

Recruitment News

Welcome to the May edition of the REVIVED newsletter. Golden Jubilee have recruited exceptionally well in April with 4 patients. Many thanks to Mark Petrie, Marion McAdam, Sinead McKee and Stuart Watkins. Salisbury, Liverpool, Leeds, Barts and St Thomas' have also recruited in April.

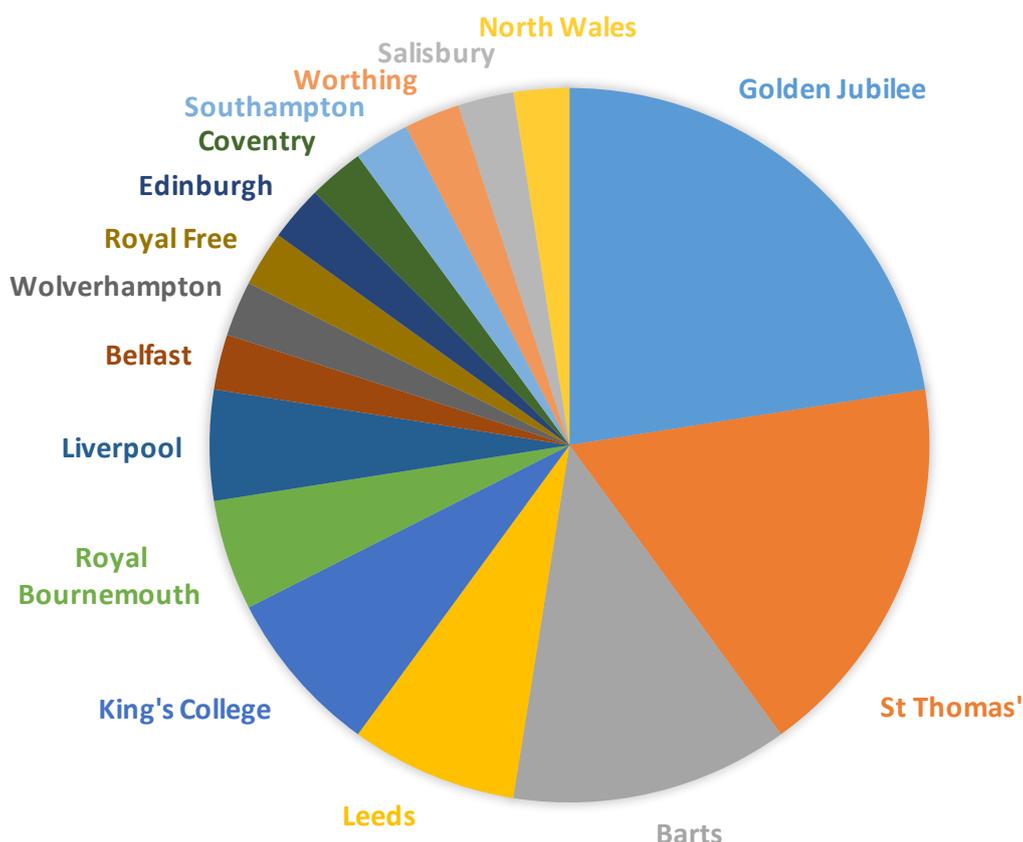
There were also a few near misses this month, but it is inspiring to have so many people up and down the country looking for patients for REVIVED. Thank you all! The trial remains on track with **310** patients in total, there are many patients in the pipeline and May is expected to be a bumper month. Keep up the great work.

Meeting at BCS 5th June 2017

If you are attending the British Cardiovascular Society Annual Conference in Manchester it would be lovely to see you on the evening of the 5th June. An investigator meeting will be held from 6:30 to 8pm in the Stanley Suite of the Midland Hotel, which is just across the road from Manchester Central. Please RSVP to revived@LSHTM.ac.uk so we have an idea of numbers. There will be a few short presentations (details to be confirmed), wine, beer, nibbles, and lots of discussion.

Recruitment so far in 2017

2017 has started off well with 40 patients so far from 16 sites. Notable achievements are Golden Jubilee who average more than 2 patients per month, Sophie, Divaka, Bhavik and the team at St Thomas' who continue to recruit incredibly well and Roshan, Bindu, Mervyn and the team at Barts who have made an excellent start to 2017.



Golden Jubilee	9
St Thomas'	7
Barts	5
Leeds	3
King's College	3
Royal Bournemouth	2
Liverpool	2
Belfast	1
Wolverhampton	1
Royal Free	1
Edinburgh	1
Coventry	1
Southampton	1
Worthing	1
Salisbury	1
North Wales	1
Total	40

Highlights from the 2017 Heart Failure conference, Paris

The 2017 Heart Failure conference was held in Paris on 29th April – 2nd May. One of the highlights of the few days were the two grand debates, when the most popular controversies in the management of heart failure were fiercely debated.

Article written by Dr Jessica Webb, St Thomas' Hospital



Professor Swedberg, from the University of Gothenburg, introduced the second debate; **'Surgery beats optimal medical therapy in Ischaemic Heart Failure'**. He reviewed the current ESC evidence and set the scene, highlighting that since the publication of the STICH trial coronary artery bypass grafting (CABG) surgery is recommended in patients with heart failure, angina and significant coronary disease. He then asked the audience to vote, and there was a significant majority with most people voting that surgical revascularisation beats optimal medical therapy in Ischaemic Heart Failure.

Professor Velaquez, the author of the STICH trial and a professor at Duke University, was introduced and gave an excellent presentation on the STICH trial, which randomised 1212 patients with heart failure to either medical therapy, or medical therapy and CABG. He talked through the results and concluded that patients with heart failure who underwent a CABG had increased survival and reduced rates of rehospitalisation.



Dr Perera was asked to the stage to argue that surgical revascularisation does not beat optimal medical therapy in ischaemic heart failure. It seemed a tough task, Professor Velaquez had given an impressive summary of the STICH data and the audience had already voted overwhelmingly in his favour. Dr Perera went through the STICH data methodically and highlighted two fundamental issues. The first that there was a significant risk associated with CABG in the first 30 days after the event, and the second was that the patients enrolled in the STICH trial had an average age of 59 years, compared to the average age of 74 years old for patients with heart failure in the UK.



Dr Perera explained the rationale for the REVIVED trial, which is assessing the benefit of revascularisation in HF patients through PCI, without the risk of surgery. The audience were asked to vote again and Dr Perera had clearly convinced the audience, as they voted that surgical revascularisation does not beat optimal medical therapy. He may have swayed people with his references to James Bond, or even a photo of himself from the 1980s, but most likely because the eagerly awaited results from the REVIVED trial will indicate the benefits of revascularisation in these patients, which is likely to make a sizeable difference to our current clinical practice.

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