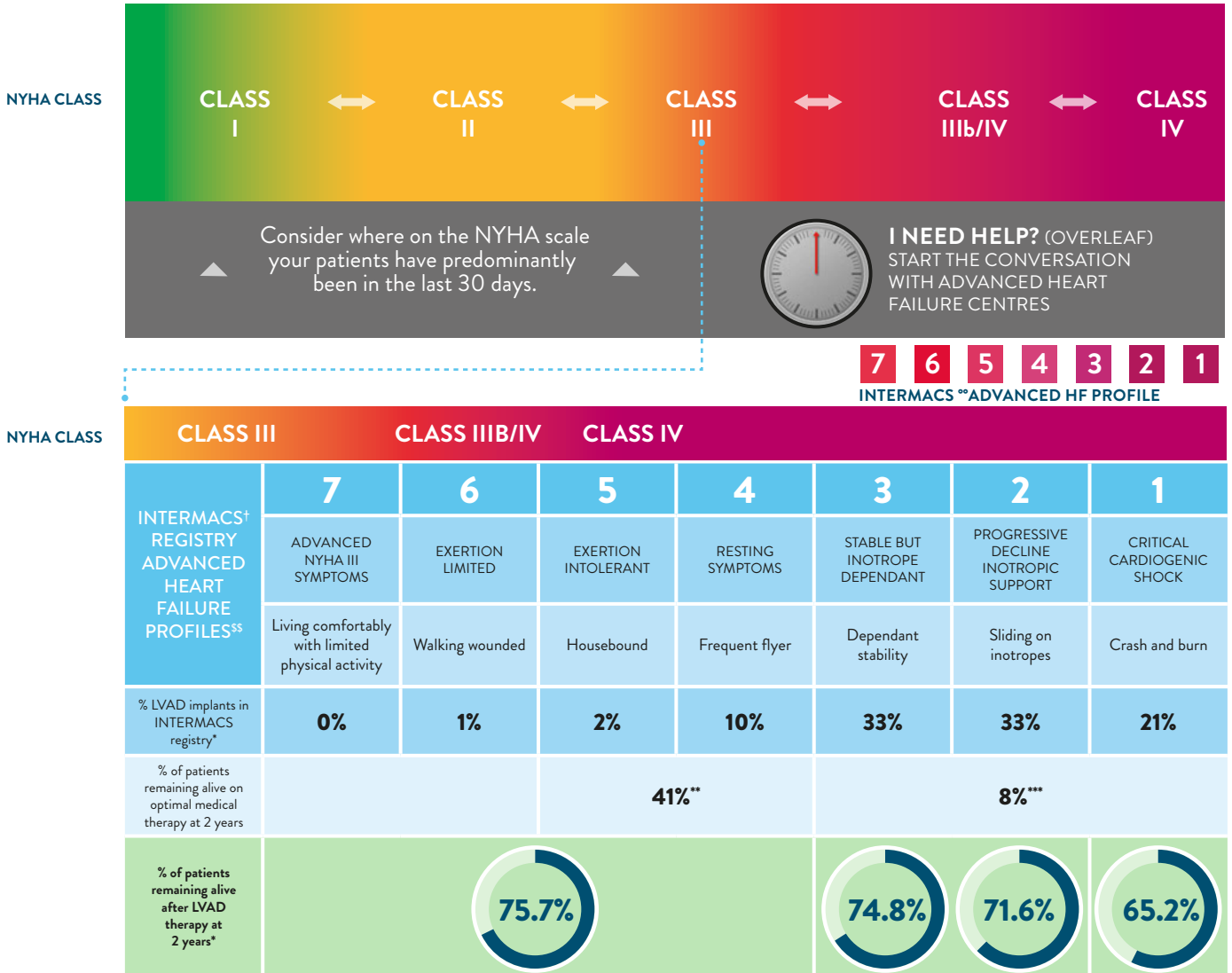




EARLY REFERRAL AND EVALUATION IMPROVES OUTCOMES

WHEN SHOULD PATIENTS BE REFERRED FOR ADVANCED HEART FAILURE THERAPY?

