

The *Future* of Device Therapy for Monitoring and Treating Heart Failure

Oren Caspi MD PhD

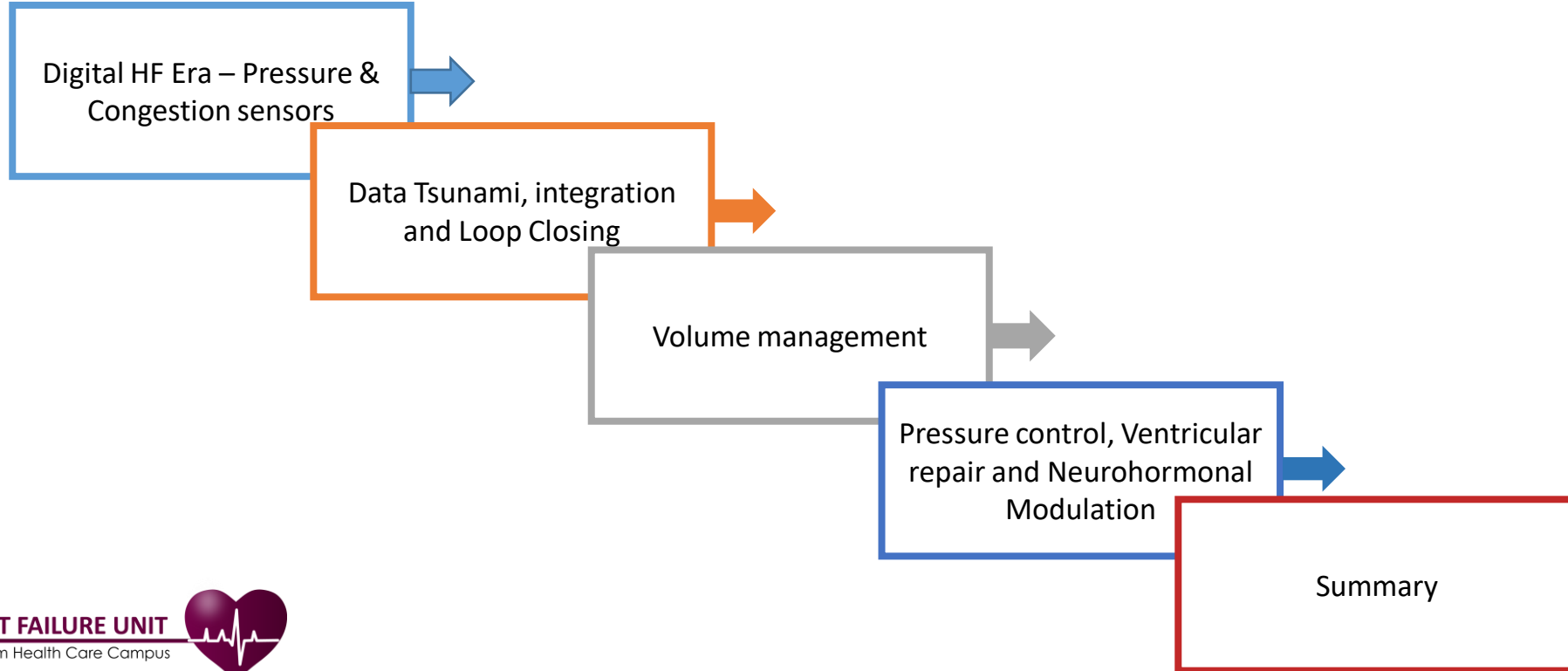
Director, Heart Failure Unit, Rambam Health Care Campus

Head of Rambam's Cardiovascular Research and Innovation Center

The laboratory of Cardiovascular Precision Medicine, Technion – Israel Institute of
technology

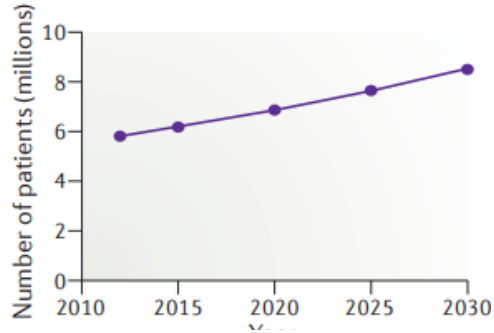


Outline

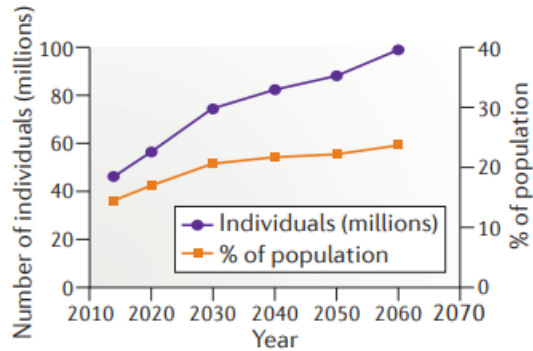


Monitoring Heart Failure

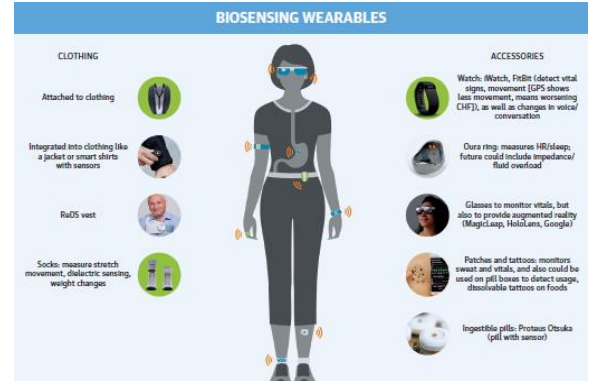
The Digital Era



Prevention

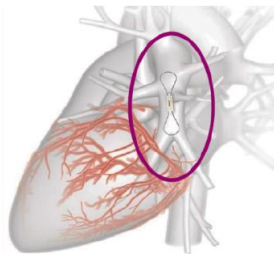
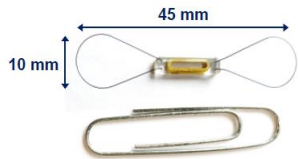


Digital
Remote
Care



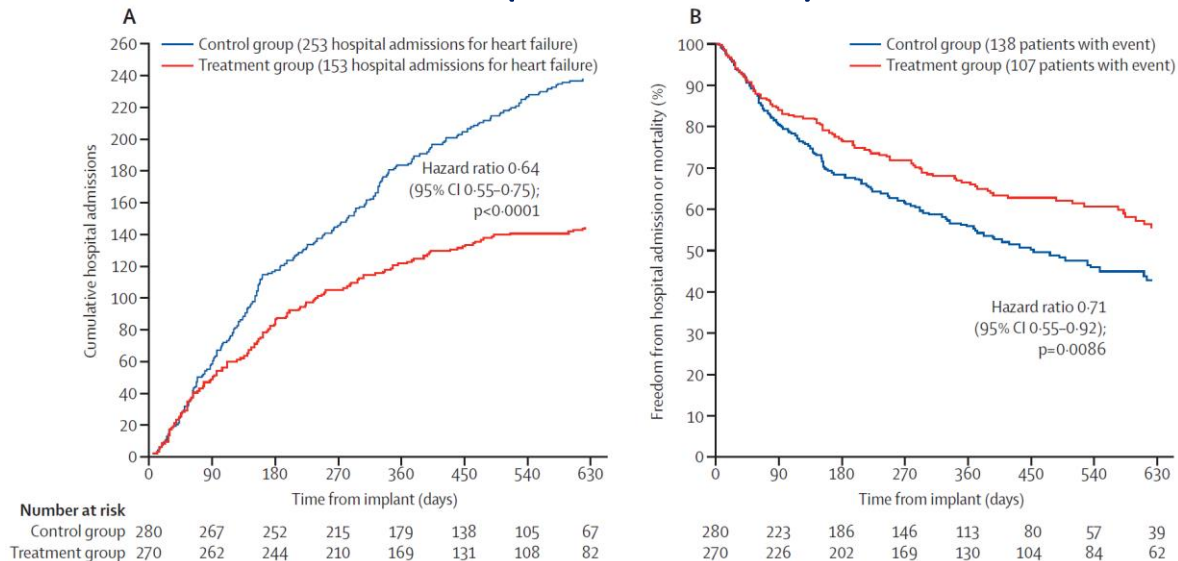
Digital Heart Failure – Monitoring Pressures

Pulmonary Artery pressure Sensors



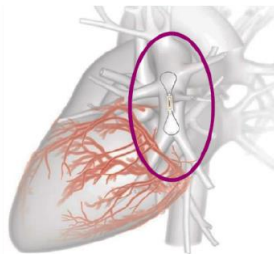
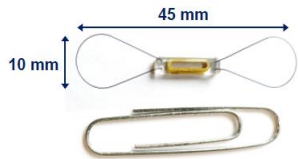
Study population
NYHA III /w recent HF
hospitalization

CHAMPION trial (CardioMEMs)



Digital Heart Failure – Monitoring Pressures

Pulmonary Artery pressure Sensors



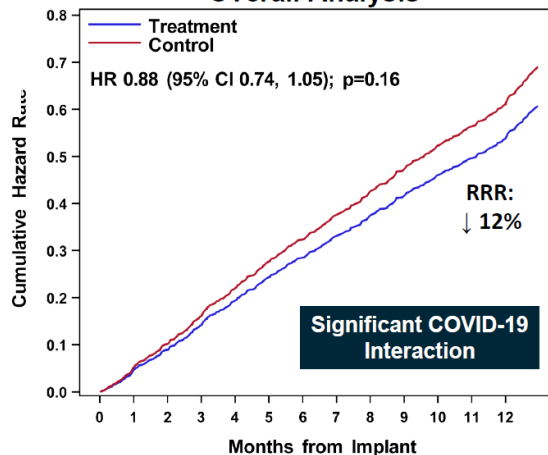
Study population
 NYHA II-IV /w recent (12mo)
 HF hospitalization or ↑BNP

