

Peri-infarct Zone Pacing to Prevent Adverse Left Ventricular Remodeling in Patients with Large Myocardial Infarction Results from the PRomPT Trial

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DECLARATION OF INTEREST

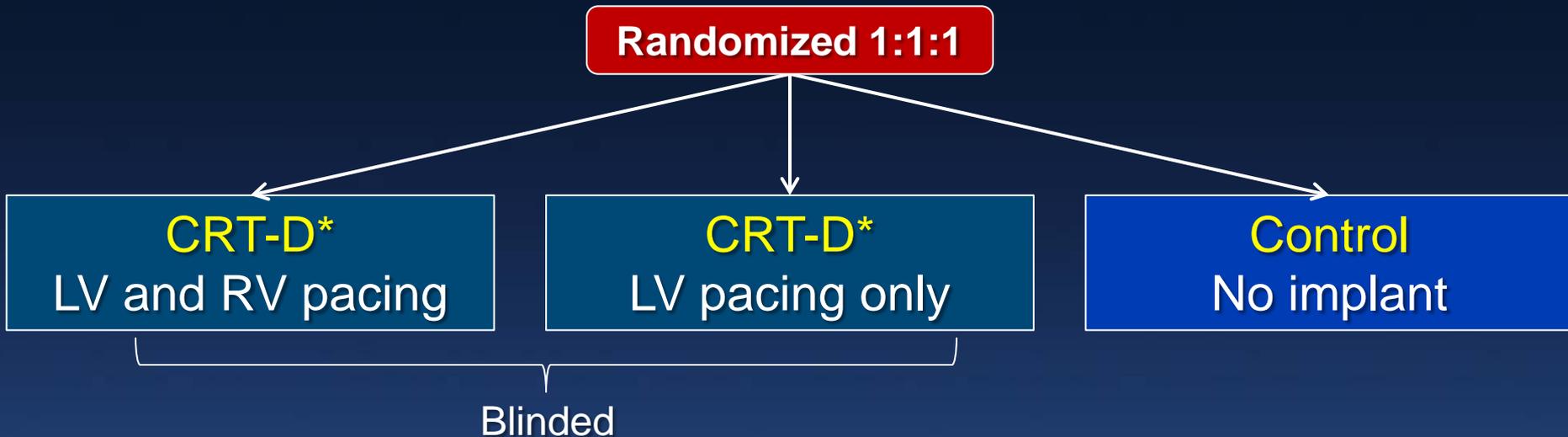
- I have nothing to declare



PRomPT: Design

126 patients with large first MI (CPK >3000 U/L) and QRS duration <120 msec within 10 days of symptom onset

Baseline 2D echo, NYHA, MLWHF, EQ-5D



Follow-up visits and evaluations

2D echo, NYHA, MLWHF, EQ-5D, 6MWT at 1, 3, 6, 12, and 18 months

PRomPT: Primary endpoint - Δ LVEDV

Paired echocardiographic results between the baseline and 18-month follow-up visits

LVEDV (mL)	n	Baseline	18-month	Adj mean change (95% CI)	Difference (95%CI)	P
Control	34	118.6 ± 29.4	133.9 ± 38.9	15.8 (5.5, 26.2)	0.6 (-12.3, 13.5)	0.92
Pooled pacing	64	106.1 ± 27.6	122.8 ± 40.4	16.4 (8.9, 23.9)		

PRomPT: Secondary endpoint – 6MWT

Paired 6 minute walk test results between the 1-month and 18-month follow-up visits

