



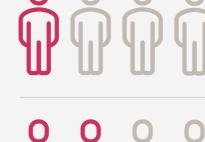
PRIMARY OUTCOMES

Heart failure patients currently have high rates of readmission and mortality after discharge¹⁻⁴

The burden of heart failure



adults suffer from heart failure¹



30 days of discharge^{1,2,3}

1 in 4 patients are re-admitted within



More than 1 in 2 die within 5 years

with survival rates worse than:

within 6 months4

About 1 in 2 patients are re-admitted



 colon cancer breast cancer

prostate cancer¹

- post-discharge management?

What are the challenges of

optimal doses of GDMT⁵⁻¹¹ after acute heart failure admission.

Majority of heart failure patients are not

closely monitored or treated with



ACEi

ACEis, ARBs, MRAs and beta-blockers

showed to improve survival rates.¹²



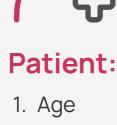
Factors influencing limited adherence to GDMT (Guideline Directed Medical Therapy)¹³



2. Focus on treating symptoms

3. Fear of adverse effects

1. Lack of awareness



2. Frailty and sensitivity 3. Intolerance and

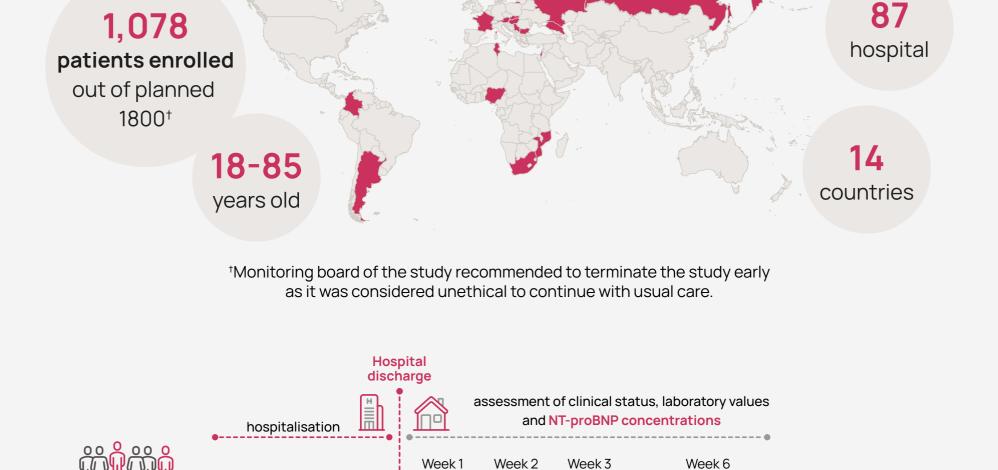
- contraindications
- STRONG-HF primary outcomes show significant

reduction of all cause death or acute heart failure



2. Limited access

readmissions Study Design



Safety

Full

optimal

ĠDMT

Safety

Full

optimal

ĠDMT

dose

Safety

Full

optimal

ĠDMT

dose

Primary

endpoint

180-day HF

discharged Randomized 1:1 90-day readmission or No or sub-N=1078 (1800 planned) follow-up all-cause optimal dose mortality of GDMT* Pre-discharge Usual Follow-up and therapy adjustments per NT-proBNP** physician's usual practice care >1500 pg/mL *ACEi/ARB, ARNi, BB, or MRA; **NT-proBNP criteria for persistent congestion ACEi, angiotensin-converting enzyme inhibitors; AHF, acute heart failure; ARB, angiotensin receptor blockers; BB, beta blockers; GDMT, guideline-directed medical therapy; HF, heart failure; MRA, mineralocorticoid receptor antagonists; NT-proBNP, N-terminal pro b-type natriuretic peptide

Measuring NT-proBNP biomarker levels is an integral part of the treatment strategy in STRONG-HF.

Safety

Half

optimal

ĠDMT

dose

Half

optimal

GDMT*

dose

High

nsensity

care

Results

The high intensity care group: 34% relative and 8.1% absolute risk reduction (ARR) in the

combination of death or heart failure readmission.¹⁴



Main inclusion

criteria

Main inclusion

Patient with AHF ready to be

criteria

CV (cardiovascular) death

26% lower

HF readmission

44% lower 16% lower

STRONG-HF study results demonstrated clear benefits for acute heart failure

All-cause death

patients by adapting the strategy of care.

- References: ¹Ponikowski P, et al. ESC Heart Fail. 2014;1(1):4-25.
- ³Cowie MR, et al. Improving care for patients are acute heart failure [Internet; cited 2013]. http://www.oxfordhealthpolicyforum.org/reports/acute-heart-failure/improving-care-for-patients-with-acute-heart-failure.

²Krumholz HM, et al. Circ Cardiovasc Qual Outcomes. 2009;2:407–413.

- Available from: ⁴Butler J, et al. Congest Heart Fail. 2012;18(5 Suppl 1):S1-S3.
- ⁵Chioncel O, et al. Eur J Heart Fail. 2017;19:1242-1254; ⁶ Granger BB, et al., J Card Fail. 2022;28:1355-1361.
- ⁸Greene SJ, et al., J Am Coll Cardiol. 2018;72:351-366. ⁹ Joseph S, et al. Eur Heart J. 2021;43:908-915.

⁷Butler J, et al. Eur J Heart Fail. 2021;23:1334-1342.

- ¹⁰ Damasceno A, et al., Arch Intern Med. 2012;172:1386-1394. ¹¹Čerlinskaitė K, et al. ESC Heart Fail. 2021;8:2473-2484. ¹²McDonagh TA, et al. Eur Heart J. 2021 Sep 21;42(36):3599-3726.
- ¹³ Komajda M, et al. Eur J Heart Fail. 2016;18(5):514-22. ¹⁴Mebazaa A, et al. The Lancet. 2022; S0140-6736(22)02076-1.