GUIDE-HF | CardioMEMS HF System IDE Clinical Trial

Primary Endpoint

(All-Cause Mortality, HF Hospitalizations, Urgent HF Visits)

Overall Analysis

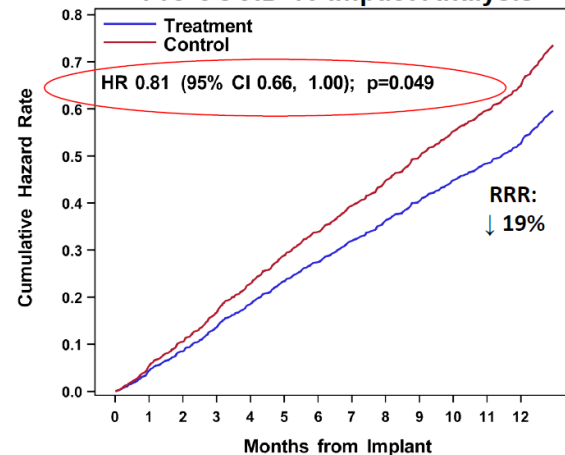


No. At Risk

Treatment	497	496	491	486	480	473	468	465	456	447	441	422	193
Control	503	500	494	488	482	476	468	463	459	456	442	434	180

ESC CONGRESS 2021
 THE DIGITAL EXPERIENCE

Pre-COVID-19 Impact Analysis



No. At Risk

Treatment	497	496	491	459	404	360	328	290	251	216	182	155	58
Control	503	500	494	459	405	365	335	303	272	237	200	172	59

Digital Heart Failure – Monitoring Pressures

Left Atrial pressure sensors

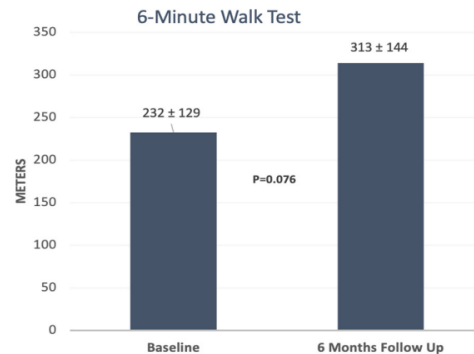
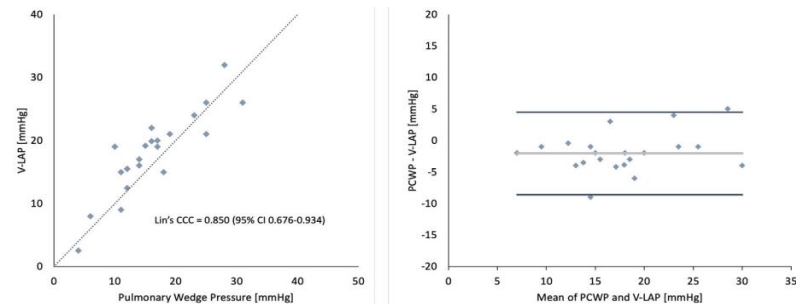
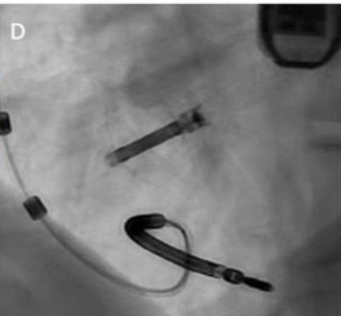
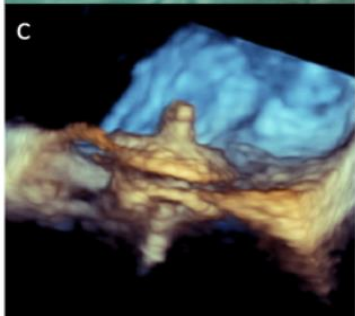


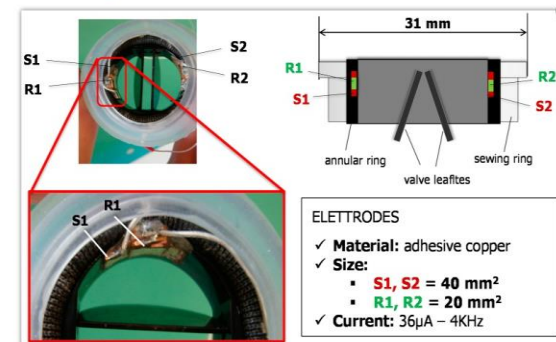
Fig. 4. Comparison of 6-minute walk test at baseline and 6 months after device implantation.



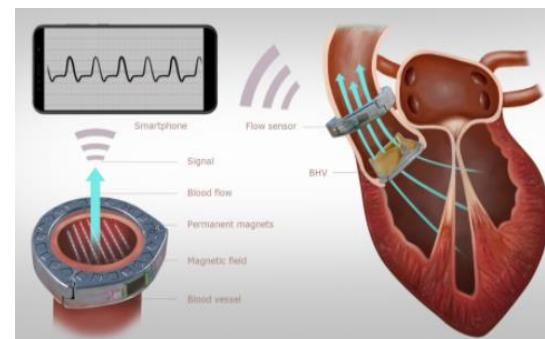
Digital Heart Failure – Monitoring Pressures

Left Atrial pressure sensors

Pressure and Flow Sensorized Valves

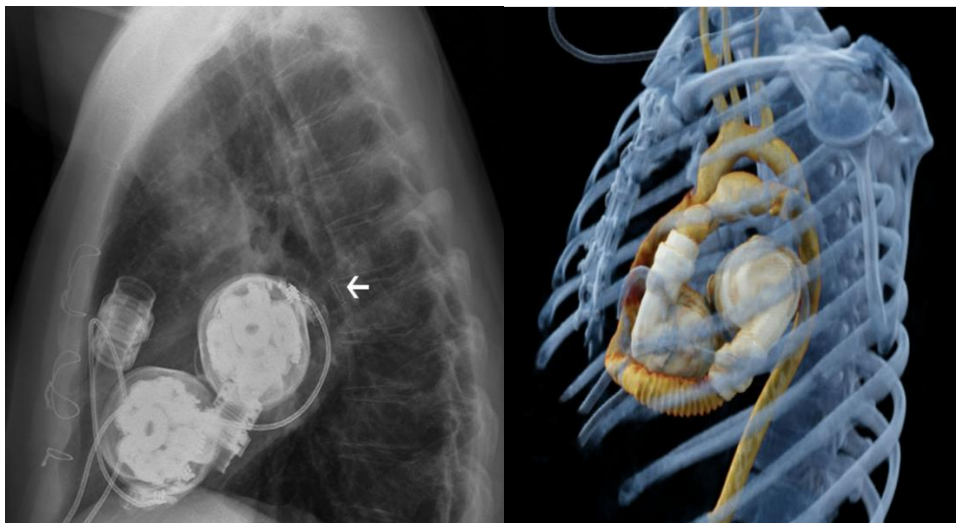


Marcelli et al. Sensors 2018



Vennemann et al. Plos One 2020

Implanted Pressure monitor for biventricular VADs



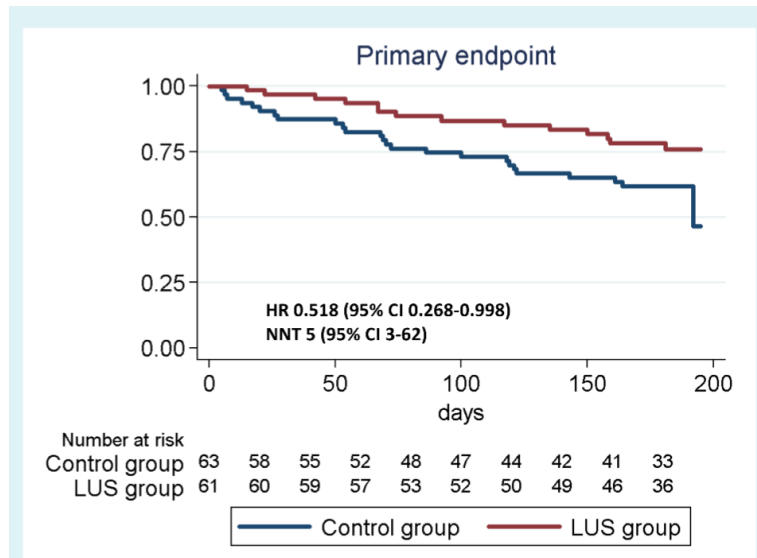
Angleitener et al. ASAIO 2022



Digital Heart Failure –Assessing Congestion

Lung ultrasound

Single center, single-blind, randomized clinical trial

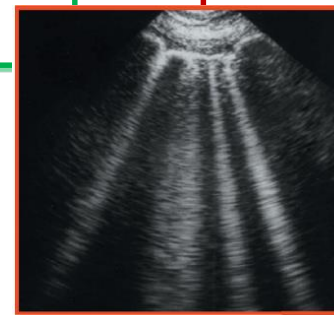


INCLUSION CRITERIA

- ✓ >18 years old
- ✓ Hospitalization for HF
 - shortness of breath
 - pulmonary congestion in X-ray
- ✓ High NT-proBNP levels:
 - < 50 years: > 450 ng/L
 - 50-75 years: >900 ng/L
 - >75 years: >1800 ng/L