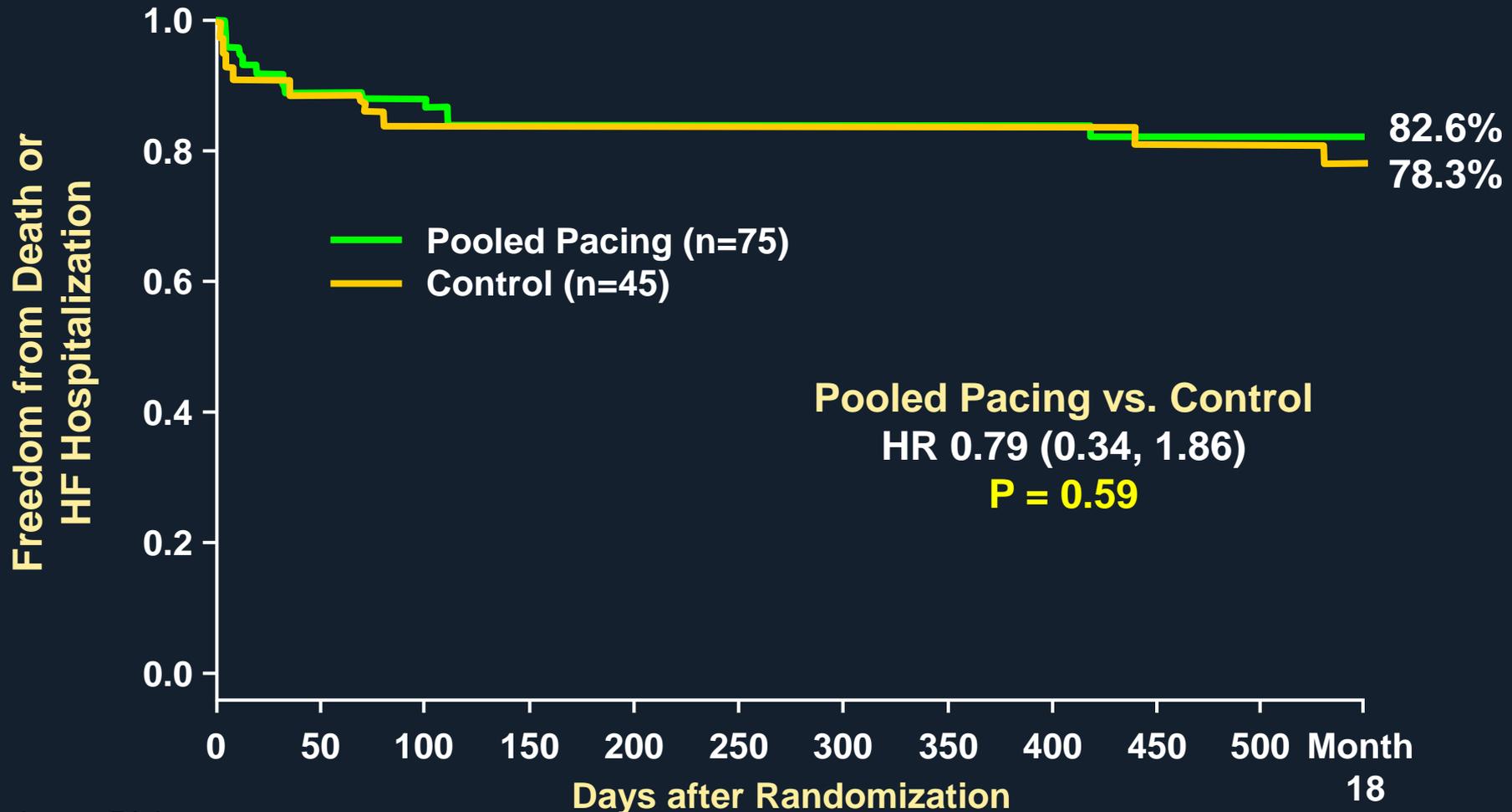
6MWT (meters)	n	Baseline	18-month	Adj mean change (95% CI)	Difference (95%CI)	P
Control	28	399.6 ± 155.0	410.3 ± 151.8	15.6 (-32.1, 63.2)	22.0 (-35.3, 79.3)	0.45
Pooled pacing	63	384.2 ± 134.8	424.0 ± 145.6	37.6 (5.8, 69.3)		

PRomPT: Secondary endpoints - QoL

Paired Minnesota Living with Heart Failure and EQ-5D results between the baseline and 18-month follow-up visits

	n	Baseline	18-month	Adj mean change (95% CI)	Difference (95% CI)	P
MLWHF score						
Control	32	29.6 ± 29.7	26.8 ± 25.4	-0.1 (-8.5, 8.3)	0.5 (-9.6, 10.7)	0.92
Pooled pacing	69	24.6 ± 24.5	26.2 ± 24.2	0.4 (-5.3, 6.1)		
EQ-5D score						
Control	33	0.8 ± 0.2	0.8 ± 0.2	0.1 (0.0, 0.1)	0.0 (-0.1, 0.1)	0.99
Pooled pacing	69	0.8 ± 0.2	0.8 ± 0.2	0.1 (0.0, 0.1)		

PRomPT: Death or HF Hospitalization



PRomPT: Conclusions

In the present multicenter, randomized trial, peri-infarct pacing did not prevent LV remodeling or improve functional or clinical outcomes during 18 months of follow-up in patients with large first MI