

SAFARI and the Future

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Representing the HRS and the ACC

Conflict of Interest

- Dr Calkins has been a paid consultant and/or received honoraria or research support from Biosense Webster, Boston Scientific, Medtronic, St Jude Medical, and AblationFrontiers.

Issues to be Addressed

- How should SAFARI adapt to new therapies ?
- How does SAFARI fit with other registry efforts ?
- Moving from Drug or Device to Drug and Device therapy for AF.
- What is our exit strategy?

Issues to be Addressed

How should SAFARI adapt to new therapies ?

Suggestion:

Use of new technologies should be tracked / rolled into the SAFARI registry.

Case report forms will need to be updated as new technologies emerge on the scene.

Issues to be Addressed

How does SAFARI fit with other registry efforts ?

Response:

- SAFARI is complementary to single center and multicenter clinical trials.
- SAFARI data elements should help standardize single center registries and also future multicenter registries.
- Future registries should attempt to use similar data definitions as Safari (which are similar to Cabana).
- Case report forms will need to be updated as new technologies emerge on the scene.

Issues to be Addressed

Moving from Drug or Device to Drug and Device therapy for AF.

Response:

- No movement is needed. We are there now.
- Ablation and AA drug therapy are commonly used together and are complimentary therapies.
- However, great center to center variability in approach to drug use exists.
- It will be important to track drug use in SAFARI.

Issues to be Addressed

What is our exit strategy?

Comment:

- This is a critical question that needs to be addressed in this ThankTank and ideally resolved before the registry starts.
 - Is this a five year effort? Ten years?
 - Will the registry go on forever?
 - What are the stopping rules?
- The costs and value of the registry will need to be reevaluated at regular intervals.

Thank You