



HEART FAILURE MANAGEMENT  
THAT'S ALWAYS THERE.  
SO YOU DON'T HAVE TO BE.

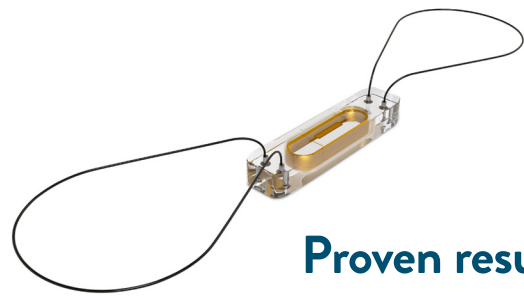
**CardioMEMS™**  
HF SYSTEM

  
**Abbott**

# RELY ON REMOTE READINGS TO MAXIMIZE CARE<sup>1</sup>

You can't always be there to monitor your patients with heart failure. The CardioMEMS™ HF System can give you regular updates on their pulmonary artery pressure anyway.

With remote access to precise hemodynamic data, you can detect worsening heart failure between office visits and make proactive GDMT adjustments that help prevent decompensation.<sup>1</sup>



## Proven results with the CardioMEMS™ HF System



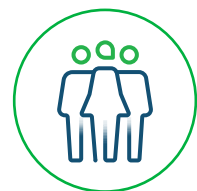
### Clinically proven to reduce PA pressures

Only remote PAP monitor proven to reduce overall PA pressures,<sup>1-10</sup> which is linked to lower mortality<sup>11</sup>



### Depth of clinical data

Studied in more than 8,000 heart failure patients in multiple clinical trials, including three randomized clinical trials<sup>1,2,6</sup>



### Trusted by cardiologists

Leading remote PAP monitor for 10+ years, helping more than 50,000 patients<sup>13</sup>

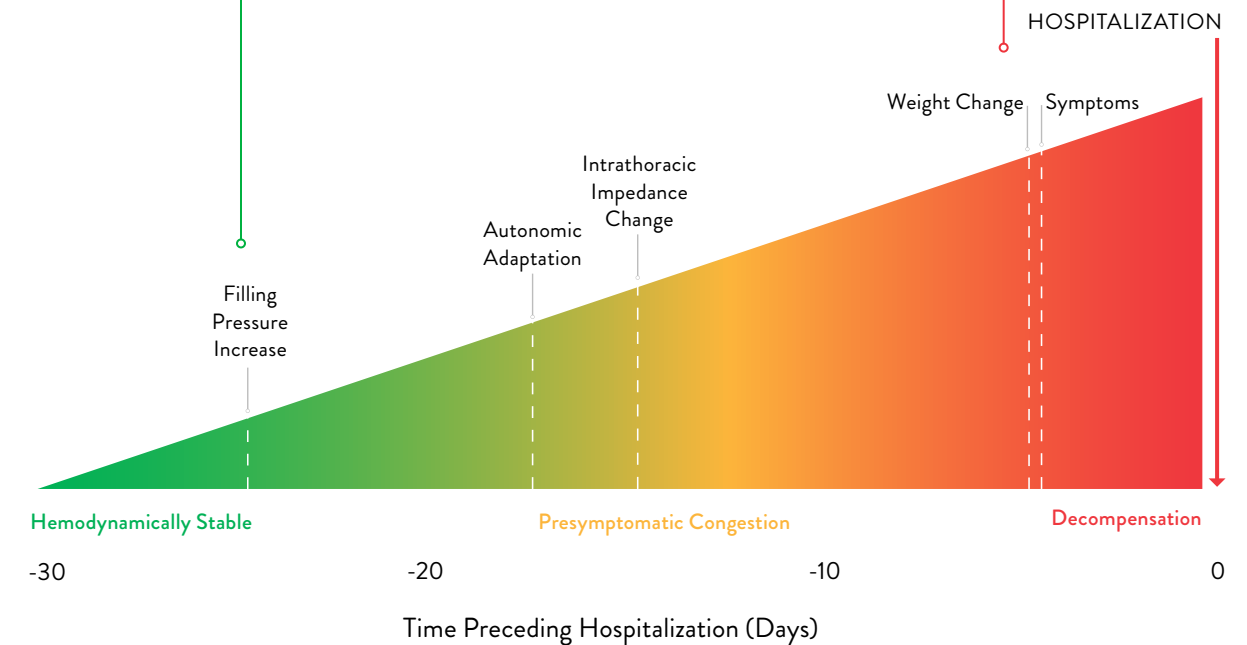
## Earlier intervention with PAP monitoring

