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pericardial tamponade from 14% in the 5 arms to 4% in the CRT-D group (p<0.001). There was no significant difference in the incidence of hemorrhage in favor of the CRT group (30 vs. 29% p=0.9) or in the incidence of death, stroke, or myocardial infarction in the 4 groups. The primary endpoint was the composite of death, stroke, or myocardial infarction. Only 1% of patients in total failed initial ICD at CRT-D. Conclusions: In patients with NYHA class II or III heart failure treated with cardiac resynchronization therapy, CRT-D appears to improve survival compared with ICD alone. The results of the study support the use of CRT-D in patients with NYHA class II or III heart failure.