


Effects of FCM on recurrent HF hospitalisations

An individual participant data meta-analysis

#ESCCongress

Conclusion

 In iron-deficient patients with heart failure (HF) and reduced or mildly reduced left ventricular ejection fraction (LVEF), intravenous ferric carboxymaltose (FCM) is associated with a reduced risk of the composite outcome of total CV hospitalisation and CV death through 52 weeks compared with placebo.

Impact on clinical practice

 Intravenous FCM should be considered in iron-deficient patients with HF and reduced or mildly reduced LVEF to reduce the risk of hospitalisation due to HF and CV causes.

Study objectives

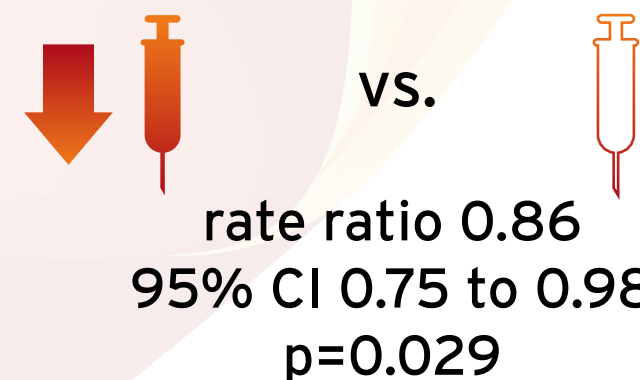
 The meta-analysis evaluated the effects of FCM therapy on hospitalisations and mortality in iron-deficient patients with HF and reduced or mildly reduced LVEF.

Study population

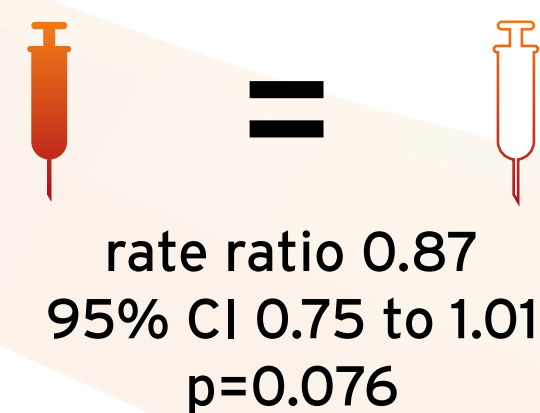
Individual participant data were pooled from 3 randomised, placebo-controlled trials of FCM in adult patients with HF and iron deficiency with ≥ 52 weeks of follow up: CONFIRM-HF, AFFIRM-AHF and HEART-FID.

