**BACKGROUND**

- **Heart failure (HF)**: A progressive disorder most commonly marked by cardiac systolic dysfunction.
- **COSMIC-HF Expansion Phase Study Design**
  - **OBJECTIVE**: To determine the effect of OM vs. placebo on measures related to cardiac volumes and function.
- **METHODS**
  - **Patients (N = 445)**
    - 18-65 years old with chronic HF (NYHA class III, % 30 28)
    - NYHA class II, % 70 72
    - LVEF (%), mean (SD) 29 (7) 29 (7)
    - Ischemic heart disease, % 60 68
    - Race: White, % 91 94
    - Age (years), mean (SD) 64 (10) 63 (12)
    - Concomitant medications, %
      - ACE inhibitors: 71 65
      - ARBs: 24 27
      - Beta-blockers: 96 97
      - MRAs: 59 63
      - Diuretics other than MRAs: 84 90
- **RESULTS**
  - **RESULTS**
    - Placebo-corrected LS Mean (SE) Change from Baseline in LV End-systolic Volume for the OM PK Titration Group
      - Placebo-corrected LS Mean (SE) Change from Baseline in LV End-diastolic Volume for the OM PK Titration Group
    - Placebo-corrected LS Mean (SE) Change from Baseline in Stroke Volume for the OM PK Titration Group
    - Placebo-corrected LS Mean (SE) Change from Baseline in Systolic Ejection Time for the OM PK Titration Group
    - Placebo-corrected LS Mean (SE) Change from Baseline in NT-proBNP for the OM PK Titration Group
  - **Baseline: 52 ± 1 mL**
  - **LV End-systolic Volume**: P = 0.009
  - **LV End-diastolic Volume**: P = 0.517
  - **Stroke Volume**: P = 0.002
  - **Systolic Ejection Time**: P = 0.0002
  - **NT-proBNP**: P = 0.005
  - **Drug Discontinuation**: P = 0.001
  - **Weeks**: 12 20 25
- **CONCLUSIONS**
  - **These data from COSMIC-HF indicate OM produced a sustained increase in LV systolic function in patients with chronic HF with reduced ejection fraction**.
  - **Decreases in diastolic volume and in NT-proBNP during treatment accumulated over time and suggest favorable ventricular remodeling and a progressive reduction in myocardial wall stress**.
  - **The magnitude of cardiac effects observed in this trial may potentially translate into improvements in clinical outcomes**.

**REFERENCES**


**DISCLOSURES**

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