### Detect worsening heart failure sooner...

The CardioMEMS™ HF System detects increasing PA pressure, which can indicate worsening heart failure weeks before symptoms appear.<sup>14</sup>

### ...instead of waiting for signs and symptoms to present

Care teams have traditionally relied on markers like fatigue, shortness of breath, and weight gain. Waiting this long to intervene often means patients will need to be hospitalized to address symptoms.<sup>14</sup>

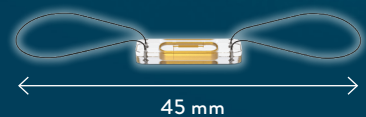


Graph adapted from Adamson PB. Pathophysiology of the transition from chronic compensated and acute decompensated heart failure: new insights from continuous monitoring devices. *Curr Heart Fail Rep.* 2009;6(4):287-292.

GDMT=guideline-directed medical therapy; HF=heart failure; PA=pulmonary artery; PAP=pulmonary artery pressure.

# DATA-DRIVEN CARE BETWEEN OFFICE VISITS

Remote hemodynamic-guided management with the CardioMEMS™ HF System has become increasingly important in heart failure care.



PA sensor shown at actual size

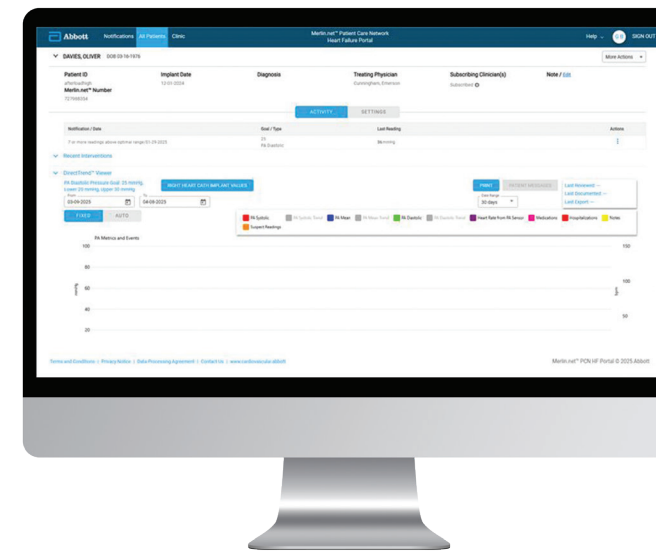
## 1 One small device

The CardioMEMS™ PA Sensor is inserted via a commonly performed right heart catheterization, often as an outpatient procedure. Most patients can return home the same day, giving you actionable presymptomatic data to inform proactive treatment modifications going forward.