Timing for advanced therapy review matters. There is a 10% difference in survival for LVAD patients, at 2 years, depending on how advanced their condition is at time of initiation of advanced therapy.* “I NEED HELP” helps to identify those patients where starting the conversation early can make a significant difference to outcome.



LVAD INDICATIONS

INTENDED USE:

The HeartMate 3™ Left Ventricular Assist System is intended to provide long term hemodynamic support in patients with advanced, refractory left ventricular heart failure; either for temporary support, such as a bridge to cardiac transplantation (BTT), or as permanent destination therapy (DT). The HeartMate 3™ LVAD is intended for use inside or outside the hospital.

[†] Khush KK, Cherikh WS, Chambers DC, et al. The International Thoracic Organ Transplant Registry of the International Society for Heart and Lung Transplantation: Thirty-fifth Adult Heart Transplantation Report—2018; Focus Theme: Multiorgan Transplantation. The Journal of Heart and Lung Transplantation. 2018;37(10):1155-1168. doi:10.1016/j.healun.2018.07.022.

[‡] Stevenson LW et al, INTERMACS Profiles of Advanced Heart Failure: The Current Picture, J Heart Lung Transplant 2009;28:535-41

* Goldstein et al, Third Annual Report From the ISHLT Mechanically Assisted Circulatory Support Registry: A comparison of centrifugal and axial continuous-flow left ventricular assist devices, The Journal of Heart and Lung Transplantation, Vol 38, No 4, April 2019

** Starling R.C. et al, Risk Assessment and Comparative Effectiveness of Left Ventricular Assist Device and Medical Management in Ambulatory Heart Failure Patients. JACC: HEART FAILURE, VOL.5,NO.7,2017

*** Rose E.A. et al, Long-term use of a Left Ventricular Assist Device for End-stage Heart Failure N Engl J Med, Vol. 345, No. 20 · November 15, 2001

^{§§} Indicates a third party trademark, which is the property of its respective owner

Referring for

ADVANCED HEART FAILURE THERAPY?

TIMING MATTERS

If HF patients have **one or more** of the following clinical features despite conventional medical therapy, they may have adverse prognostic outlook. Please consider early referral.

I	IV Inotropes	
N	NYHA III	≥NYHA III or high natriuretic peptides (eg NTproBNP >2000pg/ml)
E	End organ dysfunction	eGFR <50
E	Ejection fraction	< 25%
D	Defibrillator shocks	
H	Hospitalisation	(>1 in last 12 months)
E	oEdema	Or elevated PA pressure despite escalating diuretics
L	Low blood pressure	Low BP limiting medication optimisation, high heart rate
P	Progressive intolerance	Or need for down titration of medication

ADDITIONAL PATIENT CONSIDERATIONS FOR REFERRAL CRT non-responder Physical activity limited or impaired quality of life.

Reference: 2017 ACC Expert Consensus Decision Pathway for Optimization of Heart Failure Treatment: Answers to 10 Pivotal Issues About Heart Failure With Reduced Ejection Fraction: A Report of the American College of Cardiology Task Force on Expert Consensus Decision Pathways. Yancy CW, Januzzi JL Jr, Allen LA, Butler J, Davis LL, Fonarow GC, Ibrahim NE, Jessup M, Lindenfeld J, Maddox TM, Masoudi FA, Motiwala SR, Patterson JH, Walsh MN, Wasserman A. J Am Coll Cardiol. January 16, 2018;71(2):201-230. doi: 10.1016/j.jacc.2017.11.025. Epub December 22, 2017.

Abbott

The Corporate Village, Da Vincilaan 11 Box F1, 1935 Zaventem, Belgium, Tel: +32 2 774 68 11

Brief Summary: Prior to using these devices, please review the Instructions for Use for a complete listing of indications, contraindications, warnings, precautions, potential adverse events and directions for use.

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