Left vs Left Randomized Clinical Trial
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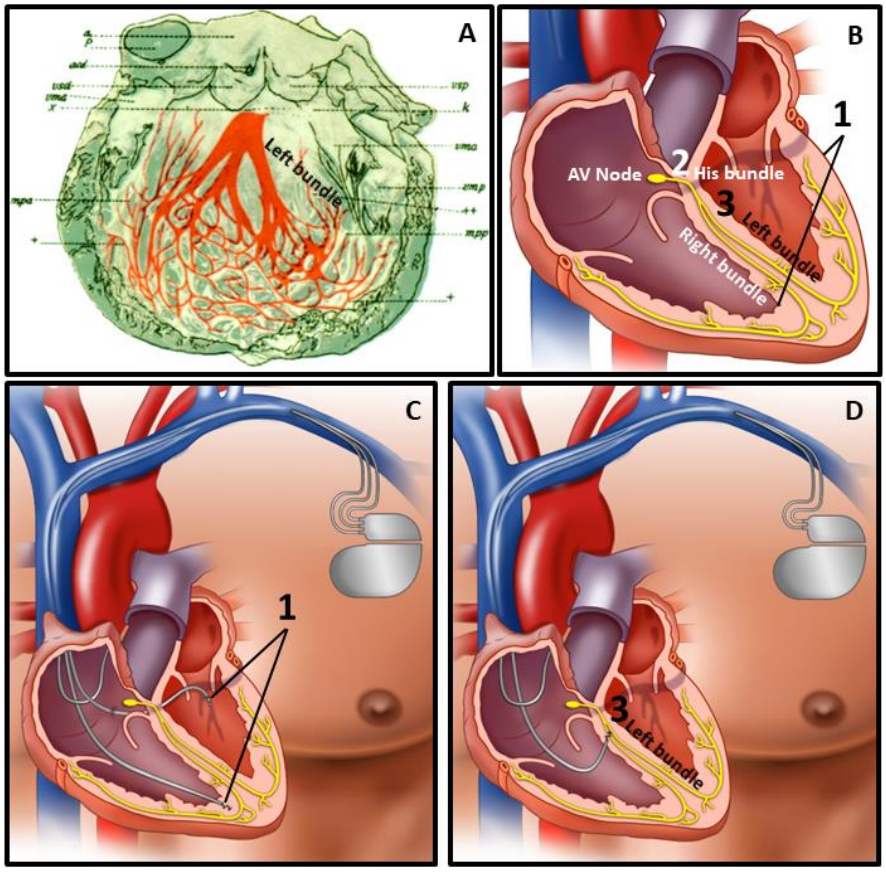
Website: LeftvsLeft.org

You are being invited to participate in this clinical trial because you are eligible to receive a pacing device for your heart. Heart failure greatly impacts the lives of many Americans and Canadians. People with heart failure often have a decreased quality of life, lower physical ability, and impaired independence. They also often have increased stress because of financial costs, frequent hospital visits, and possible early death. Often heart failure occurs at the same time with disease in the conduction system of the heart (red lines in **Figure A**) when the electrical signals arrive out of synch and the two lower chambers of the heart no longer work together properly. In an attempt to solve its own problem, the heart tries to use different signaling paths but this does not solve the problem. This is called a pacing problem. Pacing devices are implanted in the heart to solve this problem.

There are two different pacing devices in use (**Figure B**). Both are Cardiac-Resynchronization Therapy (CRT) but they work in different ways according to where the electrical cables enter the heart. The current standard of care is biventricular pacing which puts one electrical cable in the right ventricle and one in a vein (**Figure C**). The newer approach is conduction system pacing that puts the electrical cables at the heart's conduction system's natural entry point (**Figure D**).

The "Left vs. Left Randomized Clinical Trial" compares these two approaches to find out if one approach is better than the other. It is a randomized trial meaning you will get a pacing device to help your heart, but you will not know which device you are getting. This is important to the science but does not affect your care and well-being. We know they both work. We just want to know if one works better than the other to improve patient quality of life, activity and independence while reducing early death.



This clinical trial is funded by the Patient-Centered Outcomes Research Institute. It will enroll 2136 patients across 65 sites in the U.S. and Canada. This study also includes a Patient Advisory Board. This Patient Advisory Board will give feedback, advice, ideas, and opinions on the progress of this patient-centered study.

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