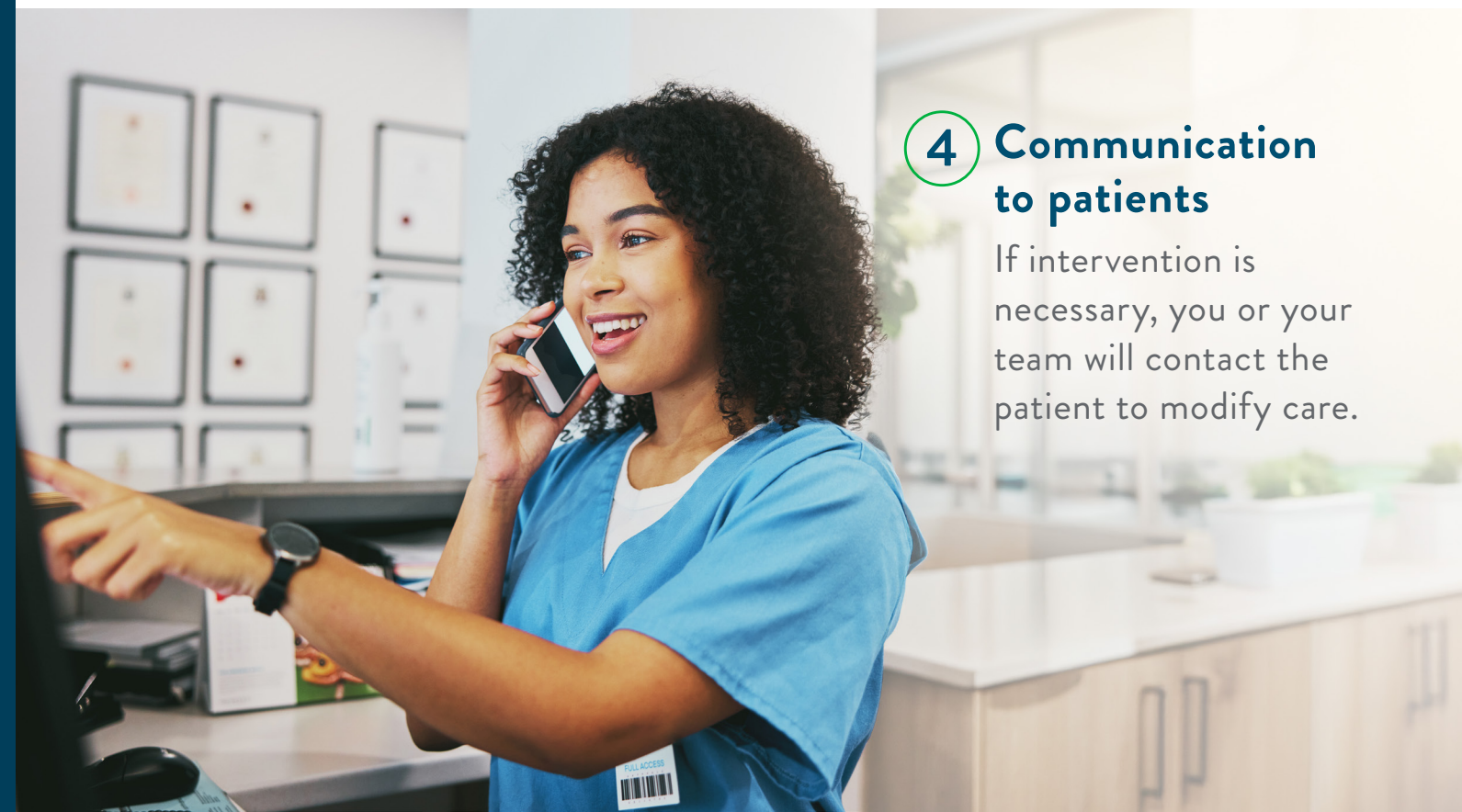
## 2 Daily readings

Patients take daily readings using the portable CardioMEMS™ HERO Device, giving you a clear picture of their hemodynamic status.



## 3 Access to presymptomatic PA pressure data

Patient readings are uploaded remotely to the Merlin.net™ Patient Care Network (PCN) Heart Failure Portal, a secure website that easily presents PA pressure data. Based on customizable settings, you can identify patients who need attention, allowing you to intervene before they become symptomatic.



## 4 Communication to patients

If intervention is necessary, you or your team will contact the patient to modify care.

# PROVEN RESULTS FOR HFpEF AND HFrEF PATIENTS<sup>1,3,4,11,15,16</sup>



## REDUCED MORTALITY

**25% reduction**  
in HFrEF mortality  
at 2 years<sup>15</sup>

**3% reduction**  
in mortality at 2 years  
for every 1 mmHg  
reduction in PAD in the  
first 6 months<sup>11</sup>



## REDUCED HOSPITALIZATIONS

**60% reduction**  
in risk of HFpEF  
hospitalizations<sup>4</sup>

**54% reduction**  
in risk of HFrEF  
hospitalizations<sup>4</sup>

**77% reduction**  
in 30-day heart failure  
readmissions<sup>16</sup>

**62% reduction**  
in overall real-world heart  
failure hospitalizations  
1 year post implant<sup>3</sup>

**IMPROVED  
QUALITY OF LIFE**

**7-point improvement**  
in KCCQ quality-of-life score<sup>1</sup>



# WITH YOUR PATIENTS EVERY STEP OF THE WAY

## Patients stay on the go

Remote management means a decrease in frequency of visits and commuting to appointments, so patients enjoy more of their day-to-day activities knowing their care team is monitoring their heart failure.