EXCLUSION CRITERIA

- ✓ Severe lung disease that prevents interpretation of the LUS
- ✓ Life expectancy of less than 6 months



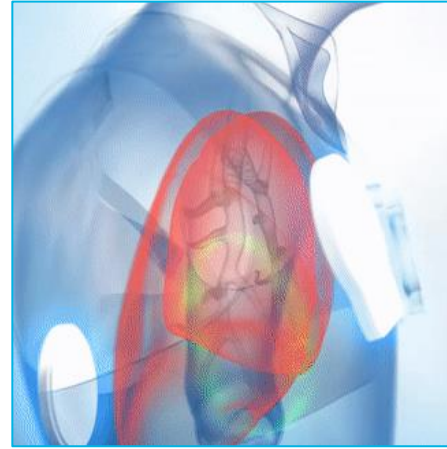
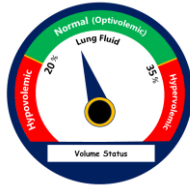
Rivas-Lasarte et al. EHJ-HF 2019



Digital Heart Failure –Assessing Congestion

Electromagnetic radar beams

- ▶ Focused electromagnetic radar beam through the right lung
- ▶ Normal lung measures 20-35% lung fluid content
- ▶ $\geq 36\%$ is considered congestion
- ▶ Continuous score
- ▶ The device range is 15-60%
- ▶ 45 sec. measurement
- ▶ On top of clothes - no skin contact



ReDS™ Medical Radar Technology

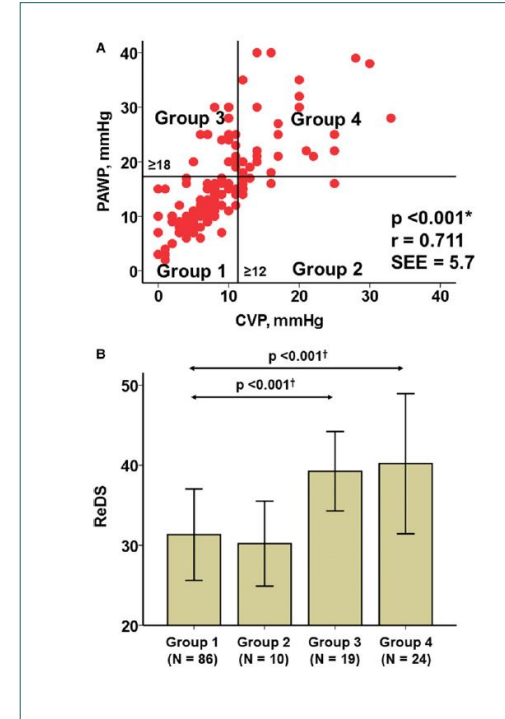
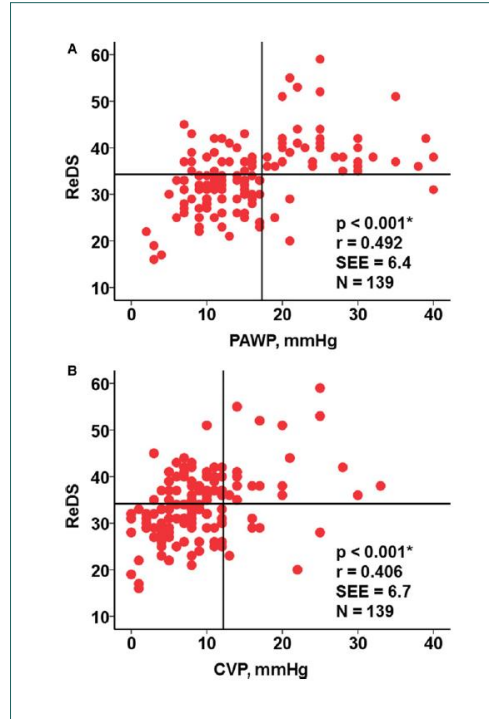
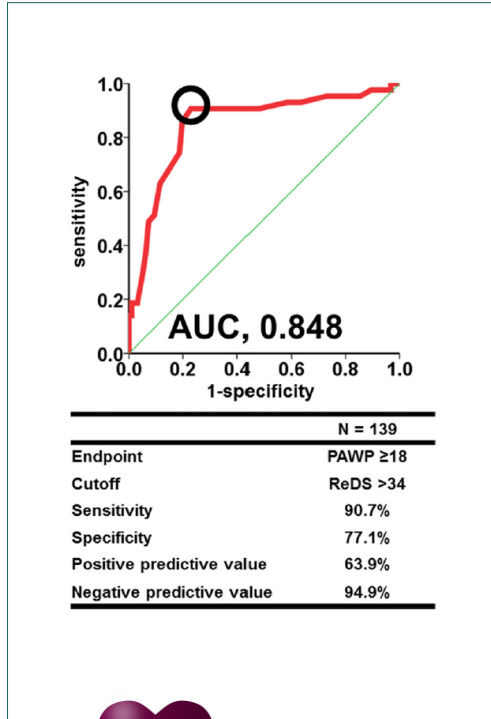
ReDS™ System



Digital Heart Failure –Assessing Congestion

Electromagnetic radar beams

ReDS™ vs. RHC (N=139)



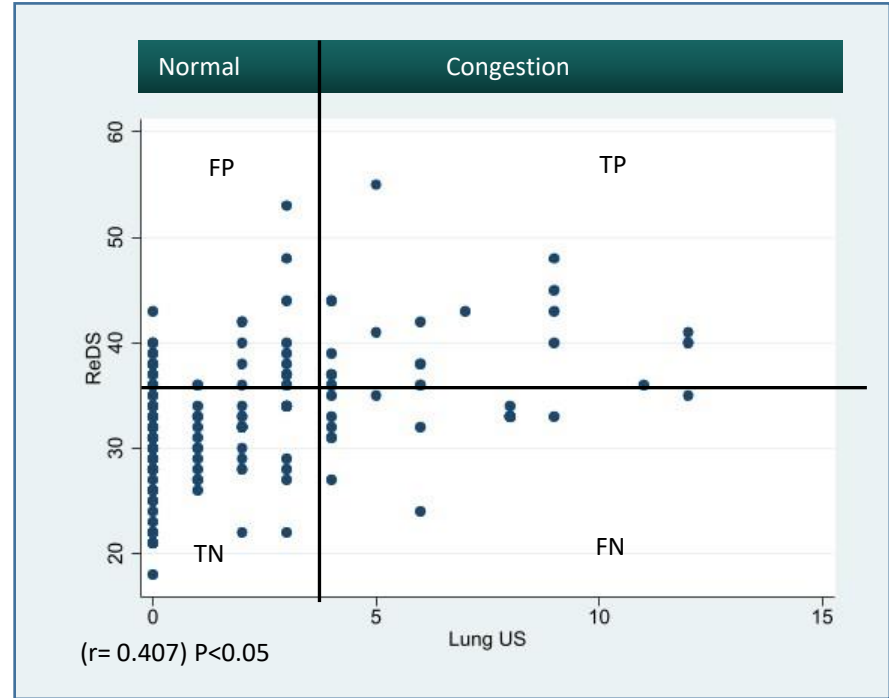
Digital Heart Failure –Assessing Congestion

REDS – LUS correlation



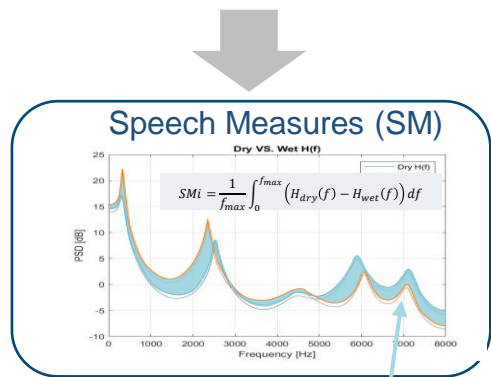
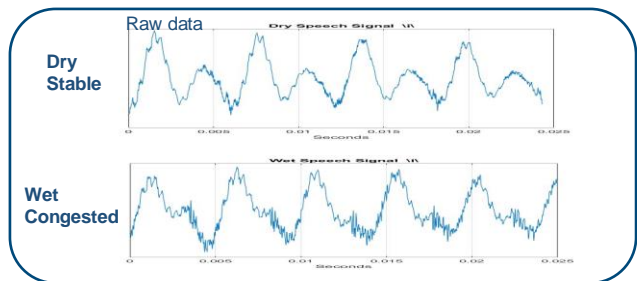
Roni Abbo

- ▶ The Correlation between continuous variables for LUS and ReDS using the Pearson correlation coefficient was **moderate ($r= 0.407$) $P<0.05$**
- ▶ Correlation kept with different EF or BMI categories:
 - HFpEF(>50%) 0.42, HFrEF: 0.44
 - BMI<25 0.49, BMI<30 0.45
- ▶ Sensitivity 55%
- ▶ Specificity 70%
- ▶ PPV 27%
- ▶ NPV 88%

