ISRCTN86179285 https://doi.org/10.1186/ISRCTN86179285

The His optimised pacing evaluated for heart failure trial

Submission date
20/01/2016

Registration date
20/01/2016

Last Edited
17/11/2023

Recruitment status
No longer recruiting

Overall study status
Completed

Condition category
Circulatory System

[_] Prospectively registered

[_] Protocol

[X] Statistical analysis plan

[X] Results

[_] Individual participant data

Plain English summary of protocol
Not provided at time of registration

Contact information

Type(s)
Scientific

Contact name
Dr Daniel Keene

Contact details
Cardiovascular Medicine Unit
Hammersmith Hospital
Du Cane Road
London
United Kingdom
W12 0HS

Type(s)
Public

Contact name
Ms Myril Mariveles

Contact details
HOPE HF Research Office
Room C2036
Peart-Rose Clinic
Ground Floor
C Block North
NHLI Imperial College London

Hammersmith Hospital
Du Cane Road
London
United Kingdom
W12 0HS

Additional identifiers

ClinicalTrials.gov (NCT)
NCT02671903

Protocol serial number
20226

Study information

Scientific Title
AV optimisation delivered with direct His bundle pacing, in patients with heart failure, long PR without left bundle branch block: A randomised multi--centre clinical outcome study

Acronym
HOPE -- HF

Study objectives
The aim of this study is to investigate the effects of direct His bundle pacing in patients with heart failure.

Ethics approval required
Old ethics approval format

Ethics approval(s)
First Medical Research Ethics Committee, 15/10/2015, ref: 15/LO/1402

Study design
Multi-centre prospective randomised double-blinded cross over study

Primary study design
Interventional

Study type(s)
Treatment

Health condition(s) or problem(s) studied
Heart failure

Interventions
All patients will be implanted with a pacemaker or implantable cardioverter defibrillator with one of the leads positioned on the His bundle in order to obtain direct His-bundle capture. If it is

not possible to successfully implant a His-bundle lead with selective direct His bundle capture or non-selective capture with <40 ms prolongation of the QRS duration, then a lead will be implanted in a lateral branch of the coronary sinus as an alternative approach.

Patients will then be allocated in random order to 6-month treatment periods in each of the following two states
1. No pacing
2. AV-optimised direct His-bundle pacing

Intervention Type
Device

Phase
Not Applicable

Drug/device/biological/vaccine name(s)
Pacemaker or implantable cardioverter defibrillator (ICD) with one of the leads positioned on the His bundle

Primary outcome(s)
Exercise capacity is determined by measuring peak oxygen uptake (VO2) at baseline, 6 and 12 months.

Key secondary outcome(s))
1. Changes in B-type Naturietic Peptide (BNP) are measured at baseline, 6 and 12 months
2. Changes in Quality of Life Scores are measured at baseline, 6 and 12 months
3. Cost effectiveness analysis is completed at baseline, 6 and 12 months
4. Echocardiographic measurement of left ventricular function and remodeling is measured at baseline, 6 and 12 months
5. Fluoroscopy time during device insertion is measured 2 months pre-randomisation and during device insertion
6. Percentage pacing, arrhythmia burden, pacing thresholds, R wave amplitude and lead impedance are measured at baseline, 6 and 12 months

Completion date
31/10/2020

Eligibility

Key inclusion criteria
1. Aged 18 or above
2. Ventricular Ejection Fraction (EF) < 35%
3. New York Heart Association (NYHA) class II-IV
4. PR interval =200ms
5. Narrow QRS duration (=140ms) or prolonged QRS duration with typical Right Bundle Branch Block (RBBB) morphology on 12 lead ECG and sinus rhythm

Participant type(s)
Patient

Healthy volunteers allowed

No

Age group

Adult

Lower age limit

18 years

Sex

All

Total final enrolment

198

Key exclusion criteria

1. Permanent or persistent atrial fibrillation
2. Paroxysmal atrial fibrillation with history of sustained AF (more than 24 hours) in the 6 months prior to screening
3. Patients who are unable to perform cardiopulmonary exercise testing
4. Other serious medical condition with life expectancy of less than 1 year or if it is anticipated patients will require MRI scanning
5. Lack of capacity to consent
6. Pregnancy (female participants of reproductive age will be eligible for inclusion in the study, subject to a negative pregnancy test prior to randomisation)

Date of first enrolment

22/12/2015

Date of final enrolment

31/01/2019

Locations

Countries of recruitment

United Kingdom

England

Study participating centre
Hammersmith Hospital

Cardiovascular Medicine Unit
Du Cane Road
London
United Kingdom
W12 0HS

Sponsor information

Organisation
Imperial College London

ROR
https://ror.org/041kmwe10

Funder(s)

Funder type
Charity

Funder Name
British Heart Foundation

Alternative Name(s)
The British Heart Foundation, the_bhf, BHF

Funding Body Type
Private sector organisation

Funding Body Subtype
Trusts, charities, foundations (both public and private)

Location
United Kingdom

Results and Publications

Individual participant data (IPD) sharing plan
All data generated or analysed during this study will be included in the subsequent results publication

IPD sharing plan summary
Not provided at time of registration

Study outputs

Output type	Details	Date created	Date added	Peer reviewed?	Patient-facing?
Results article		01/02/2023	17/11/2023	Yes	No
Basic results			17/11/2023	No	No
HRA research summary			28/06/2023	No	No
Statistical Analysis Plan	version 1.2 (pages 1-20)	15/09/2020	17/11/2023	No	No

| [Statistical Analysis Plan](#) | version 1.2 (pages 21-40) | 15/09/2020 | 17/11/2023 | No | No |