Novartis announces JAMA Cardiology publication of data showing Entresto® improves physical and social activity in HFrEF patients versus enalapril

- Post-hoc analysis of PARADIGM-HF published in JAMA Cardiology shows heart failure patients treated with Entresto experience significant improvements in physical and social activities compared to those taking enalapril

- The improvement in combined physical and social activity of patients treated with Entresto versus enalapril was equivalent to a difference of nine years of aging

- Treatment benefits to health-related quality of life (HRQOL) were seen within eight months and persisted at the three-year follow up period

Basel, April 4, 2018 – Novartis today announced that JAMA Cardiology has published results from a post-hoc analysis demonstrating that treatment with Entresto® (sacubitril/valsartan) significantly improved seven out of 10 types of physical and social activities at eight months in heart failure patients with reduced ejection fraction (HFrEF) versus previous standard of care. The most significant improvements reported were in the ability to carry out household chores and the ability to conduct intimate/sexual relationships. The findings of the analysis are based on data from the PARADIGM-HF trial, the largest clinical trial ever conducted in heart failure.

“Chronic heart failure patients often experience a significant reduction in quality of life, even when compared to other chronic conditions,” said Scott Solomon, MD, Professor of Medicine, Brigham and Women's Hospital, Harvard Medical School, and senior author of the paper. “This analysis shows that treatment with Entresto can reduce limitations in physical and social activities that are important to heart failure patients, helping to preserve their independence, ability to go about their daily lives and maintain personal relationships.”

These data examined the effect of treatment with Entresto on 10 activities related to specific physical and social limitations – which are two of the eight key components of health-related quality of life (HRQOL) assessed by the Kansas City Cardiomyopathy Questionnaire (KCCQ) – as reported by 7,623 patients enrolled in the PARADIGM-HF trial. Treatment with Entresto improved seven out of 10 of these activities at the pre-specified eight month analysis when compared with ACE inhibitor enalapril, with the most significant improvements reported in ability to carry out household chores and ability to conduct intimate/sexual relationships. The improvement in combined physical and social activity of patients treated with Entresto versus enalapril was equivalent to a difference of nine years of aging. Importantly, the physical and social improvements were observed from the eight-month visit, and were sustained during the study’s three-year follow up period.

“These results add to the growing body of evidence that, beyond reducing the risk of death and hospitalization, Entresto has a positive impact on the quality of life of heart failure patients,” said Shreeram Aradhye, Chief Medical Officer and Global Head, Medical Affairs, Novartis Pharmaceuticals. “Additionally, as the majority of patients in the PARADIGM-HF
study were in the earlier stages of heart failure – NYHA class II – these data are an encouraging indication that Entresto may improve clinically important measures of quality of life, even in patients who do not yet suffer from the more severe symptoms of heart failure.”

KCCQ is a self-administered HRQL measure specifically developed and validated for heart failure patients, with higher scores indicating fewer symptoms. This analysis explored the effects on treatment with Entresto on dressing, showering, climbing a flight of stairs, walking 100 yards, visiting family or friends, jogging, gardening, hobbies, doing household chores and intimate/sexual relationships. In PARADIGM-HF, Entresto was shown to reduce the risk of cardiovascular death or first heart failure hospitalization compared with enalapril.

These data were previously presented at the Heart Failure Society of America (HFSA) 21st Annual Scientific Meeting in Grapevine, Texas in September 2017.

About Heart Failure
Heart failure is a debilitating and life-threatening condition, which impacts over 60 million people worldwide. It is the leading cause of hospitalization in people over the age of 65. About half of people with heart failure have heart failure with reduced ejection fraction (HFrEF). Reduced ejection fraction means the heart does not contract with enough force, so less blood is pumped out. Heart failure presents a major and growing health-economic burden that currently costs the world economy $108 billion every year, which accounts for both direct and indirect costs.

Novartis has established the largest global clinical program in the heart failure disease area across the pharma industry to date, FortiHFy, comprising over 40 active or planned clinical studies designed to generate an array of additional data on symptom reduction, efficacy, quality of life benefits and real world evidence with Entresto, as well as to extend understanding of heart failure.

About Entresto® (sacubitril/valsartan)
Entresto is a twice-a-day medicine that reduces the strain on the failing heart. It does this by enhancing the protective neurohormonal systems (natriuretic peptide system) while simultaneously inhibiting the harmful effects of the overactive renin-angiotensin-aldosterone system (RAAS). Other common heart failure medicines, called angiotensin converting enzyme (ACE) inhibitors and angiotensin II receptor blockers (ARBs), only block the harmful effects of the overactive RAAS. Entresto contains the neprilysin inhibitor sacubitril and the angiotensin receptor blocker (ARB) valsartan.

In Europe, Entresto is indicated in adult patients for the treatment of symptomatic chronic heart failure with reduced ejection fraction. In the United States, Entresto is indicated for the treatment of heart failure (New York Heart Association class II-IV) in patients with systolic dysfunction. It has been shown to reduce the rate of cardiovascular death and heart failure hospitalization compared to enalapril, and also to reduce the rate of all-cause mortality compared to enalapril. Entresto is usually administered in conjunction with other heart failure therapies, in place of an ACE inhibitor or other angiotensin receptor blocker (ARB). Approved indications may vary depending upon the individual country.

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About Novartis
Novartis provides innovative healthcare solutions that address the evolving needs of patients and societies. Headquartered in Basel, Switzerland, Novartis offers a diversified portfolio to best meet these needs: innovative medicines, cost-saving generic and biosimilar pharmaceuticals and eye care. Novartis has leading positions globally in each of these areas. In 2017, the Group achieved net sales of USD 49.1 billion, while R&D throughout the Group amounted to approximately USD 9.0 billion. Novartis Group companies employ approximately 122,000 full-time-equivalent associates. Novartis products are sold in approximately 155 countries around the world. For more information, please visit http://www.novartis.com.

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References
10. Entresto Prescribing Information.

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