Primary endpoints

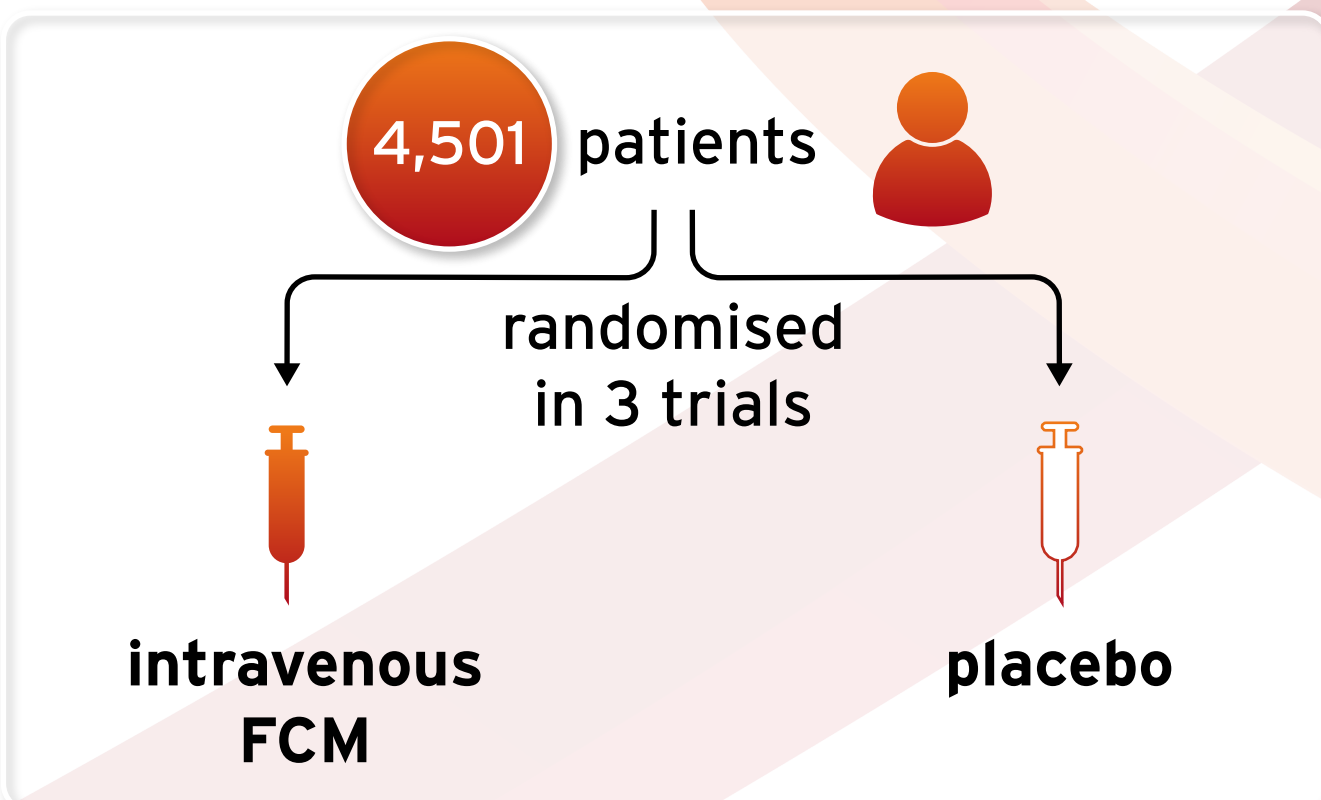
composite of total CV hospitalisations and CV death through 52 weeks of follow up reduced with



composite of total HF hospitalisations and CV death through 52 weeks of follow up no significant difference:

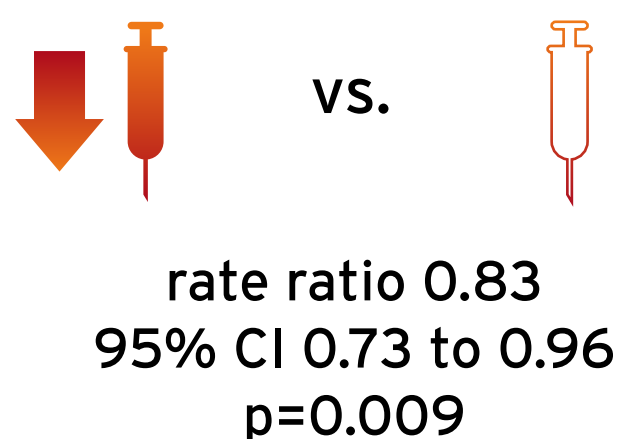


Who and what?

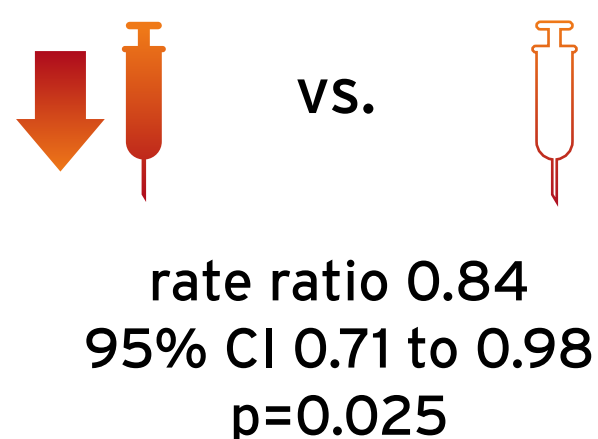


Secondary endpoints

total CV hospitalisations reduced with



total HF hospitalisations reduced with



CV death: no effect with

