

# Targeted left ventricular lead placement in cardiac resynchronisation therapy

<b>Submission date</b> 01/09/2010	<b>Recruitment status</b> No longer recruiting	<input type="checkbox"/> Prospectively registered
		<input type="checkbox"/> Protocol
<b>Registration date</b> 08/02/2011	<b>Overall study status</b> Completed	<input type="checkbox"/> Statistical analysis plan
		<input checked="" type="checkbox"/> Results
<b>Last Edited</b> 19/06/2012	<b>Condition category</b> Circulatory System	<input type="checkbox"/> Individual participant data

**Plain English summary of protocol**  
Not provided at time of registration

## Contact information

**Type(s)**  
Scientific

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## Additional identifiers

**Protocol serial number**  
1.0

## Study information

**Scientific Title**  
TARgeted left ventricular lead placement to Guide cardiac rEsynchronisation Therapy in patients with heart failure: a randomised prospective study (TARGET Study)

**Acronym**

TARGET Study

**Study objectives**

The clinical response to cardiac resynchronisation therapy will be improved by optimising the site of left ventricular (LV) pacing using a targeted approach to optimal sites defined by pre-implant speckle tracking 2D radial strain as the latest contracting segments.

**Ethics approval required**

Old ethics approval format

**Ethics approval(s)**

Hertfordshire Research Ethics Committee approved on the 14th October 2008 (ref: 08/H0311 /133)

**Study design**

Prospective randomised controlled trial

**Primary study design**

Interventional

**Study type(s)**

Treatment

**Health condition(s) or problem(s) studied**

Cardiovascular disease/heart failure/device therapy

**Interventions**

All patients scheduled for CRT who are suitable candidates are randomised into one of two groups. All patients have baseline tests to include echocardiography, NYHA class assessment, 6-minute walk test, QoL score and speckle tracking echocardiography (STE). At implant, the control group has a usual implant and the target group has the device implanted using echo guidance. All patients are followed up again at 6 months with a repeat of the baseline tests.

**Intervention Type**

Other

**Phase**

Not Applicable

**Primary outcome(s)**

Response to treatment defined as greater than 15% reduction in Left Ventricular End Systolic Volume at 6 months follow up

**Key secondary outcome(s)**

Clinical Improvement in combined endpoint of 6 minute walk test performance, Minnesota Living with Heart Failure Questionnaire and NYHA Class

**Completion date**

01/10/2011

# Eligibility

## Key inclusion criteria

1. Patients (aged 18 years or older, either sex) limited by symptoms of heart failure (New York Heart Association Class III - IV)
2. Left ventricular ejection fraction (LVEF) of less than or equal to 35% and QRS width of greater than or equal to 120 ms despite maximally tolerated doses of standard heart failure treatment (diuretics, angiotensin converting enzyme (ACE) inhibitors, angiotensin receptor blockers, beta blockers and aldosterone antagonists)

## Participant type(s)

Patient

## Healthy volunteers allowed

No

## Age group

Adult

## Lower age limit

18 years

## Sex

All

## Key exclusion criteria

1. Limiting angina
2. Myocardial infarction within preceding 3 months
3. Significant LV hypertrophy
4. Severe co-morbid illness

## Date of first enrolment

01/04/2009

## Date of final enrolment

01/10/2011

# Locations

## Countries of recruitment

United Kingdom

England

## Study participating centre

## Level 6 ACCI Building

Cambridge  
United Kingdom  
CB2 2QQ

## Sponsor information

### Organisation

Papworth Hospital NHS Foundation Trust (UK)

### ROR

<https://ror.org/01qbebb31>

## Funder(s)

### Funder type

Research council

### Funder Name

Biomedical Research Council (BMRC) (UK)

## Results and Publications

### Individual participant data (IPD) sharing plan

### IPD sharing plan summary

Not provided at time of registration

### Study outputs

Output type	Details	Date created	Date added	Peer reviewed?	Patient-facing?
<a href="#">Results article</a>	results	24/04/2012		Yes	No