A Multicenter Tolvaptan study For Uncontrolled volume overload in Japanese acute decompensated heart fallure patients: A prospective observational multicenter cohort study



MT FUJI study

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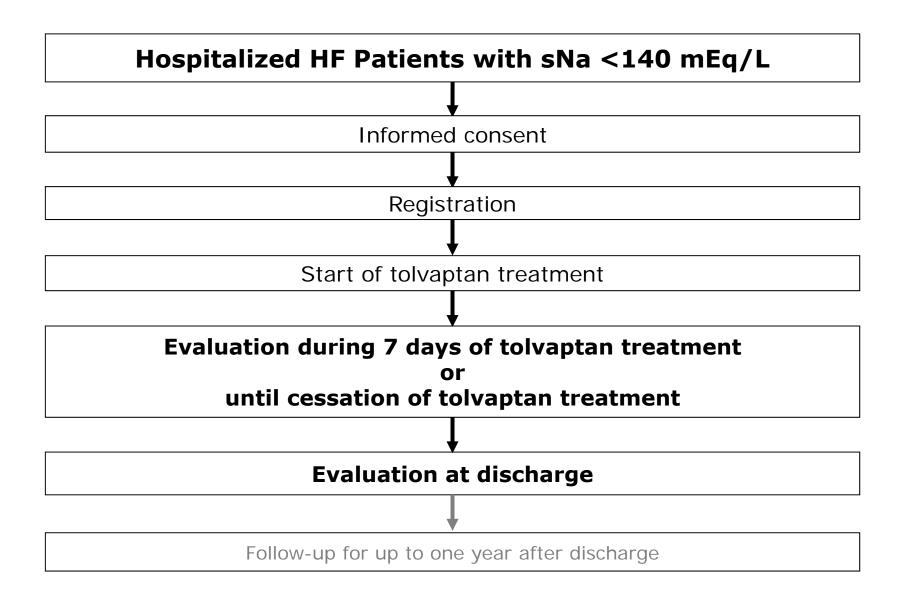


Goal

To clarify patient characteristics and outcome treated by tolvaptan in hypo-natremic HF patients, before a prospective randomized trial.



Outline of the study





Endpoints

- Efficacy and Safety -

- 1) Changes in signs and symptoms of congestion during treatment with tolvaptan
- 2) Changes in laboratory data (sNa, urinary volume, biomarkers, etc) during treatment with tolvaptan
- 3) Outcome in-hospital mortality

one-year events after discharge total death Cardiovascular events

HF re-hospitalization, ventricular arrhythmia, ACS, Stroke

Cardiovascular death

HF, ACS, Stroke, sudden death, unknown, others

4) Exploratory analysis efficacy and safety of tolvaptan treatment outcome by tolvaptan treatment

Inclusion Criteria

Heart failure (HF) was diagnosed according to the Framingham criteria with BNP>100pg/ml or NT-proBNP>400 pg/ml.

- 1. Hospitalized for acute exacerbation of chronic HF presenting with congestion
- 2. Serum sodium level at admission < 140 mEq/L
- 3. Age >20 years old
- 4. Written informed consent signed before any studyspecific procedure



Exclusion Criteria

- 1. History of hypersensitivity to any component of this product or analogous compounds (mozavaptan hydrochloride, etc.)
- 2. Anuria
- 3. Lack of a sense of thirst or difficulty in taking water
- 4. Pregnant or possibly pregnant women
- 5. Under treatment with tolvaptan at the time of registration for this study
- Diagnosed as having acute coronary syndrome or scheduled for coronary angioplasty during the study period
- 7. Judged by the physician-in-charge as being an unsuitable candidate for the study

