Transcript Details

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Beyond BeAT-HF: Integrating Barostim into a Comprehensive HF Program

Announcer:
Welcome to ReachMD. This activity, titled "Beyond BeAT-HF: Integrating Barostim into a Comprehensive HF Program" is provided by Medtelligence.

Dr. Yaranov:
During the clinical course of heart failure, even with guideline directed medical therapy, many patients still experience symptoms that negatively impact their quality of life. Baroreflex activation therapy, or BAT, is an FDA-approved therapy for patients with heart failure with reduced ejection fraction that has been shown to improve patient's functional status, exercise capacity, and quality of life. Let's review how we may be able to expand the window of opportunity to utilize baroreflex activation therapy. This is ReachMD and I'm Dr. Dimitry Yaranov.

A lot of us are those who take care of patients with heart failure, especially heart failure with reduced ejection fraction, are very familiar with this slide and the graph that depicts patient clinical course from the diagnosis of heart failure all the way to the end of life.

At the initial presentation, our patients experience rapid deterioration in their symptoms. After stabilization and initiation of guideline directed medical therapy, unfortunately, the trajectory of this graph is always downwards. And all of us in heart failure clinics are working on different opportunities and options for our patients to make this graph less steep and have fewer downturns, namely hospitalizations or decompensations for our patients.

Despite improvements in guideline directed medical therapy, and drastic improvements in mortality, quality of life and functional capacity remains a big challenge for our patients. On this slide, you see the window of opportunity to utilize baroreflex activation therapy or Barostim. This window is based on the current indication for the device.

In the following presentation, I'll try to present you with one case to show how can we improve or extend the window of opportunity to extend the runway for the patients and make this graph not as steep and make this graph with fewer downturns.

This is a case of, unfortunately, a 23-year-old female with heart failure with reduced ejection fraction that was diagnosed with peripartum cardiomyopathy 3 years prior to this presentation after delivery of a healthy baby. Unfortunately, she is not able to achieve target doses of guideline directed medical therapy, and despite multiple attempts and up-titration, her guideline directed medical therapy remains limited due to symptomatic hypotension.

Her current symptoms are NYHA Class 3. She does have ICD for primary prevention. Her QRS is only 120 milliseconds, and she is not a candidate for cardiac resynchronization therapy.

Given normal hemodynamics, early age, and some significantly abnormal cardiopulmonary exercise testing with significant limitation with exertion, it was decided, after careful discussion with the patient, taking all the risks and benefits into consideration, to proceed with baroreflex activation therapy in this patient and attempt to delay the need for heart transplant or end-organ intervention.

She underwent implantation of Barostim device in in July 2023. During her follow up in October 2023, the Barostim was up-titrated to max dose of 8 milliamperes. And after 3 months of baroreflex activation therapy, we were able to up-titrate her guideline directed medical therapy. She had drastic improvement in her symptoms and now her symptoms were NYHA Class 2.

In January 2024, she underwent a repeat cardiopulmonary exercise testing. This time, she was able to exercise more than twice of the time that she was able to exercise prior.

Given normal right-heart hemodynamics and significant improvement in peak VO2, after several months of therapy with baroreflex activation device, it was decided to continue higher doses of guideline-directed medical therapy, which at this point she was able to tolerate. And continued careful monitoring of a patient at this time, with delaying advanced heart failure therapies.

This is only one of several examples how, especially at this early age of the patients with heart failure with reduced ejection fraction, we're able to extend the runway and make the curve of the clinical course less steep with fewer heart failure events for those patients.

On this slide, you can see the data that was recently presented at the THT meeting in Boston back in March 2024. This is analysis from BeAT-HF that was performed to understand the need of advanced heart failure therapies in patients undergoing baroreflex activation therapy.

Those patients in baroreflex activation therapy arm in BeAT-HF trial had a 74% reduced risk of receiving advanced heart failure interventions, including transplant, left ventricular assist device, cardiac contractility modulation, CRT and/or cardio MAPS.

As all of us right now in heart failure are thinking about heart failure as a lifelong care for those patients, trying to expand the window of opportunity, and extend the runway for the patients, to make sure that they live longer and we possibly can delay necessary advanced heart failure therapies or end-organ interventions to extend the runway and make sure that our patients can live longer and better lives.

As we take care of patients with heart failure, I would recommend that we utilize every opportunity to expand the runway for our patients and use appropriate therapy at an appropriate time. Knowing that guideline directed medical therapy extends the life of patients is great, however, quality of life for a lot of our patients is critically important as well. Utilizing baroreflex activation therapy with currently available data will help our patients delay so much needed advanced heart failure therapy, namely end-organ interventions, but also will improve their quality of life by reducing the symptoms that they experience with exertion and will let them perform their daily activities with less symptoms.

That's all the time we have today. So, I want to thank the audience for listening in and learning how we may be able to extend the window of opportunity to integrate baroreflex activation therapy as a therapeutic option for patients with heart failure.

Announcer:
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