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**Title:** FACE: A prospective multicentre observational cohort study in patients with chronic heart failure (CHF) and central sleep apnoea (CSA) treated with adaptive servoventilation (ASV)

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**Body:** Purpose: CSA is associated with worse prognosis in CHF. ASV is more effective than CPAP for treating CSA and improves cardiac function in CHF. FACE study is a French prospective, multicentre, observational cohort that will provide long-term data on 300 CHF pts eligible for ASV. Methodology and baseline characteristics of the first enrolled patients are presented. Methods: Pts characteristics, cardiac function, quality of life and respiratory/sleep data are assessed. Primary outcomes will be all-cause or cardiovascular-related death and all-cause unplanned hospitalization or hospitalization for worsening HF over 2 years' follow-up. Event-free survival will be estimated by Kaplan-Meier method and compared using log-rank test. Results: 106 CHF pts with CSA were enrolled by 31 Jan 2013. NYHA class was mainly II (46%) or III (48%). 92% male, age 70.2±10.0 y and BMI 27.3±4.4 kg/m2. LVEF was moderately or severely reduced in 52% and 22%, respectively; DBP 72.3±10.8 and SBP 128.0±20.3 mmHg. ESS 8.3±5.6, AHI 36.8±16 /hr, central AHI 24.4±13.9 /hr, and ODI 29.7±16.1 /hr. 79% had predominantly CSA. CHF aetiology was mainly ischaemic (61%). Comorbidities were diabetes (41%), hypertension (65%), dyslipidaemia (62%), cerebrovascular event (41%), COPD (14%), or AF (52%). 35% had a cardiac device. Drug treatment included βblockers (80%), ACE inhibitors (63%), diuretics (75%), ARBs (14%) and aldosterone antagonists (23%). Discussion: This ongoing cohort shows a high level of cardiovascular abnormalities in CHF pts with CSA in whom ASV treatment is intended. These first patients are mostly men with no subjective sleepiness.