

Concept loop animation



Loop Pillar 1

Despite treatment advances,  
the burden of heart failure remains

Ambrosy J Am Coll  
Cardiol 2014, 1123-A-1; 1123-B-1;  
Ponikowski Eur Soc  
Card 2014, 8-A-  
Figure 4 (159,143 +  
306,250 + 229,328  
+ 73,790 + 626,185  
= 1,394,696)

Ponikowski Eur  
Soc Card 2014, 4-  
A-2; 5-A-Figure 2

Cowie HFAESC  
2014, 7-A-4

**~50% mortality**  
within 5 years of hospitalization

**>1,000,000 hospitalizations**  
every year in Europe and the US

**~25 % readmission**  
within 30 days of initial hospitalization

TOUCH TO LEARN MORE

Loop Pillar 2

## Limitations of standard-of-care treatment today



Hartuvee Nat Rev Cardiol 2017, 30-A-1;  
31-A-Key points 2; 31-A-2; 36-B-3; Malik J Mol Cell Cardiol 2011, 454-B-2; 455-A-1; Pazos-López Vasc Health Risk Manag 2011, 245-B-Figure 6

### Current standard-of-care treatment options

directly target compensatory/neurohormonal pathways and help to control symptoms

### What's missing in standard-of-care heart failure treatment today?

TOUCH TO LEARN MORE

Loop Pillar 3

## Let's focus on directly improving cardiac contractility and thereby heart function

Hoekstra Eur J Heart Fail  
2011, 1013-A-1; Vasan J  
Am Coll Cardiol 1999,  
1948-A-1; 1948-B-1

Fearnley Cold Spring Harb  
Perspect Biol 2011, 7-B-3;  
10-A-3; 10-B-1; Hartupee  
Nat Rev Cardiol 2017, 34-  
B-2; Malik J Mol Cell  
Cardiol 2011, 455-A-3

Fearnley Cold Spring Harb  
Perspect Biol 2011, 7-B-3;  
10-A-3; 10-B-1; Hartupee  
Nat Rev Cardiol 2017, 34-  
B-2; Malik J Mol Cell  
Cardiol 2011, 455-A-3

Better **heart muscle function** is associated with survival and better quality of life

Heart muscle function is dependent on **key contractile proteins** in the cardiac sarcomere, myosin and actin

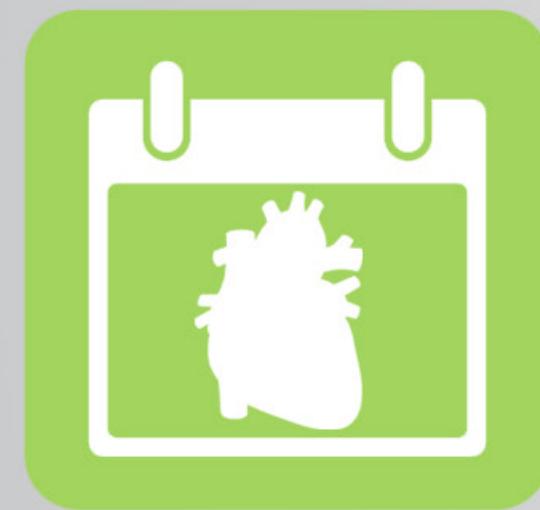


**Direct activation** of myosin may boost cardiac contractility

TOUCH TO LEARN MORE

Interactive Menu

Heart failure  
today



Heart failure  
standard of care



Heart failure  
and contractility



# *Let's be direct* about heart failure today



Ponikowski Eur  
Soc Card 2014, 4-  
A-2; 5-A-Figure 2

Ponikowski Eur  
Soc Card 2014, 4-  
A-2; 5-A-Figure 2

Ambrosy J Am Coll  
Cardiol 2014, 1123-A-1;  
1123-B-1; Ponikowski  
Eur Soc Card 2014, 8-A-  
Figure 4 (159,143 +  
306,250 + 229,328 +  
73,790 + 626,185 =  
1,394,696)

Despite treatment advances, the burden of heart failure remains

~30% mortality within 1 year of hospitalization<sup>1</sup>      ~50% mortality within 5 years of hospitalization<sup>1</sup>

>1,000,000 hospitalizations for heart failure occur every year in Europe and the US<sup>1,2</sup>

