CHFS'S PERSPECTIVE ON HEART FAILURE TRIALS RELEASED AT ESC 2019

REVIEW OF PROVE-HF

PROVE-HF's objective was to determine if changes in NT-proBNP correlate with changes in cardiac structure and function in patients with heart failure with reduced ejection fraction (HFrEF) treated with sacubitril-valsartan. The prospective, single-arm study showed significant improvements in measures of cardiac structure and function at six months and one year in HFrEF patients, establishing a correlation with the reduction in NT-proBNP. The median NT-proBNP level was 816 pg/mL and 455 pg/mL at baseline and 12 months, respectively (P<0.001), with overwhelmingly most of the reduction taking place within the first 2 weeks. The median duration of HF diagnosis in this population was 15 months.

Among three prespecified subgroups, including patients with new-onset heart failure, patients with baseline NT-proBNP levels below the threshold required for entry into PARADIGM-HF, and patients who didn't reach the sacubitril/valsartan target dose at up-titration due to intolerance, findings were comparable with the group as whole, showing marked improvement in cardiac structure and function.

The observed reverse cardiac remodeling may provide a mechanistic explanation for the effects of sacubitril-valsartan in patients with HFrEF.

CHFS's take on the results: PROVE-HF provides insight into the left ventricular remodelling by which patients with HFrEF may have derived their clinical benefits from in the PARADIGM trial. As there was no comparator arm, this finding must be viewed within that context and is consistent with a recent metanalysis. Clinically, demonstrating an improvement in EF of this magnitude should provoke clinicians to consider implementation of GDMT in most patients early in their disease course and prior to device referral.

References

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