

# Validation of a newly generated CRT-score to predict the response to cardiac resynchronization therapy

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## ABSTRACT

### BACKGROUND

Cardiac resynchronization therapy (CRT) is an indispensable mode of treatment for the increasing number of patients with severe systolic heart failure. (1) A new CRT-score was recently generated in Alexandria University to predict responders to CRT. (2) The CRT score includes QRS duration  $\geq 150$  ms, LBBB morphology, non-ischemic cardiomyopathy (ICM), sinus rhythm, preserved RV function with TAPSE  $\geq 15$  mm, female gender, the absence of history of renal disease and significant chronic obstructive pulmonary disease (COPD). Each parameter was assigned to a single point except QRS duration  $\geq 150$  ms was assigned to 2 points of maximum 9 points.

### METHODS

The study included 50 consecutive heart failure (HF) patients eligible for CRT implantation with New York Heart Association (NYHA) functional class II or III and LVEF  $\leq 35\%$ . Routine device and clinical follow-up were performed at baseline and at 6 month intervals. Response was defined as combined improvement of NYHA class and reduction in left ventricular end-systolic diameter  $> 15\%$ .

### RESULTS

Fifty patients were included [76% men, mean age  $60.66 \pm 11.56$  years; 96% NYHA class III, 25 patients had ICM, 98% of patients had LBBB, 43 patients had QRS duration  $\geq 150$  msec. Baseline left ventricular ejection fraction (LVEF) was  $27.36 \pm 5.01\%$ ; left ventricular end systolic diameter was  $68.82 \pm 12.39$  mm. CRT was successfully implanted in all patients;

CRT response was achieved in 43 patients (86%), the mean LVEF improved from  $27.3 \pm 5.01$  to  $38.71 \pm 10.91$  ( $P < 0.001$ ), the CRT response rate has been markedly significant according to the CRT-score. Patients with score  $\geq 6$  had response rate of 95.3% vs 4.7% if the score  $< 6$  ( $P = 0.002$ , sensitivity = 95.35 and specificity = 71.43).

### CONCLUSION

The newly generated CRT score is a good predictor to improve the appropriate use of CRT and to increase the CRT response rate. PCI is a safe treatment option for ACS in VEP and Trans Radial PCI appears to be a safer treatment option compared with trans-femoral PCI.