Supplementary material

Early Sacubitril/Valsartan-driven Benefit on Exercise Capacity in Heart Failure With Reduced Ejection Fraction: A Pilot Study

SUPPLEMENTARY MATERIAL

Figure 1 of the supplementary material. Flowchart for patient inclusion and follow-up. ACE/ARB, angiotensin-converting enzyme inhibitor/angiotensin receptor blocker; CPET, cardiopulmonary exercise testing; HF, heart failure; LVEF, left ventricular ejection fraction; NYHA, New York Heart Association functional class.

Assessed for eligibility (NYHA II-III, LVEF < 40%, prior treatment with ACEI/ARB) n = 33
Candidate patients were selected from the outpatient HF unit of a third level center in Spain from March 1st, 2017 to July 1st, 2017

Not eligible for sacubitril/valsartan (n = 14)
- Exclusion criteria
  - Systolic blood pressure at screening ≤ 100 mmHg (n = 5)
  - Estimated glomerular filtration rate below 30 mL/min/1.73 m² (n = 3)
  - Not able to perform a valid CPET (n = 4)
  - Potassium > 5.4 mEq/L (n = 1)
- Eligible, but declined to participate (n = 1)

Written informed consent and examinations n = 19

Excluded (n = 3)
- Informed consent withdrawal (n = 1)
- Withdrawal of sacubitril/valsartan because of asymptomatic hypotension (n = 2)

Follow-up n = 16
Figure 2 of the supplementary material. Thirty-day effects of sacubitril/valsartan on quality of life, NT-proBNP and renal function. A: changes of MLHF. B: changes of log of NT-proBNP. C: changes of estimated glomerular filtration rate. eGFR, estimated glomerular filtration rate using the Modification of Diet in Renal Disease formula; MLHF, Minnesota Living with Heart Failure Questionnaire; NT-proBNP, N-terminal pro-B-type natriuretic peptide. Adjusted for baseline values of the exposures.