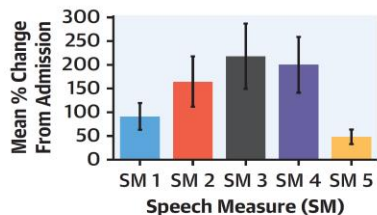
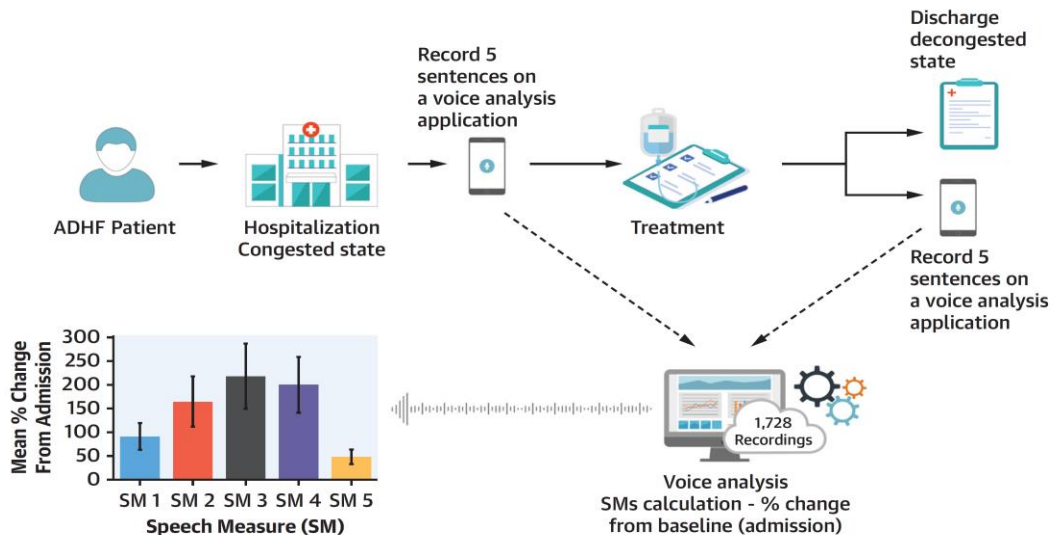


Digital Heart Failure –Assessing Congestion

Speech Analysis



Speech measures Area between curves



Significant change ($P < 0.0001$) in all five tested SMs (median) between the congested (admission) and decongested (discharge) state

Amir et al. JACC HF 2022

Digital Heart Failure –Assessing Congestion

Speech Analysis

Study Goal : Detect impending HF decompensation (HF hospitalization or diuretic escalation)
Retrospective analysis, 180 patients ,460K recordings, 49 events.

System preliminary group results:

False positive (false priority) rate: One priority every
~4.72 months (average) per patient (2.54 per year)

	True Positive (TP)	False Negative (FN)
Sensitivity	82% (32)	18% (7)

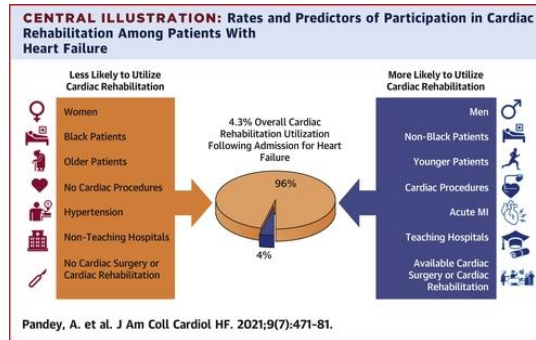
# of False positives (FPs)	FP rate [months]	Total analysis days
744	4.72	106,747



Digital Heart Failure

Patient activity and Rehabilitation

- Cardiac Rehabilitation is Class IA recommendation for heart failure patients.
- Only **4.3%** of heart failure patients are participating in an active program.
- Multiple reasons:** bureaucracy, financial, time consuming, motivation, fear.



Recommendations for exercise and participation in sport in individuals with heart failure with preserved ejection fraction

Recommendations	Class ^a	Level ^b
Moderate endurance and dynamic resistance exercise, together with lifestyle intervention and optimal treatment of cardiovascular risk factors (i.e. arterial hypertension and type 2 diabetes) are recommended. ^{287,289–292,299}	I	C
Competitive sports may be considered in selected stable patients without abnormalities on maximal exercise testing.	IIb	C

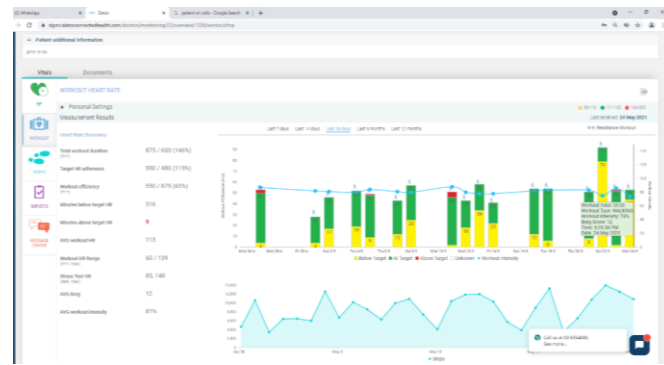
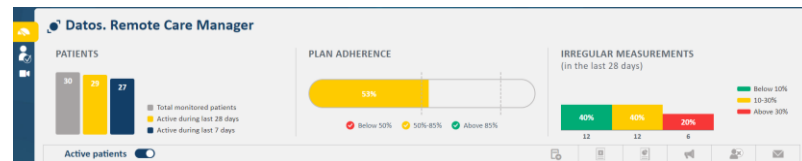
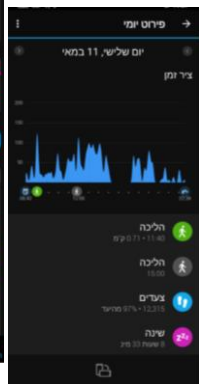
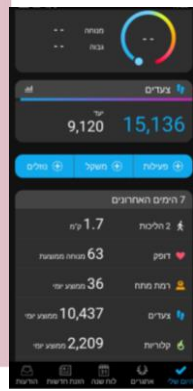
Recommendations for exercise prescription in heart failure with reduced or mid-range ejection fraction

Recommendations	Class ^a	Level ^b
Regular discussion about exercise participation and provision of an individualized exercise prescription is recommended in all individuals with heart failure. ^{260,261,285}	I	A
Exercise-based cardiac rehabilitation is recommended in all stable individuals to improve exercise capacity, quality of life, and to reduce the frequency of hospital readmission. ^{260,261,285}	I	A