~25% readmission within 30 days of initial hospitalization<sup>3</sup>

Up to 70% of direct heart failure costs are due to hospitalization<sup>4</sup>

Cowie HFAESC  
2014, 7-A-4

Neumann Dtsch  
Arztebl Int 2009,  
272-B-2

Juenger Heart  
Jour 2002, 237-B-2

Limited quality of life for HF patients; reduced ability to carry out day-to-day activities<sup>5</sup>

References: 1. Ponikowski P, Anker SD, AlHabib KF, et al. Heart failure: preventing disease and death worldwide. <http://www.oxfordhealthpolicyforum.org/reports/heart-failure/heart-failure>. Published 2014. Accessed March 15, 2019. 2. Ambrosy AP, Fonarow GC, Butler J, et al. The global health and economic burden of hospitalizations for heart failure: lessons learned from hospitalized heart failure registries. *J Am Coll Cardiol.* 2014;63:1123-1133. 3. Cowie MR, Anker SD, Cleland JGF, et al. Improving care for patients with acute heart failure: before, during and after hospitalization. <http://www.oxfordhealthpolicyforum.org/reports/acute-heart-failure/Improving-care-for-patients-with-acute-heart-failure>. Published 2014. Accessed March 15, 2019. 4. Neumann T, Biermann J, Neumann A, et al. Heart failure: the commonest reason for hospital admission in Germany. *Dtsch Arztebl Int.* 2009;106:269-275. 5. Juenger J, Schellberg D, Kraemer S, et al. Health related quality of life in patients with congestive heart failure: comparison with other chronic diseases and relation to functional variables. *Heart.* 2002;87:235-241.



## *Let's be direct* about today's standard of care



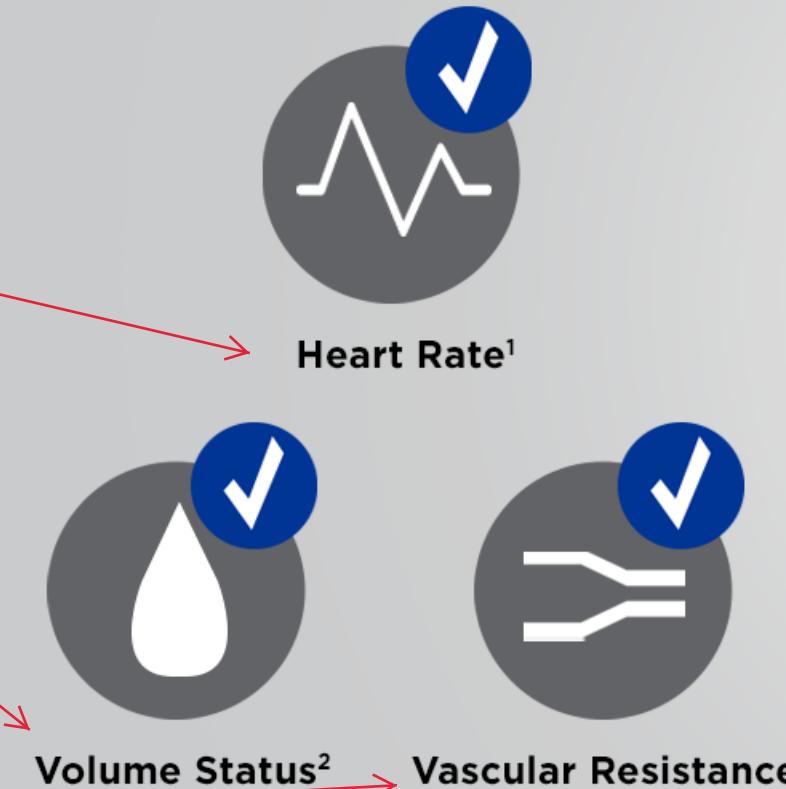
To address the heart's failing mechanics, most current treatments (including ACEIs, ARBs, aldosterone antagonists, beta-blockers, and ADH) aim to improve:<sup>1</sup>

Pazos-López Vasc Health Risk Manag 2011, 245-B-Figure 6

Dalzell ESC Textbook of Intensive and Acute Cardiovascular Care 2018, 5-A-2, Bullets 1-2

Pazos-López Vasc Health Risk Manag 2011, 245-B-Figure 6

Malik J Mol Cell Cardiol 2011, 454-B-2; 455-A-1; McMurray NEJM 2010, 236-B-4; Reddi BJA Educ 2017, 159-B-4



