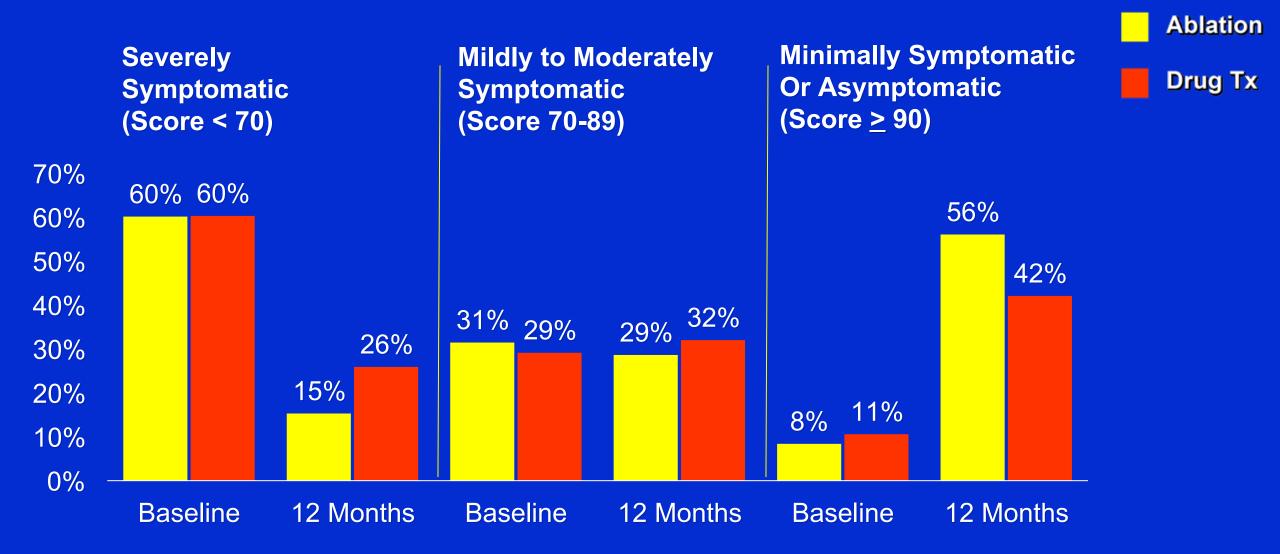
* 1° endpoint

-10

-8 -6 -2 6 8 $\mathbf{0}$ Δ Ablation Better → ← Drug Therapy Better

10

AF-Related Sx/Limitations at Baseline and 12 Mos: AFEQT Summary Score Illustrative Categories



CABANA QOL Study: Secondary QOL Outcomes

 Secondary QOL measures (SF-36, DASI, EQ5D) showed similar patterns of Rx benefit for ablation but with smaller effect size estimates and/or less precision of the estimates (as would be expected for generic QOL measures relative to condition-specific ones)

CABANA Quality of Life Study: Summary

 Ablation produced incremental, clinically meaningful and significant improvements in AF-related symptoms and QOL relative to drug tx that were sustained for 5 years.

 In symptomatic AF patients enrolled into CABANA, both Rx groups showed substantial improvements over initial 12 months that were sustained for 5 years