**RISK STRATIFICATION IN BRUGADA SYNDROME: ICD INDICATION IN PATIENTS WITHOUT HISTORY OF CARDIAC ARREST**

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*Background*: Risk assessment in patients without previous documented VF or aborted sudden death (SCD) is not yet fully established. Indication for implantable cardioverter defibrillator (ICD) in Brugada patients without documented VF or SCD is classified as Class II or III indication.

*Purpose*: To evaluate the validity of the Class II indication for ICD implantation in the HRS/EHRA/APHRS Expert Consensus Statement (Consensus) with a large Japanese cohort of BrS ( The Japan Idiopathic Ventricular Fibrillation Study [J-IVFS]).

*Methods*: A total of 213 consecutive BrS patients with ICD implanted by the JCS class II indication (mean age 53 ± 15 years, 199 males) were enrolled. Clinical outcomes during the follow-up period were compared between patients with Class IIa (n = 66) and Class IIb (n = 147) indication by the Consensus.

*Results*: The incidence of cardiac events (sudden cardiac death [SCD] or VF) during a mean follow-up period of 64 months was significantly higher in patients with Class IIa (n = 8 of 66, 2.2%/yr) than those with Class IIb indication (n = 4 of 147, 0.5%/yr) (p = 0.01), as determined by the Kaplan-Meier method.

*Conclusions*: We confirmed the validity of the Class II indication for ICD implantation in the Expert Consensus Statement. In patients without previous cardiac arrest or VF, previous syncope and spontaneous type-1 ECG might be important factors to distinguish intermediate- from low-risk patients with BrS.