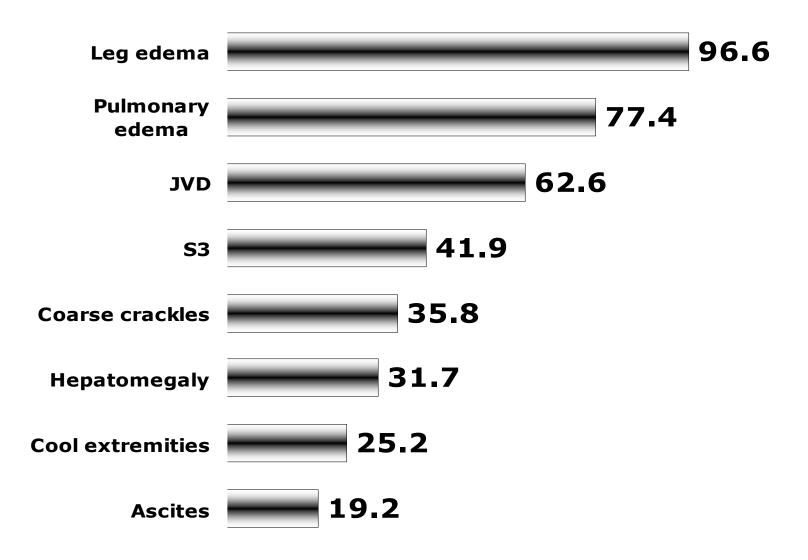


Patient characteristics

Number of patients	N	265
Sex (n,%)	Men	175,66
	Women	90,34
Age (yrs)	Mean	74.5±12.9
Distribution of age (%)	<50	5.7
	50 - <65	14.0
	65 - <75	23.4
	75=<	57.0
Etiology (%)	Ischemic	32.4
	Hypertensive	8.7
	Cardiomyopathy	20.4
	Valvular	27.2
	others	10.9
	unknown	0.4
Prior hospitalization for HF (%)	Yes	35.1
	No	63.8
	unknown	1.1



Signs and symptoms before TLV



Data are shown in percentage. TLV, tolvaptan; JVD, jugular venous distension; S3, third heart sound.



Baseline data (1)

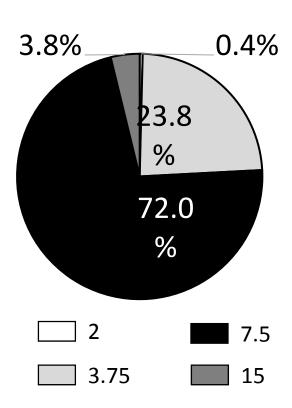
	Mean	SD
SBP [mmHg]	110.8	22.0
DBP [mmHg]	61.2	12.5
HR [bpm]	76.0	17.2
Alb [g/dL]	3.41	0.60
Cre [mg/dL]	1.45	0.80
Na [mEq/L]	134.8	4.5
K [mEq/L]	4.19	0.55
CI [mEq/L]	99.4	6.2
BUN [mg/dL]	30.8	16.4
sOsm [mOsm/L]	298.9	158.8
T-Bil [mg/dL]	1.11	0.82
eGFR [mL/min/1.73m ²]	43.7	21.5
uOsm [mOsm/L]	398.2	134.3

SBP, systolic blood pressure; DBP, diastolic BP; HR, heart rate; Alb, serum albumin; Cre, serum creatinine; BUN, blood urea nitrogen; sOsm, serum osmolality; uOsm, urinary Osm.

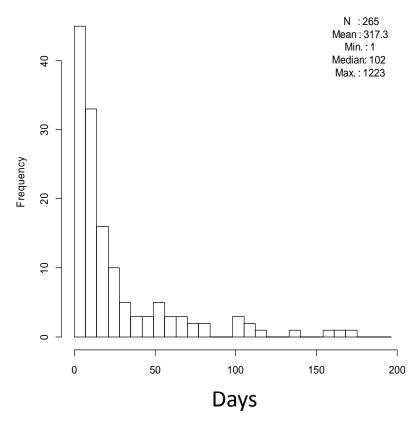


Dose and duration of Tolvaptan

Initial dose (mg)

