

Novel model aids prediction of survival in heart failure with reduced ejection fraction

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For individuals with heart failure with reduced ejection fraction



(HFrEF), a new model facilitates prediction of lifelong overall and heart failure hospitalization-free survival and treatment benefit, according to a study published online Sept. 10 in the *European Journal of Heart Failure*.

Pascal M. Burger, from the University Medical Centre Utrecht in the Netherlands, and colleagues developed and validated the LIFEtime-perspective for Heart Failure (LIFE-HF) <u>model</u> for predicting <u>lifetime risk</u> and treatment benefit in patients with HFrEF. The model was developed in 15,415 participants from the PARADIGM-HF and ATMOSPHERE trials. External validation was performed in 51,286 participants in the SwedeHF registry, ASIAN-HF registry, and DAPA-HF trial.

The researchers found adequate calibration of two- to 10-year risk, and the c-statistics were 0.65 to 0.74, respectively. The model was combined with hazard ratios from trials to allow estimation of an individual's (lifetime) risk and treatment benefit. Combined treatment with a mineralocorticoid receptor antagonist, sodium-glucose cotransporter 2 inhibitor, and angiotensin receptor-neprilysin inhibitor was estimated to afford a median of 2.5 and 3.7 additional years of overall and heart failure hospitalization-free survival, respectively, by applying the tool to the development cohort.

"The model could serve as a tool to improve the management of patients with HFrEF by facilitating personalized medicine and shared decision-making," the authors write.

Several authors disclosed ties to the pharmaceutical industry.

More information: Pascal M. Burger et al, Personalized lifetime prediction of survival and treatment benefit in patients with heart failure with reduced ejection fraction: The LIFE-HF model, *European Journal*



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