Patient Case

HPI

- 65-year-old woman with HFrEF
- Med: sacubitril/valsartan, dapagliflozin, furosemide, spironolactone, and bisoprolol
- NYHA Class III, euvolemic
- Complains of breathlessness impacting activities of daily life

Labs

- Hb 13.4 g/dL, ferritin 65 ng/mL, TSAT 18%
- Non-anemic iron deficiency

McDonagh TA, et al. 2021 ESC Guidelines for the diagnosis and treatment of acute and chronic heart failure. *Eur Heart J.* 2021;42(36):3599-3726.

Diagnosis of Iron Deficiency

 In patients with HF, iron deficiency is defined as either a serum ferritin concentration <100 ng/mL or 100-299 ng/mL with transferrin saturation (TSAT) <20%

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2021 ESC/HFA

2022 AHA/ACC/HFSA

Recommendations	Class	Level	Recommendations COR LO	E
It is recommended that all patients with HF be periodically screened for anemia and iron deficiency with a full blood count, serum ferritin concentration, and TSAT.	I	С	For patients who are diagnosed with HF, laboratory evaluation should include complete blood count, urinalysis, serum electrolytes, blood urea nitrogen, serum creatinine, glucose, lipid profile, liver function tests, iron studies, and thyroid-stimulating hormone to optimize management.	:0

HF, heart failure; TSAT, transferrin saturation.

Heidenreich PA, et al. 2022 AHA/ACC/HFSA guideline for the management of heart failure: a report of the American College of Cardiology/American Heart Association Joint Committee on Clinical Practice Guidelines. *Circulation*. 2022;145(18):e876-e894.

AFFIRM-AHF Subgroup Analysis of Patients with Ischemic vs Non-Ischemic HF Etiology

Primary and secondary outcomes at week 52

	HF subgroup	Favors FCM	Favors placebo →	P interaction
Primary: Total HFh and CV death	Ischemic Non-ischemic		t	0.039
Total CVh and CV death	Ischemic Non-ischemic			0.11
Time to CV death	Ischemic Non-ischemic			0.14
Total HFh	Ischemic Non-ischemic			0.038
Time to first HFh or CV death	Ischemic Non-ischemic			0.27
Days lost due to HFh and CV death	Ischemic I Non-ischemic			0.29
	0.3	C		3.0
		RR or HR*	(95% CI)	

CV, cardiovascular; CVh, cardiovascular hospitalization; FCM, ferric carboxymaltose; HF, heart failure; HFh, heart failure hospitalization; HR, hazard ratio; RR, relative risk.

Metra M, et al. Eur J Heart Fail. Published online July 23, 2022. doi:10.1002/ejhf.2630

Patient Case (cont'd)

Treatment Plan

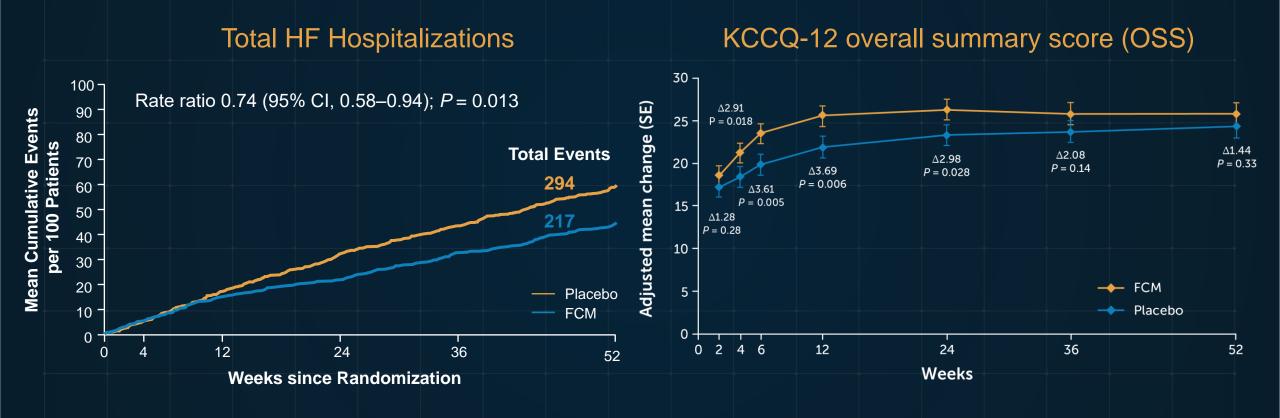
- IV iron supplementation with ferric carboxymaltose should be considered in symptomatic patients with HFrEF to improve functional status and QoL
- Class 2 recommendation in both 2021 ESC/HFA and 2022 AHA/ACC/HFSA guidelines

Primary Endpoints in Clinical Trials of Iron Deficiency in Heart Failure

FER-CARS-01	FAIR-HF	EFFICACY-HF	CONFIRM-HF	AFFIRM-HF	
				Composite of recurrent events of HF hospitalization and cardiovascular death	
PGA at Week 12 and	PGA at Week 24 and	Change in 6MWT and	Change in 6MWT from		
NHYA Class from baseline to Week 12	NHYA Class fromNYHA Class frombaseline to Week 12baseline to Week 24	NYHA class	baseline to Week 24		
6MWT, 6-minute walk test; HF, he		rt Association; PGA, physician gl	lobal assessment.		

Khan MS, et al. ESC Heart Fail. 2020;7(6):3392-3400.

AFFIRM-AHF: Total Hospitalizations and QoL



mITT population. FCM, ferric carboxymaltose; HF, heart failure, mITT, modified intention to treat; QoL, quality of life. Ponikowski P, et al. *Lancet*. 2020;396(10266):1895-1904; Jankowska EA, et al. *Eur Heart J*. 2021;42(31):3011-3020; Vaduganathan M, et al. *JAMA Cardiol*. 2020;6(3):1-10.