
The Pacing Therapy for Congestive Heart Failure (PATH-CHF) multi-center trial includes an initial acute phase to determine from invasive hemodynamics the optimum site and atrioventricular delay followed by a cross-over period of 3 months to select chronic optimal pacing site between bi-ventricular (BiV), left ventricular (LV), and right ventricular (RV). 42 patients (pts) were enrolled (21 females, 21 males) with average age 60 ± 7, etiology of disease was ischemic in 13 pts and non-ischemic in 29. Mean NYHA class was 3.1 ± 0.3. Before the implant and after 12 months of optimized pacing, we measured peak oxygen consumption and anaerobic threshold during bicycle ergometry, conducted a 6-minute walk, assessed Quality of Life (QOL) with the Minnesota Living with Heart Failure questionnaire, and estimated NYHA class. All bicycle ergometry tests have been reviewed by dedicated care centers to discriminate valid tests, based on technical and medical aspects. Results: 33 patients finished the cross-over period, 12 pts are programmed to BiV, 13 to LV, and 4 to RV. 29 pts reached the 1 year follow-up. Means and standard errors are shown in the table. Conclusions: After 1 year of optimized pacing therapy, all parameters improved significantly compared to pre-implant.