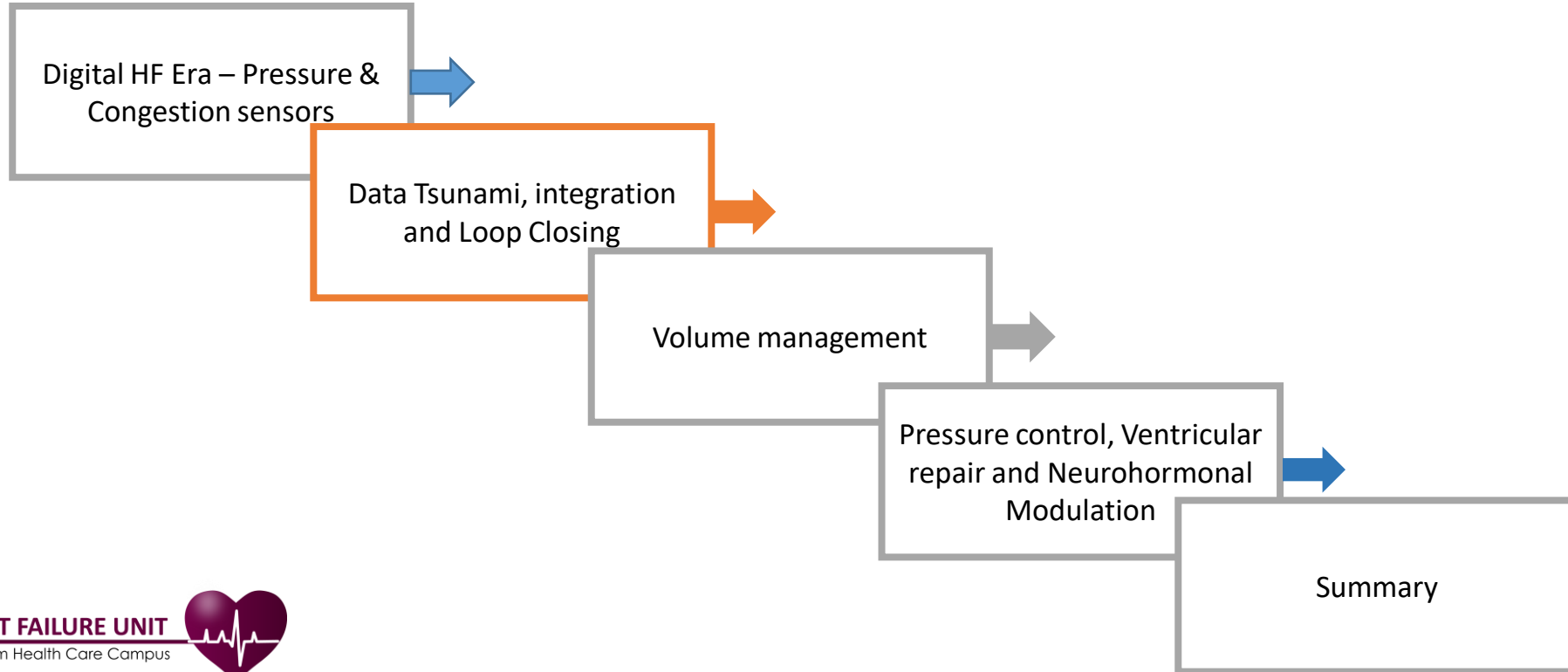
Patient View



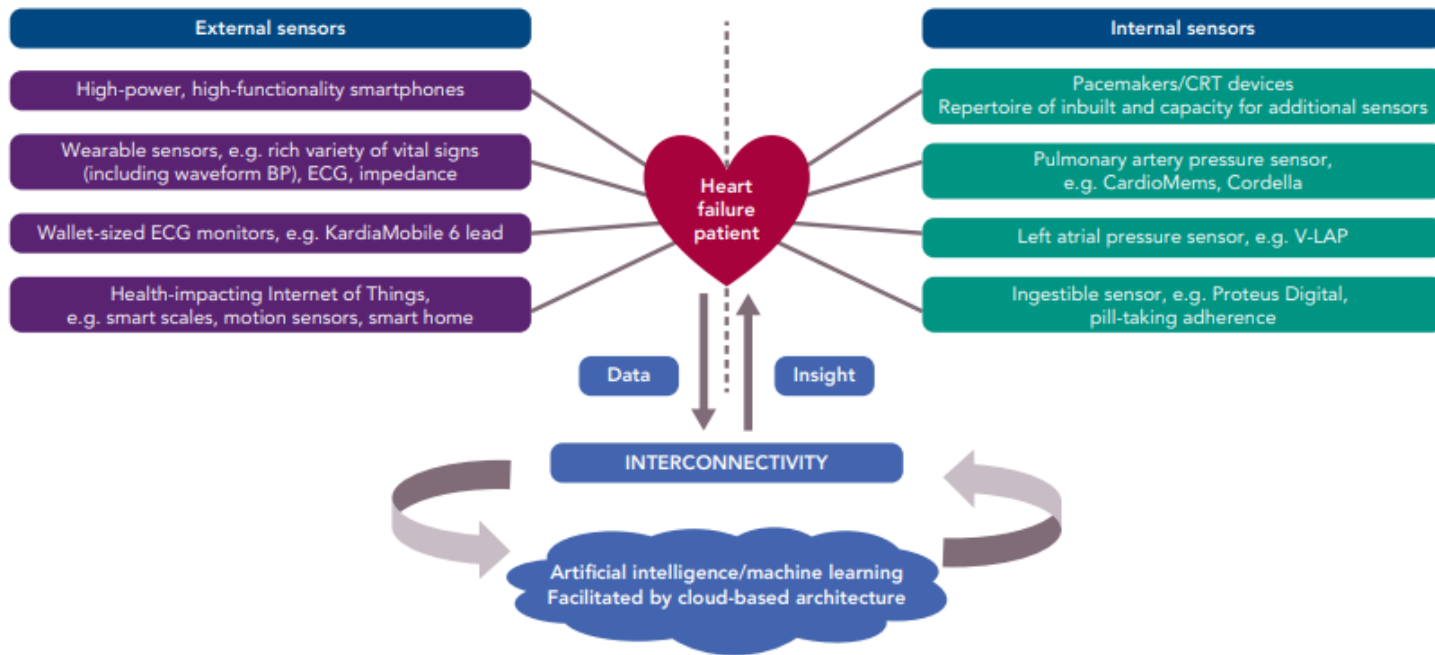
CRx Team View



Outline



Digital Heart Failure – AI decision support



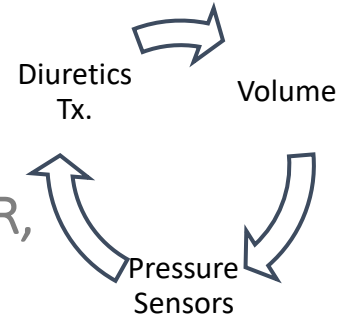
The interconnected nature of these devices facilitates the collection of data, which can be stored and processed in the cloud back end, facilitating machine learning or other analytic techniques to generate predictions, visualisations or decision support. These insights can then be fed back to the patient and clinical teams. BP = blood pressure.

Data Tsunami



Digital Heart Failure – Data Integration and Loop Closing

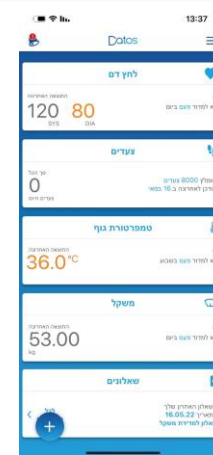
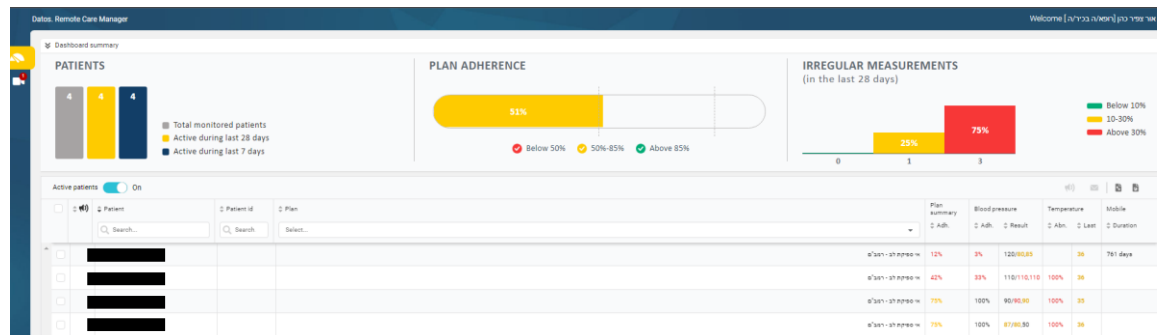
- Data Security
- Data Integration from multiple platforms (patient's input, EMR, wearables, IOT devices)
- Data Sensemaking
- Smart, Selective and Personalized Alarms.
- Overlay of decision support tools based on Data (Machine Learning and Artificial intelligence).



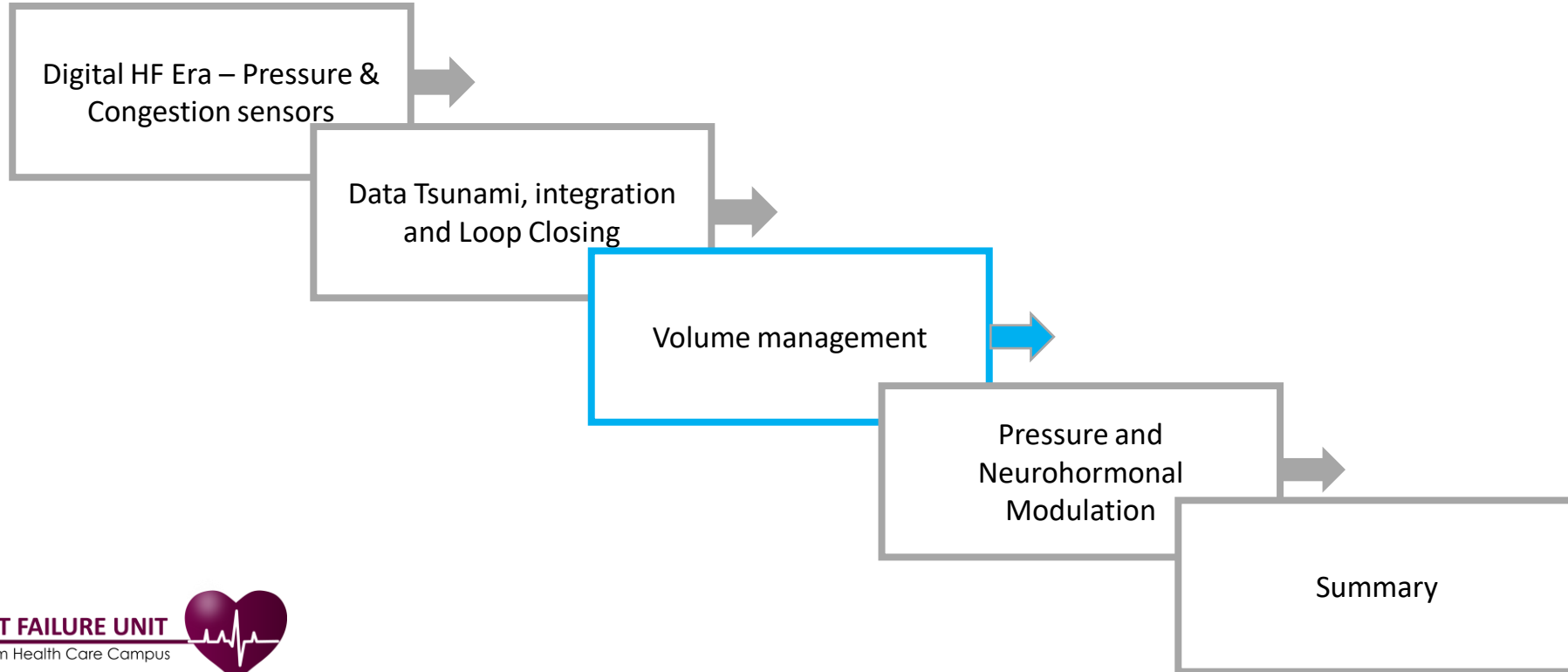
Heart Failure Data Integration System

Rambam Health Care Campus

- Patient - Self Management Alerts
 - Tailored pre-defined set of actions
- RN, HF specialist alerts
 - Tailored pre-defined set of actions



Outline



Volume Management

Transdermal Decongestion

The Aquapass System

Personalized, transdermal decongestion

Wearable Suit

- Creates a micro-climate enabling interstitial fluid removal, optimized per patient ergonomics and physiology
- Secreted fluids evaporate instantaneously at rates >200ml/hr.



