



Episodes 1 and 2: Taking the Lead

Recorded in front of a live audience in New Orleans, Louisiana
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Today's Hosts:



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Episode 1



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Episode 2



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Disclosures – Hosts

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- **Research: Abbott, Philips**
- **Stock Ownership: Atlas 5D**
- **Speaking and Teaching, Honoraria: American College of Cardiology, Zoll Medical Corporation**

Danesh Kella, MBBS, FHRS

- **Nothing to disclose.**



Disclosures – Contributors

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- **Nothing to disclose.**

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- **Honoraria, Speaking and Consulting: Abbott, AtriCure, Biontrik, Boston Scientific, Medtronic**



Episode 1: A Discussion of Left Bundle Branch Versus Biventricular Pacing...

Article for Discussion: *Left Bundle Branch Versus Biventricular Pacing as the Initial Implant Strategy for Cardiac Resynchronization Therapy*

Heart Rhythm 2023 Abstract Authors: Juan Carlos Diaz, MD;^a William H. Sauer MD, FHRS Mauricio Duque, MD, FHRS;^{a 5} Bruce A. Koplan, MD, MPH, FHRS;^b Eric D. Braunstein, MD;^c Jorge Eduardo Marín, MD;⁶ Julian Aristizabal, MD;^d Cesar Daniel Niño, MD;^e Oriana Bastidas, MD;^a Juan Manuel Martinez, MD;^d Carolina Hoyos, MD;^b Carlos D. Matos, MD;^b Nestor Lopez⁸ Cabanillas, MD;^f Nathaniel A. Steiger, MD;^b Sunil Kapur, MD;^b Thomas M. Tadros, MD;⁹ David T. Martin, MD;^b Paul C. Zei, MD, PhD, FHRS;^b Usha B. Tedrow, MD, MS, MD;¹⁰ Jorge E. Romero MD, FHRS





Left Bundle Branch Area Pacing Versus Biventricular Pacing as the Initial Implant Strategy for Cardiac Resynchronization Therapy - Results from the SYNCHRONY Collaborative Group

Hosts

- Dr. Danesh Kella – Cardiac Electrophysiologist Mayo Clinic Jacksonville, FL.
- Dr. Jason Jacobson Director, Complex Arrhythmia Ablation Program is a provider at Westchester Medical Center, Valhalla NY.

Guests

- Prof. Roderick Tung serves as the division chief of Cardiology and director of Cardiovascular Clinical Research at the University of Arizona College of Medicine and Banner University Medical Center Phoenix.
- Prof. Rajeev Pathak lead of cardiac electrophysiology at The Canberra Hospital, Australia.

Synopsis

Objective: Left bundle Area Pacing vs. Biventricular pacing as an initial strategy in patients requiring CRT (LBBB EF \leq 35% or RV pacing $>$ 40%)

Methods: Prospective multicenter non-randomized registry
Primary end-point: Composite (HF hospitalization and all-cause mortality)

Results:

Total n=371	LBBAP n=128	BiVP n=243	P-value
Procedural Success	108 (84.4%)	230 (94.7%)	<0.01
Primary Endpoint	n=31 (24.2%)	n=103 (42.4%)	0.02
HF –hospitalizations	n=28 (22.6%)	n=96 (39.5%)	0.02
Fluoroscopy Time (mins)	12	21.7	<0.001
Procedural Time (mins)	95	129	<0.001
QRS duration (ms)	123.7	149.3	<0.001
Long-term complications	12 (9.4%)	37 (15.2%)	0.146

Conclusion: LBBAP may be used as an initial implant strategy for CRT





Thank you!