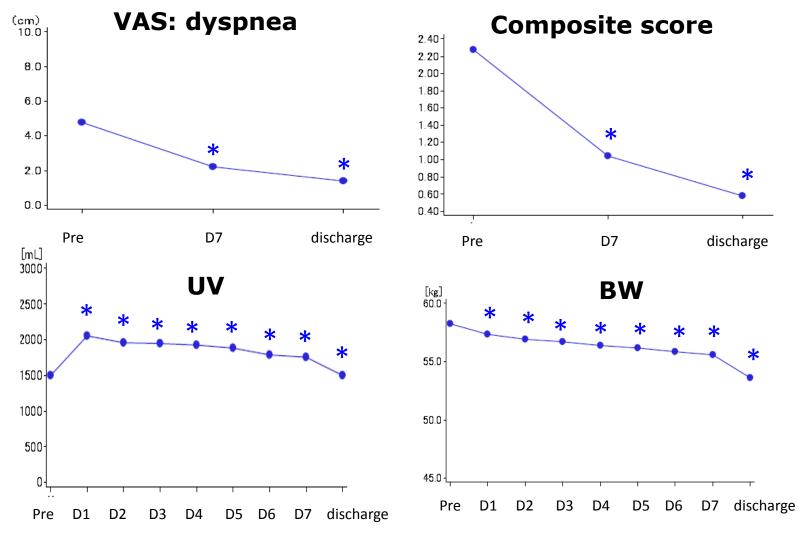


Duration of treatment





Changes in congestion

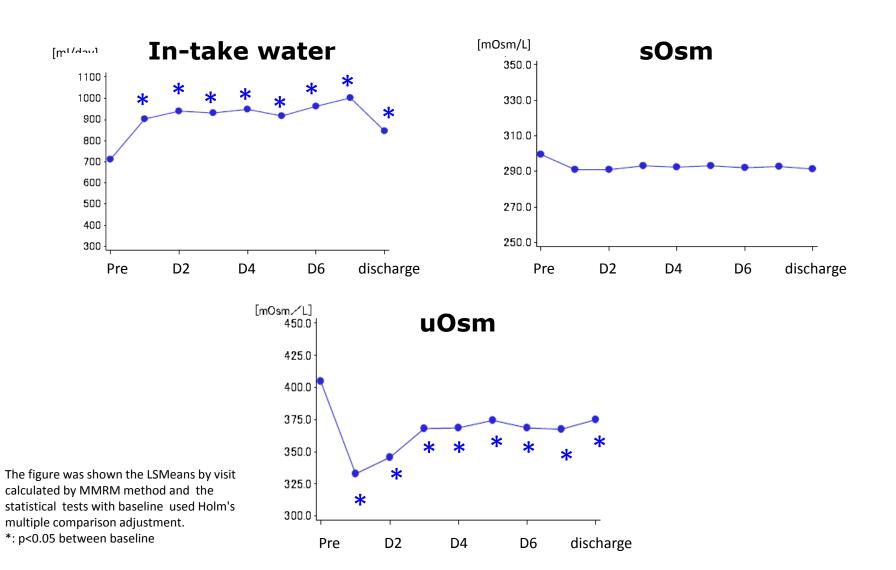


The figure was shown the LSMeans by visit calculated by MMRM method and the statistical tests with baseline used Holm's multiple comparison adjustment.

*: p<0.05 between baseline

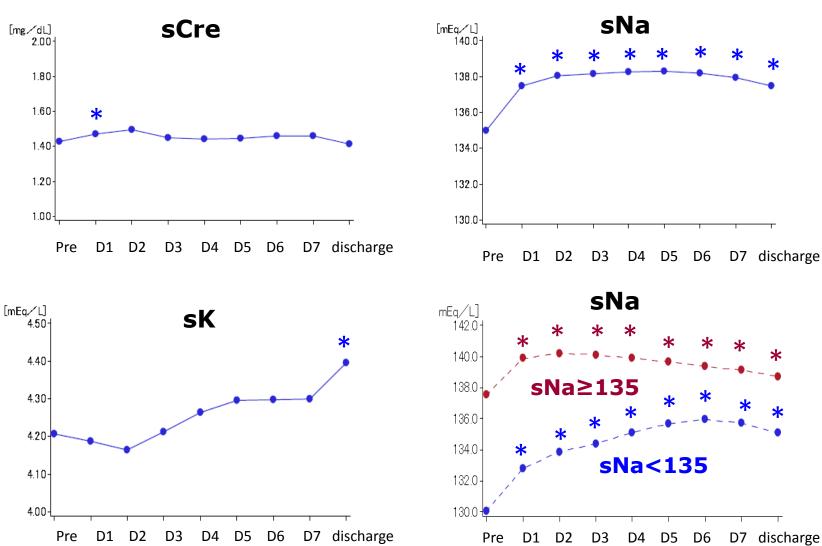


Changes in parameters (1)





Changes in parameters (2)



The figure was shown the LSMeans by visit calculated by MMRM method and the statistical tests with baseline used Holm's multiple comparison adjustment.

*: p<0.05 between baseline

Summary & conclusion

The present study confirmed that beneficial effects of tolvaptan even in hyponatremic HF patients.

Based on these results of the present study, further analysis should be performed. Then, further prospective study to clarify improved outcome by tolvaptan should be conducted in such high risk populations.



Acknowledge

木原循環器科内科医院 循環器科•内科
日本医科大学付属病院 循環器内科
福島県立医科大学附属病院 循環器・血液内科学講座
三重大学医学部附属病院 循環器・腎臓内科学
大阪大学医学部附属病院 循環器内科
日本医科大学武蔵小杉病院 循環器内科
国立循環器病研究センター病院 心臓血管内科
昭和大学藤が丘病院 循環器内科
自治医科大学附属病院 循環器内科
鳥取大学医学部附属病院 病態情報内科学
聖隷浜松病院 循環器科
天理よろづ相談所病院 循環器内科
大阪府警察協会大阪警察病院 循環器内科
東京女子医科大学病院 循環器内科
東京大学医学部附属病院 重症心不全治療開発講座
北里大学病院 循環器内科
旭川医科大学病院 第一内科
製鉄記念八幡病院 循環器内科
姫路循環器病センター 循環器内科
松江赤十字病院 循環器内科
徳島県立中央病院 循環器内科
富士吉田市立病院 循環器内科
島根大学医学部附属病院 循環器内科
熊本県済生会熊本病院 循環器内科
日本医科大学千葉北総病院 集中治療部
東海大学医学部付属八王子病院 循環器内科