Control Unit

- Optimizes treatment program to match each patient's secretion rate
- Core temperature and vital signs monitored & maintained at normal levels
- 3hr.-8hr. session

Microclimate Generator

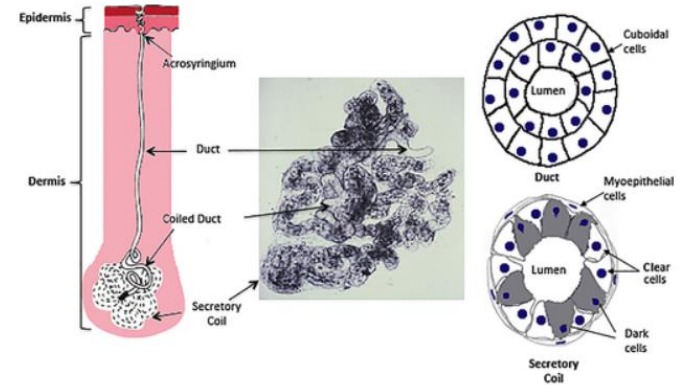
Generates the micro-climate through a built-in proprietary algorithm



Volume Management

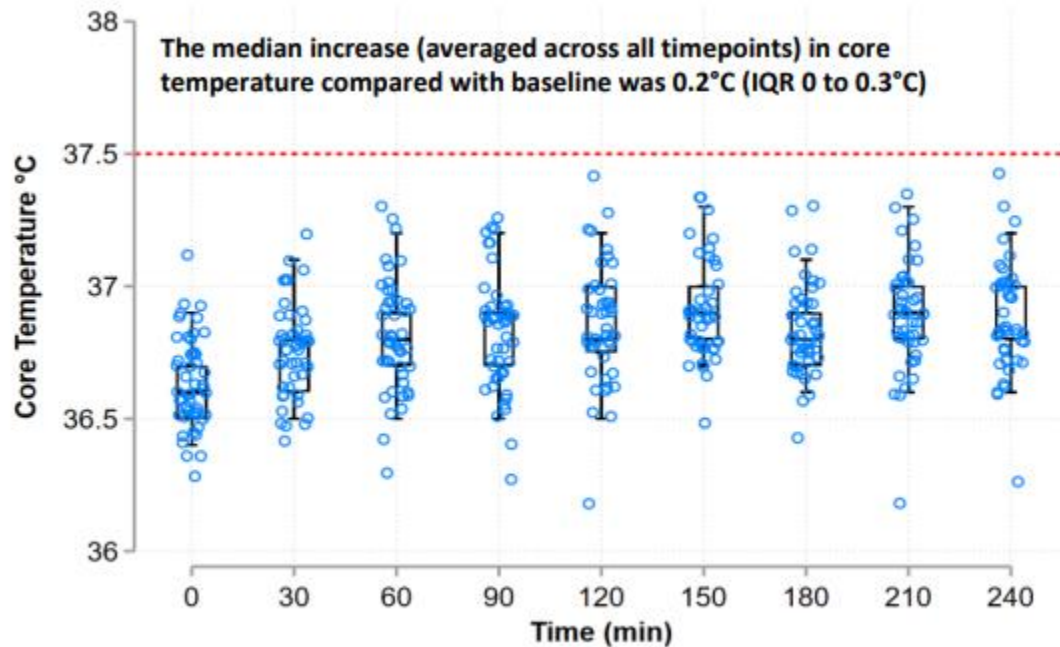
Transdermal Decongestion

- Eccrine glands – “mini-nephrons”, interstitial fluid & electrolytes
- Direct **interstitial** decongestion
- Can excrete **>200ml/hr**.
- Facilitated perspiration – a natural process, kidney independent.
- Can be conducted **on top of other medical therapy**.



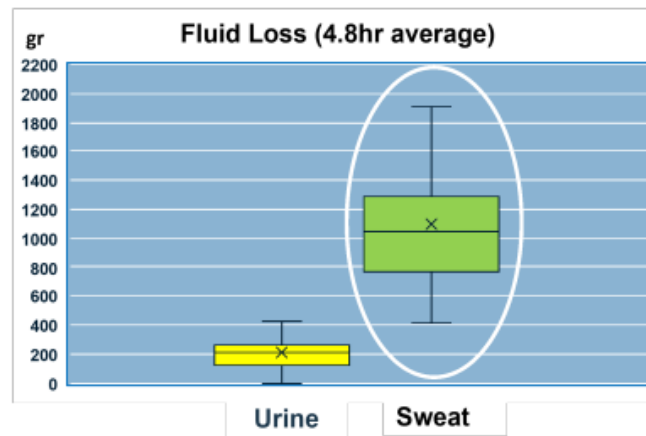
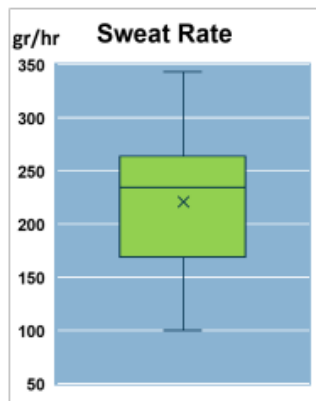
Volume Management

Transdermal Decongestion



Volume Management

Transdermal Decongestion



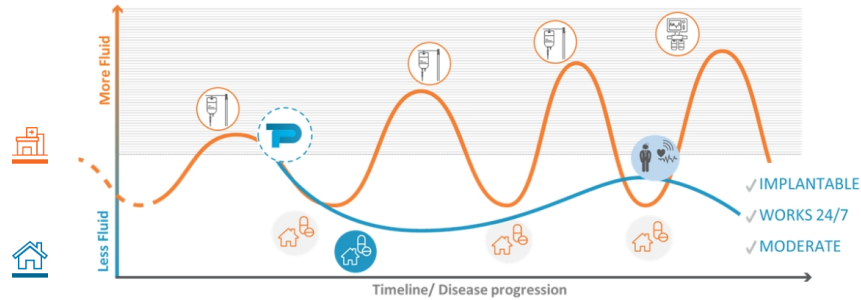
- No significant changes in hemodynamic variables or renal function
- No procedure-related adverse events



Volume Management

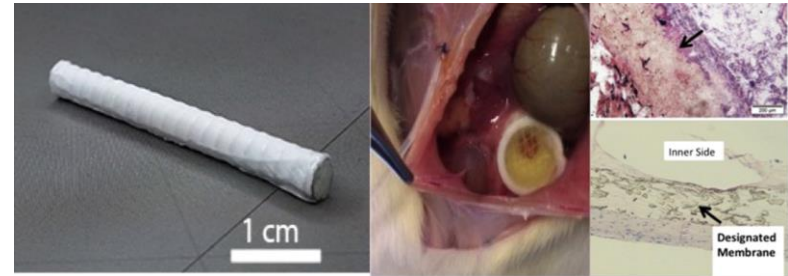
Peritoneal ultrafiltration device - Paragate

Just don't let the fluids accumulate



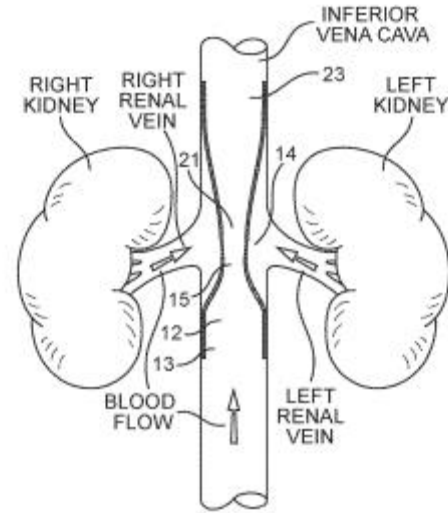
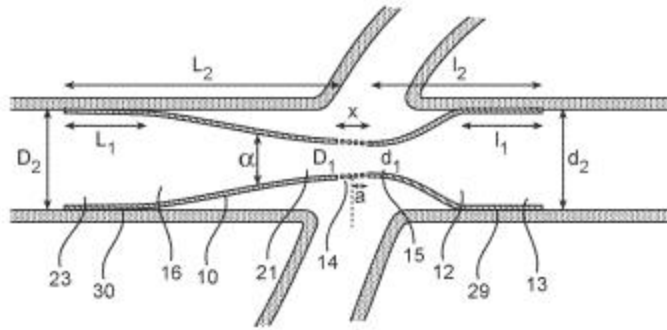
→ negative hydrostatic pressure pump

→ Peritoneal fluid ultrafiltration using Polytetrafluoroethylene (PTFE) disk-shaped absorption chamber.

