REPRIEVED trial

Revascularisation for heart failure with preserved ejection fraction

Second Investigators' Meeting Recap

15 May 2026

Thank you to everyone who joined the second REPRIEVED Investigators' Meeting at the London School of Hygiene & Tropical Medicine. It was fantastic to see strong engagement across sites. The meeting focused on early recruitment experience, refining recruitment pathways and identifying the key challenges to focus on in the crucial months ahead.

Key Takeaways:

- Recruitment underway – first participants enrolled; multiple UK sites open and expanding
- Strong rationale reinforced – new data from the ISCHEMIA trial supports trial hypothesis
- Major evidence gap – no trial has tested revascularisation in HFpEF despite high CAD prevalence
- Broaden recruitment pathways – Engage HF services, BNP clinics and geriatric pathways
- Blinded PCI is feasible – schedule cases early on cath lab lists to support workflow
- Patient engagement is critical – capture all reasons for decline using trial screening log
- Data quality matters – complete follow-up is as important as recruitment

Trial progress - Early momentum

Matt Ryan (King's College London)

Matt opened the meeting with a progress update on recruitment. The trial has recruited its first participants with St Thomas' Hospital, St Bartholomew's Hospital, Royal Bournemouth Hospital, Leeds General Infirmary and more recently, King's College Hospital, all open to recruitment. A total of 8-10 recruiting sites are anticipated, with more sites to come online over summer/autumn 2026.

Strengthening the evidence base

Matt Ryan highlighted a recent sub-analysis from the **ISCHEMIA trial** by Bergeron *et al.*, **providing strong support for the REPRIEVED hypothesis**:

- Patients with probable HFpEF managed medically showed worsening symptom scores over time.
- This contrasts with probable HFpEF patients randomised to invasive management where symptoms improved.
- The findings provide a compelling rationale for REPRIEVED and reinforces the central question: can revascularisation improve quality of life in HFpEF patients?

HFpEF Landscape

Mark Petrie (University of Glasgow)

Mark spoke about REPRIEVED's place in a rapidly evolving heart failure trial landscape. While pharmacological therapies have transformed outcomes in HFrEF, **HFpEF patients remains comparatively underserved**. Crucially, coronary artery disease is highly prevalent in HFpEF, yet no randomised trial has directly assessed revascularisation in these patients. REPRIEVED therefore **addresses a major evidence gap** and has strong potential to deliver high-impact results and inform a larger outcomes trial.

Where are the patients?

A key discussion focused on identifying eligible patients:

- Sites are encouraged to **broaden recruitment strategies** and engage across multiple specialties
- Actively engage HF services, BNP clinics and geriatric pathways where possible
- Use CTCA as a practical strategy to manage resistance from cath lab or heart failure teams

Early learnings – Placebo PCI delivery

Aoife Tipping (St Thomas' Hospital)

Experiences from St Thomas' confirmed that placebo PCI is feasible, with key learnings:

- Patient blinding is achievable with consistent sedation and careful workflow design.
- Procedural details must remain with the eCRF only - no procedural details in routine clinical records.
- Cath lab teams adapted well to blinded procedures (e.g. using blinds/screens during the procedure).
- Unblinded staff availability is the main operational constraint – **schedule cases early on cath lab lists** to support efficient workflow.

PI experiences and strategies

Krishnaraj Rathod (St Bartholomew's Hospital) & Jonathan Hinton (Royal Bournemouth Hospital)

Krishna and Jonathan shared their early experiences and recruitment plans. Both raised their experience that **eligible patients are out there — the challenge is identifying and engaging them early**:

- Multiple recruitment pathways identified (~100 potential patients) at Barts including cardiorenal clinics, CTFFR MDTs and BNP services.
- The **Associate PI scheme** was strongly recommended to support local engagement and recruitment.
- Active screening at Bournemouth via RACPC, BNP clinics and incidental CT findings.
- Early challenges included patient frailty, intercurrent illness and patient availability.

Challenges and opportunities

Key challenges include; pharmacy and blinding logistics, R&D set-up delays and patient-related factors such as anxiety about having a procedure they wouldn't usually expect to have, uncertainty and competing commitments. Lynn Laidlaw highlighted that **consent should be viewed as an ongoing relationship**, not a single event, with emphasis on **clear communication** and **patient reassurance**.

Improving inclusion – PPI & EDI

Lynn Laidlaw (PPI partner and project co-applicant)

Improving inclusion and representation remains a priority, particularly for women and ethnic minority participants. The Study-Within-a-Trial (SWAT) will explore barriers to participation and support improved recruitment through qualitative interviews (including those who decline) and cultural safety training.

Understanding the reasons why patients decline is essential to developing new strategies for approaching and talking about the trial with patients. One way to help us to do this is to **complete the monthly trial screening log**.

Statistical design – Why 350 patients?

Tim Clayton (LSHTM)

Tim provided an overview of the trial's statistical design. The trial is powered at >85% to detect a clinically meaningful difference in quality of life. Using baseline-adjusted analysis improves precision and reduces required sample size. He highlighted that **complete, high-quality follow-up data** is as important as recruitment.

Looking ahead

The focus now shifts to **building recruitment momentum**, refining recruitment pathways, sharing early learning across sites and gaining a better understanding of the reasons why some patients decline. Thank you again to all REPRIEVED collaborators for your continued support.