**Percutaneous Ventricular Restoration (PVR) therapy using the Parachute® Device in Subjects with Ischemic Dilated Heart Failure: One Year Meta-Analysis**

**Category:** Acute Coronary Syndromes, Myocardial Infarction, Thrombectomy and Vulnerable Plaque

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**Background:** Left ventricle (LV) remodeling after anterior wall myocardial infarction (AWMI) leads to increased LV volumes, myocardial stress, and ultimately heart failure (HF). Treatment options are limited for these high-risk HF patients.

**Aims:** The primary objective is to assess one year safety and efficacy of the CardioKinetix Parachute Implant System in the partitioning of the left ventricle in subjects with heart failure due to ischemic heart disease across trials completed to date (PARACHUTE Cohort A, PARACHUTE US Feasibility, and PARACHUTE III).

**Methods:** One hundred thirty-four subjects with NYHA class II-IV HF secondary to AWMI, with akinetic or dyskinetic wall motion abnormality, and LV ejection fraction < 40%, were enrolled in Europe and the United States. The major endpoints evaluated at one year will be stroke, all-cause death, and the combination of all-cause death and repeat hospitalization for worsening HF. Hemodynamic assessments will be evaluated with echo, and functional capacity assessed by NYHA and 6MWT.

**Results:** Of the 134 subjects enrolled, 128 were successfully treated (96%). The rates of stroke, all-cause death, and the combination of all-cause death and repeat hospitalization for worsening HF were 2.4%, 8.8%, and 23.6%, respectively. Improvement of systolic cardiac function (p < 0.05) was noted in LV volume indices, EF%, stroke work, and contractility index, along with a trend in fractional shortening, at 1-year follow-up relative to baseline values. This was accompanied by a significant reduction (p = 0.05) in left atrial volume suggesting improved diastolic function. The 1-year mean NYHA Class of subjects (1.9 ± 0.7) was significantly reduced (p < 0.0001) from baseline NYHA Class (2.5 ± 0.5) reflecting functional improvement. Performance on 6-minute walk test with also improved from 369 meters at baseline to 391 at 1 year (p < 0.01).
Conclusions: The meta-analysis of the Parachute data confirms the safety and efficacy of the Parachute device in treating HF.

Author Disclosures:
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