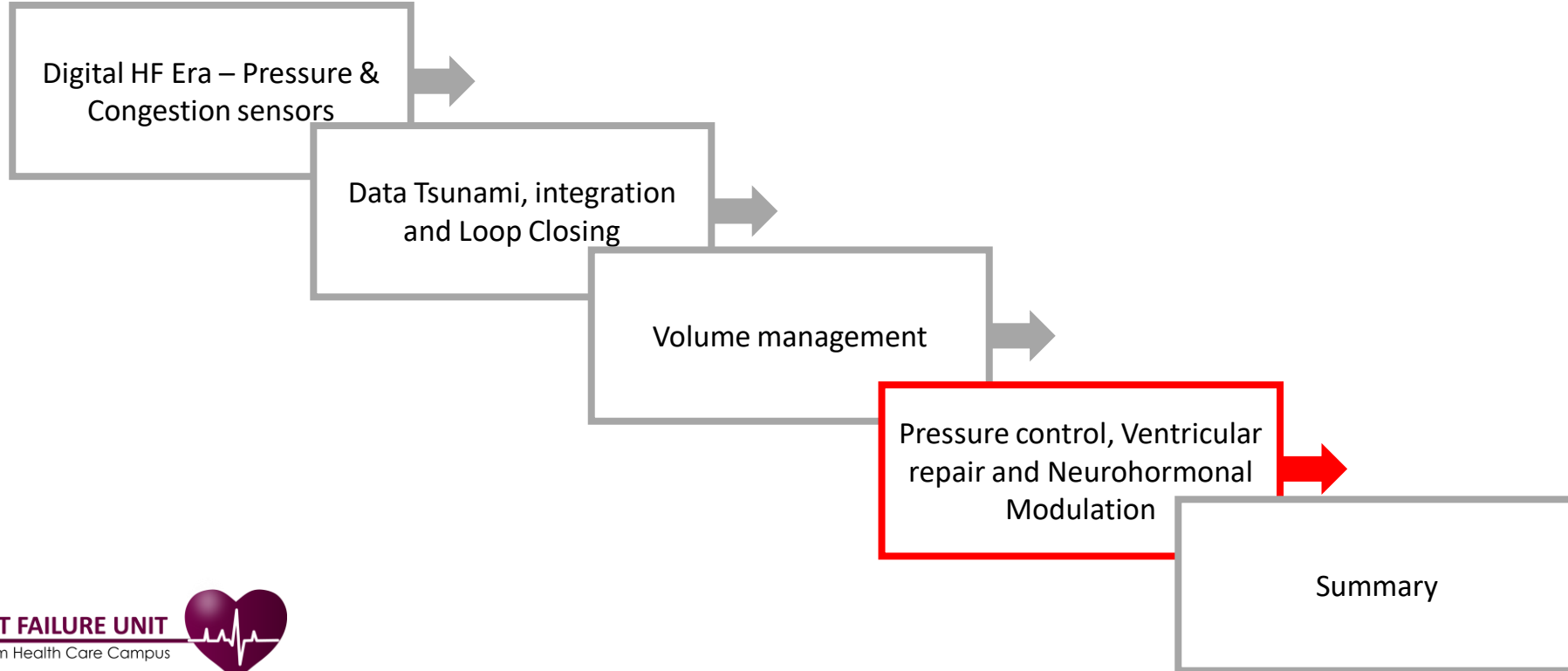


Volume Management

Facilitating Renal Decongestion - Nephronyx

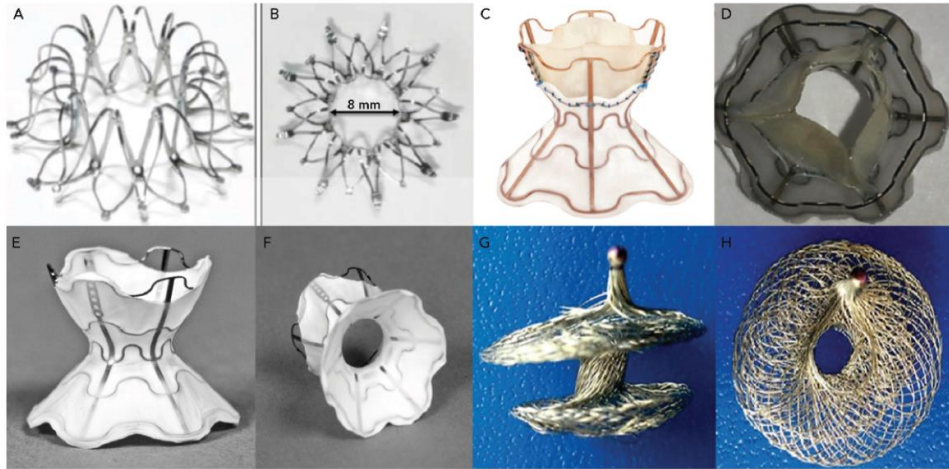


Outline



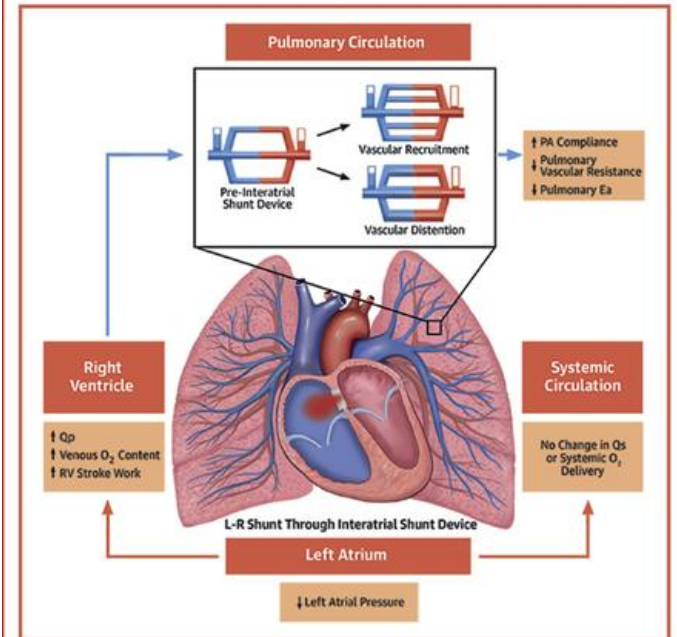
LA Pressure control

Inter-atrial shunting



A and B: InterAtrial Shunt Device. C and D: V-Wave device. E and F: Second-generation (valveless) V-Wave device. G,H: Atrial Flow Regulator. Source: A and B: Reproduced with permission from Corvia Medical Inc. C-F: Reproduced with permission from V-Wave. G and H: Reproduced with permission from Occlutech International AB.

CENTRAL ILLUSTRATION: Effects of the Interatrial Shunt Device on Pulmonary Vascular Function and Systemic Blood Flow in Heart Failure With Preserved Ejection Fraction



Obokata, M. et al. J Am Coll Cardiol. 2019;74(21):2539-50.

LA Pressure control

Inter-atrial shunting – Reduce LAP-HF2

Study population:

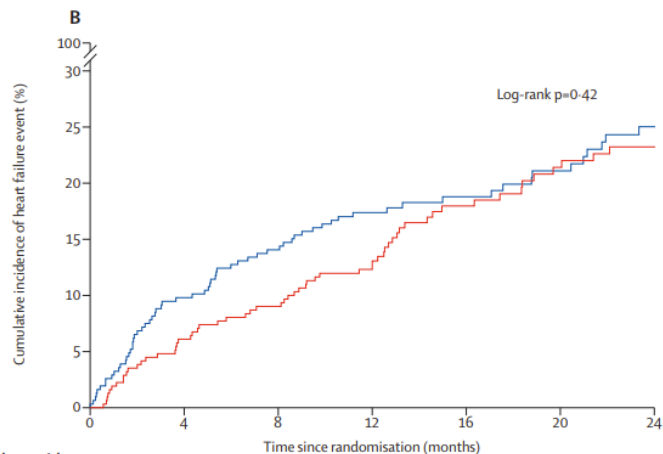
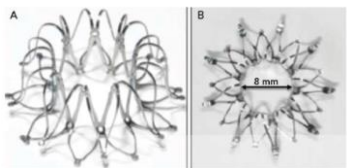
HFpEF patients /w exercise

PCWP \geq 25mmHg

NYHAII (21%), NYHA III

(77%)

Shunt inner diameter 8mm



	0	4	8	12	16	20	24
Number at risk							
Atrial shunt device	309	275	262	214	148	129	89
Sham procedure	312	290	279	233	159	131	91

