10 YEAR ANNIVERSARY HEART FAILURE UPDATE 2023

Friday May 12 - Saturday May 13 Sheraton Centre Toronto Hotel









Implantable Therapies for All Seasons

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Learning Objectives

- Delineate an approach to HF monitoring using implantable monitoring devices
- Describe the potential treatment role for vagal stimulation and cardiac contractility modulation
- Assess the future of implantable heart failure treatments

Residual risk remains with GDMT



Filling the Gap



What Could Device Based Therapy Offer in CV Space (beyond GDMT)

- Not all pathophysiological processes are amenable to pharmacological therapy
 - Systemic (side) effect Lack of regional selectivity
- More detailed physiological phenotyping when considering devicebased therapies
- Compliance/Adherence tends not to be an issue with device strategies
- In HFrEF → Device based benefits outstrip the benefits of pharmacologically based HF therapies



Fudim, JACC, 2021

Effect of Baroreflex Activation on Sympathetic Tone



c C

Sympathetic Activity

Baroreflex Sensitivity



Gronda, EJHF 2014.

Barostimulation Therapy

CENTRAL ILLUSTRATION: Phase III, Baroreflex Activation Therapy for Heart Failure Trial Top-Line Results



Zile et al. JACC 2020

Cardiac Contractility Modulation





CCM Mechanism of Action is Multifactorial and Time-Dependent



Minutes to Hours¹⁻³

- Local electrotonic spread of signal
- Rapid phosphorylation of key proteins
- Improved calcium cycling and contractile force
- No increased myocardial oxygen consumption



Hours to Weeks¹⁻³

- Shift of gene program from heart failure to normal
- Local effects improve contraction at global level



Weeks to Months⁴

 Beneficial effect on global ventricular properties and reverse remodeling

1. Imai, 2007; 2. Butter, 2008; 3. Tschöpe, 2019; 4. Yu, 2009

FIX-HF-5C Confirmatory Study Secondary and Additional Endpoints



Abraham et al, JACC Heart Failure 2018

FIX-HF-5 & FIX-HF-5C: Cardiovascular Death & HF Hospitalizations



Abraham et al, JACC Heart Failure 2018

Optimization of Diuresis







Response to HeartLogic Alerts & Other Findings

Large variability in HF TX utilization across sites (diuretic most common)

HeartLogic index recovered faster with early decongestive treatments (in blue)

In-study HFH rate was 29% of the pre-study HFH rate

The most treated had the fewest HF events



TX=treatment, HF=heart failure, HFH= heart failure hospitalization

Remote Monitoring Combined with Centralized Care



Don't Forget the Comorbidities

- Sleep Apnea
- Hypertension
- Diabetes
- Chronic Kidney Disease

Transvenous phrenic nerve stimulation



- Fully implantable system, designed to treat moderate to severe central sleep apnea
- **Drives inspiration** by activating the diaphragm to generate negative pressure in the chest (similar to natural breathing)
- **Turns on automatically at night**, ensuring nightly compliance and adherence over time
- Implanted by cardiac electrophysiologists (EPs)
 - Pulse generator implanted below clavicle
 - Stimulation lead placed either in left

pericardiophrenic or right brachiocephalic vein

- Sensing lead helps optimize therapy

1. FDA-Approved Summary of Safety and Effectiveness Data (SSED) for the remedē® System and The remedē System Implant and Clinician Use Manual (P160039) Oct. 6, 2017.





What's in the Pipeline?

I. Vagus Nerve Stimulation





ANTHEM HFrEF has been stopped

Fudim, JACC, 2021

II. Shunting





III. Volume Redistribution Concept



Fallick, Dunlap et al. Circ HF 2011 Fudim, Felker et al. JAHA 2017 Fudim, Patel et al. Circulation 2018 Birch, Birnstock et al. J Vasc Res 2008

Long-term Splanchnic Nerve Blockade in HFpEF



Málek F., Ponikowsi P. et al. EJHF 2021

Catheter Based Approach



Successful ablation achieved in all patients

• No device-related serious adverse events

IV. Restricting Cardiac Preload



Kapur Lab AHA 2017

Restricting Cardiac Preload





Kapur NK et al. CCI 2019

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V. Mechanical Unloading of Heart



- Mean flow rate through the device: 3.5 L/min
- Improved EF and Stroke Volume by echo
- Mean rate of urine output increased 10-fold (range 2.5–25.0x)

Conclusions

- Devices have the opportunity to fill gap in the management of HF
- A number of device-based strategies are already approved for the management of HF
- Exciting therapies in the pipeline \rightarrow Device-based era