It is time to explore new opportunities for heart failure therapy

References: 1. Pazos-López P, Petrello-Vázquez J, García-Campos A, García-Bueno L, Abujattas de Torres JP, Castro-Belras A. The causes, consequences, and treatment of left or right heart failure. *Vasc Health Risk Manag*. 2011;7:237-254. 2. Dalzell JR, Jackson CE, Gardner R, McMurray JJV. Acute heart failure: early pharmacological therapy. In: Tubaro M, Vranckx P, Price S, Vrints C, eds. *The ESC Textbook of Intensive and Acute Cardiovascular Care*. 2nd ed. Oxford, UK: Oxford University Press; 2015. 3. Malik FI, Morgan BP. Cardiac myosin activation part I: from concept to clinic. *J Mol Cell Cardiol*. 2011;51:454-461. 4. McMurray JJ. Systolic heart failure. *N Engl J Med*. 2010;362:228-238. 5. Reddi BAJ, Shanmugam N, Fletcher N. Heart failure—pathophysiology and inpatient management. *BJA Educ*. 2017;17:151-160.



## Let's be direct about cardiac contractility



Hoekstra Eur J Heart Fail 2011; 10:13-A-1; Vasan J Am Coll Cardiol 1999; 33:1948-A-1; 1948-B-1

Fearnley Cold Spring Harb Perspect Biol 2011; 7-B-3; 10-A-3; 10-B-1; Hartupee Nat Rev Cardiol 2017; 34-B-2; Malik J Mol Cell Cardiol 2011; 455-A-3

Malik J Mol Cell Cardiol 2011; 455-A-4; Reconditi PNAS 2017; 3240-A-2; 3240-B-1

Fearnley Cold Spring Harb Perspect Biol 2011; 10-A-3; 10-B-1; Hartupee Nat Rev Cardiol 2017; 34-B-2; Malik J Mol Cell Cardiol 2011; 455-A-2; 456-A-Figure 1-A; Reconditi PNAS 2016; 3244-A-2; Petersen Crit Care Med 2008; S108-C-2; S109-B-2; S109-C-1; Francis J Am Coll Cardiol 2014; 2070-B-2; 2073-A-2; 2076-A-3

### Let's refocus on the science of cardiac myosin and heart contractility

- Better **heart muscle function** is associated with survival and better quality of life<sup>1,2</sup>
- Heart muscle function is dependent on **key contractile proteins** in the cardiac sarcomere, myosin and actin<sup>3-5</sup>

Activation of the cardiac sarcomere can be achieved by different mechanisms, such as increasing intracellular  $\text{Ca}^{2+}$  concentration or activating cardiac myosin directly<sup>5,6</sup>

#### Traditional inotropes

Increase contractility by increasing  $\text{Ca}^{2+}$  transients, thereby increasing risk of adverse events, such as arrhythmias<sup>3-8</sup>

#### Increased $\text{Ca}^{2+}$ concentrations

Risk of arrhythmia

Myosin-actin cross-bridge formation

CONTRACTION



It is time to look at cardiac contractility in a different way

References: 1. Hoekstra T, Lesman-Leege I, van Veldhuisen DJ, Sanderman R, Jaarsma T. Quality of life is impaired similarly in heart failure patients with preserved and reduced ejection fraction. *Eur J Heart Fail*. 2011;13:1013-1018. 2. Vasan RS, Larson MG, Benjamin EJ, Evans JC, Reiss CK, Levy D. Congestive heart failure in subjects with normal versus reduced left ventricular ejection fraction. *J Am Coll Cardiol*. 1999;33:1948-1955. 3. Fearnley CJ, Roderick HL, Bootman MD. Calcium signaling in cardiac myocytes. *Cold Spring Harb Perspect Biol*. 2011;3:a004242. 4. Hartupee J, Mann DL. Neurohormonal activation in heart failure with reduced ejection fraction. *Nat Rev Cardiol*. 2017;14:30-38. 5. Malik FI, Morgan BP. Cardiac myosin activation part 1: from concept to clinic. *J Mol Cell Cardiol*. 2011;51:454-461. 6. Reconditi M, Caremani M, Pinzauti F, et al. Myosin filament activation in the heart is tuned to the mechanical task. *Proc Natl Acad Sci U S A*. 2017;114:3240-3245. 7. Petersen J, Feilker GM. Inotropes in the management of acute heart failure. *Crit Care Med*. 2008;36:S106-S111. 8. Francis GS, Bartos JA, Adatya S. Inotropes. *J Am Coll Cardiol*. 2014;63:2069-2078.