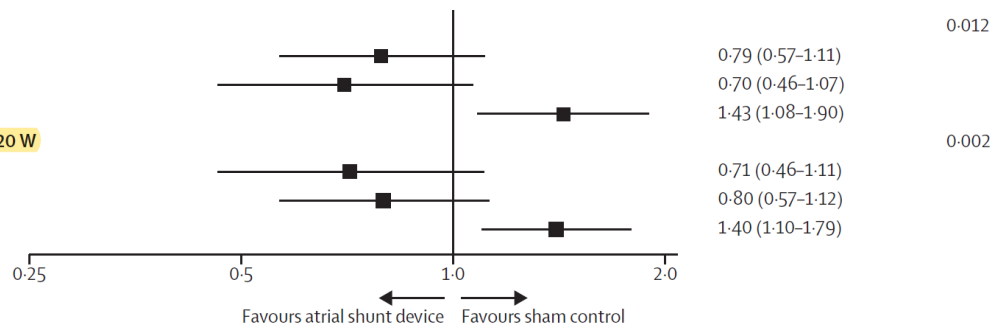
Shah et al. Lancet Feb. 2022

Right atrial volume index

Tertile 1	167
Tertile 2	168
Tertile 3	168

Pulmonary artery systolic pressure at 20 W

Tertile 1	192
Tertile 2	202
Tertile 3	202



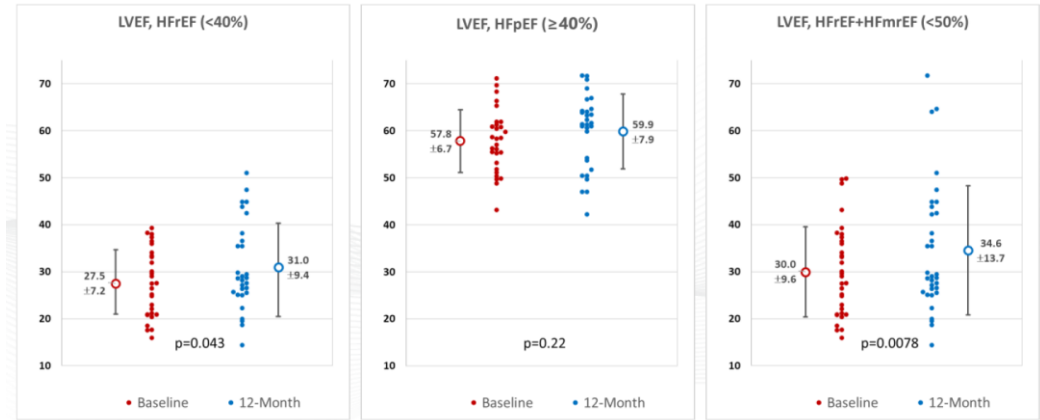
LA Pressure control

Inter-atrial shunting – Relieve HF Trial (V-wave) – Roll in cohort

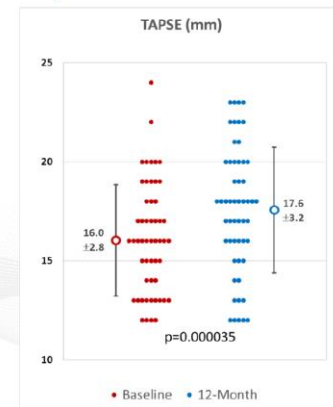
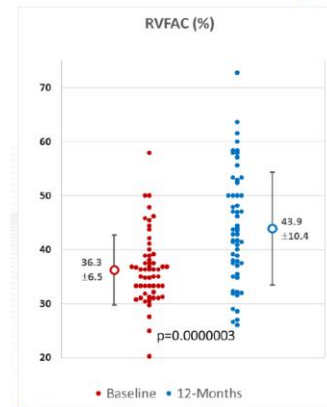
Study population:

HFrEF and HFpEF, NYHA III
or IV and PASP<70mmHg

Shunt inner diameter
5.1mm

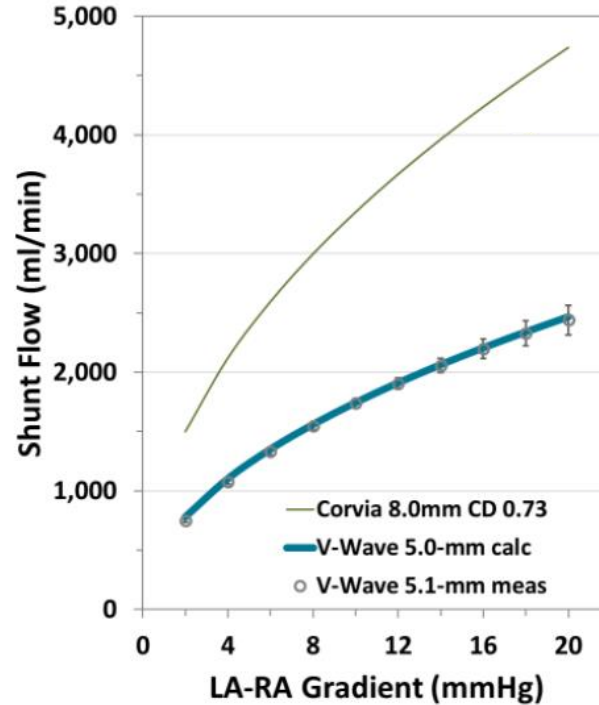


Nunez-Villota et al. ESC-HF Madrid 2022



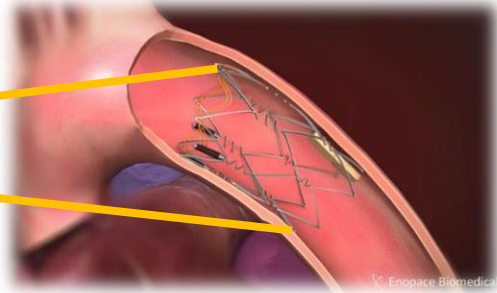
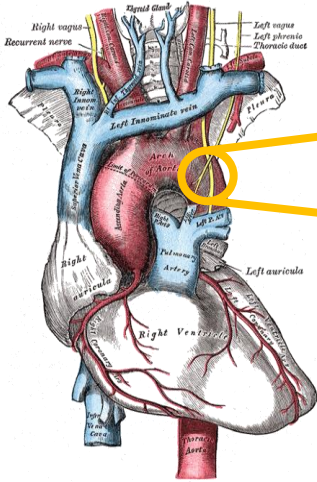
LA Pressure control

Does Size Matter?

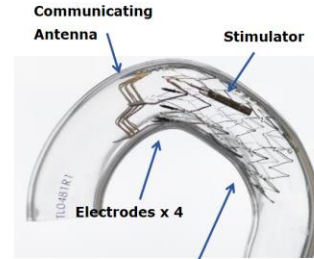


Neuro-hormonal modulation

Aortic pacing based autonomic modulation



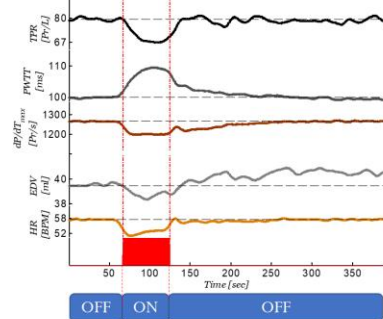
An Implant Unit



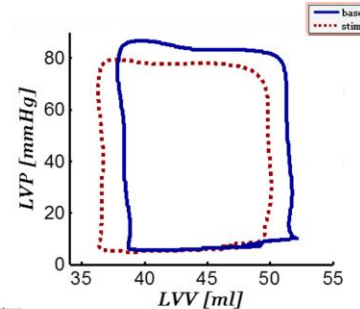
Nitinol Frame
Flexible Design

Leftward shift in PV area

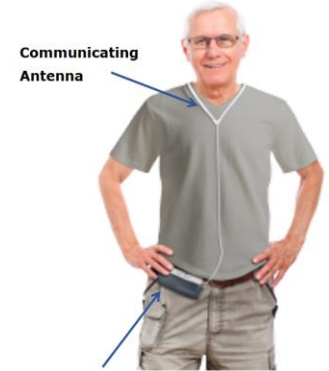
Reduced vascular resistance
Increased vascular compliance



TPR: Total Peripheral Resistance
PWTT: Pulse Wave Travel Time
EDV: End Diastolic Volume



A Wearable, Patient Unit



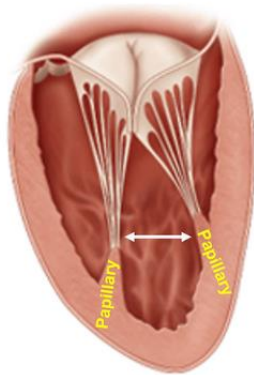
Communicating
Antenna

Rechargeable
Battery

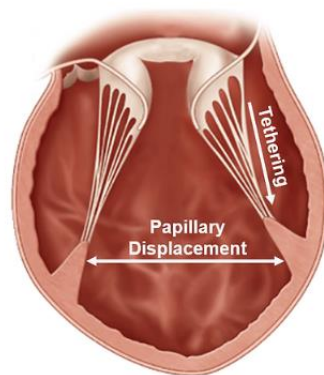


Ventricular Repair

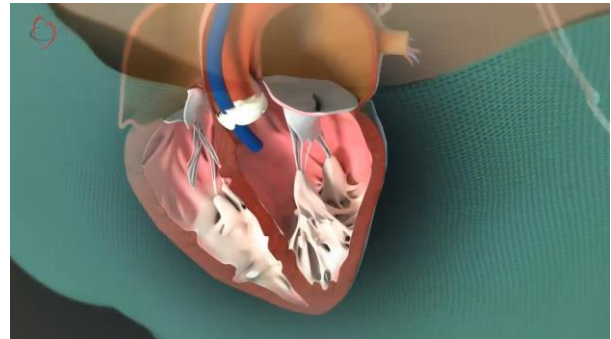
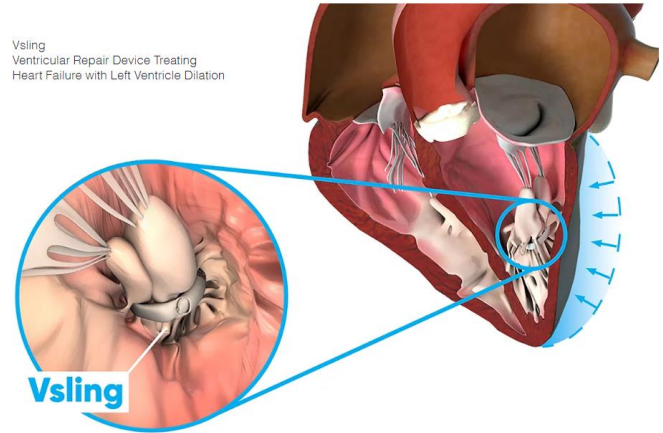
V-Sling – Ventricular Repair




Normal
Left Ventricle



Heart Failure
Dilated Left Ventricle



Summary

- Heart failure epidemic → PPM Patient-(HF)Physician Mismatch → **Digital and remote management**
- **Data Tsunami → Data integration platforms: sense-making algorithms, and tailored alerts.**
- **Renaissance of heart failure devices (mainly from )**



Thank You



HEART FAILURE UNIT
Rambam Health Care Campus

