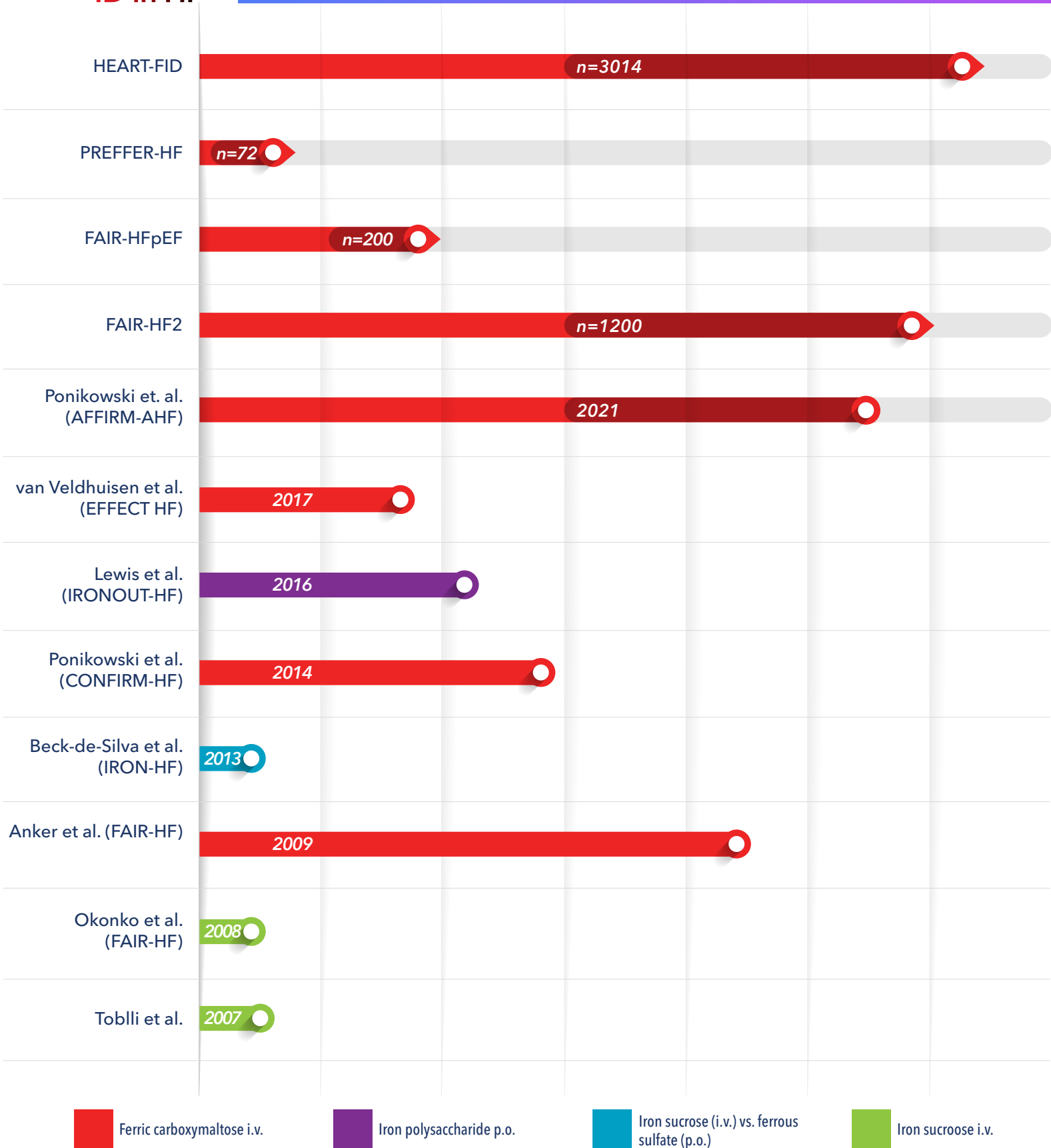


Outline of ongoing trials & major publications assessing effects of treatment of iron deficiency in chronic heart failure.



i.v., intravenous; p.o., per os.
*Ongoing trials are marked with an arrow

Details of Ongoing Studies

[www. clinicaltrials.gov](http://www.clinicaltrials.gov)

STUDY	INCLUSION	IRON	OUTCOME
Intravenous Iron in Patients With Systolic Heart Failure and Iron Deficiency to Improve Morbidity & Mortality. FAIR-HF2 , (n=1200) (NCT03036462)	HF, confirmed iron deficiency, Hb 9.5-14.0 g/dL	FCM (1,000 mg, then 500- 1,000 mg within 4 weeks [max 2,000 mg total], then 500 mg every 4 months	HF hospitalizations and CV death (composite endpoint)
A Randomized, Double-Blind, Placebo-Controlled Study to Investigate the Efficacy and Safety of Injectafer® (Ferric Carboxymaltose) as Treatment for Heart Failure With Iron Deficiency. HEART-FID , NCT03037931 (n=3014)	NYHA II-IV, LVEF ≤35% or LVEF ≤25% in prior 2 years, Hb >9.0 g/dL and <13.5 g/dL (F) or <15.0 g/dL (M), ferritin <100 µg/L or 100 - 299 µg/L with TSAT <20%, either HFH within 12 months or elevated NP	FCM (2 doses of 15 mg/kg to a max. individual dose of 750 mg 7 days apart and a maxi combined dose of 1,500 mg, repeated every 6 months) vs placebo	Death and HFH at 1 year, and change in 6MWD at 6 months
Effectiveness of Intravenous Iron Treatment vs Standard Care in Patients With Heart Failure and Iron Deficiency: a Randomized, Open-label Multicenter Trial. IRONMAN , NCT02642562 (n=1299)	NYHA II-IV, LVEF <45%, Hb ≥9.0 g/dL and ≤13.0 g/dL (F) or ≤14.0 g/dL (M), ferritin <100 µg/L and/or TSAT <20% (with ferritin ≤ 400 µg/L), either HFH in 6 months or elevated NP	Iron isomaltoside (doses based on weight and Hb) vs "usual care"	CV mortality or HFH
Effect of IV Iron (Ferric Carboxymaltose) on Exercise Tolerance, Symptoms and Quality of Life in Patients With HFpEF and Iron Deficiency With and Without Anemia. FAIR-HFpEF , NCT03074591 (n=200)	HF with preserved LVEF (HFpEF) and diastolic dysfunction, LVEF ≥45%, NYHA II-III, either HFH within 1 year or elevated NP, Hb >9.0 g/dL and ≤14.0 g/dL, ferritin <100 µg/L or ferritin 100-299 with TSAT <20%, 6MWD <450 m	FCM vs placebo	Exercise capacity: change in 6MWD from baseline to 12 months

ADAPTED FROM:

- Loncar, Goran, et al. "Iron deficiency in heart failure." ESC heart failure (2021).
- Ponikowski, Piotr, et al. "Ferric carboxymaltose for iron deficiency at discharge after acute heart failure: a multicentre, double-blind, randomised, controlled trial." The Lancet 396.10266 (2020): 1895-1904.
- Jankowska, Ewa A., et al. "The effect of intravenous ferric carboxymaltose on health-related quality of life in iron-deficient patients with acute heart failure: the results of the AFFIRM-AHF study." European heart journal (2021).
- ClinicalTrials.gov