## Peace of mind

The data you receive to make proactive treatment plans is improving your patients' quality of life<sup>1,2</sup> and lifestyles. As you confidently personalize heart failure care for each patient with presymptomatic, trend-based data, this proactive approach can make patients feel confident and re-energized, and helps reduce HF-related hospitalizations.<sup>1</sup>

Meet  
**ALICIA**

“

*CardioMEMS isn't just a guardian against heart failure; it's a constant reassurance, turning what was once a fearful journey into a path filled with confidence and clarity.*”

—Alicia has heart failure and uses the CardioMEMS™ HF System



This testimonial relays an account of an individual's response to the treatment. This patient's account is genuine, typical, and documented. However, it does not provide any indication, guide, warranty, or guarantee as to the response other persons may have to the treatment. Responses to the treatment discussed can and do vary and are specific to the individual patient.



## Meet BOB

“

*In dentistry, we live in the preventative world. We don't want to fix things, rather we want to prevent disease. For me, the CardioMEMS HF System was a preventative measure.* ”

—Bob has heart failure and uses the CardioMEMS™ HF System

## HELPING YOUR TEAM OPTIMIZE OUTCOMES

The CardioMEMS™ HF System is made by Abbott, the pioneer of remote pulmonary artery pressure monitoring, and a leader in medical devices and heart failure management.<sup>17</sup>

Proactive PA pressure monitoring with the CardioMEMS™ HF System, combined with pressure-informed medication adjustments are proven to help slow the progression of heart failure, reduce the risk of heart failure hospitalizations and mortality, and enable people with heart failure to live longer, fuller lives.<sup>1,14,15,18</sup>

This testimonial relays an account of an individual's response to the treatment. This patient's account is genuine, typical, and documented. However, it does not provide any indication, guide, warranty, or guarantee as to the response other persons may have to the treatment. Responses to the treatment discussed can and do vary and are specific to the individual patient.

# LEARN MORE AT [CARDIOVASCULAR.ABBOTT/CARDIOMEMS](https://www.cardiovascular.abbott/cardiomems)



## CardioMEMS™ HF SYSTEM

**References:** **1.** Brugts JJ, Radhoe SP, Clephas PRD, et al; MONITOR-HF investigators. Remote haemodynamic monitoring of pulmonary artery pressures in patients with chronic heart failure (MONITOR-HF): a randomised clinical trial [published correction appears in *Lancet*. 2023;401(10394):2112]. *Lancet*. 2023;401(10394):2113-2123. doi:10.1016/S0140-6736(23)00923-6. **2.** Abraham WT, Adamson PB, Bourge RC, et al; CHAMPION Trial Study Group. Wireless pulmonary artery haemodynamic monitoring in chronic heart failure: a randomized controlled trial. *Lancet*. 2011;377(9766):658-666. doi:10.1016/S0140-6736(11)60101-3. **3.** Angermann CE, Assmus B, Anker SD, et al; MEMS-HF Investigators. Pulmonary-artery-pressure-guided therapy in ambulatory patients with symptomatic heart failure: the CardioMEMS European Monitoring Study for Heart Failure (MEMS-HF). *Eur J Heart Fail*. 2020;22(10):1891-1901. doi:10.1002/ejhf.1943. **4.** Shavelle DM, Desai AS, Abraham WT, et al; CardioMEMS Post-Approval Study Investigators. Lower rates of heart failure and all-cause hospitalizations during pulmonary artery pressure-guided therapy for ambulatory heart failure. *Circ Heart Fail*. 2020;3(8):e006863. doi:10.1161/CIRCHEARTFAILURE.119.006863. **5.** Heywood JT, Zalawadiya S, Bourge RC, et al; CardioMEMS Post-Approval Study Investigators. Sustained reduction in pulmonary artery pressures and hospitalizations during 2 years of ambulatory monitoring. *J Card Fail*. 2023;29(1):56-66. doi:10.1016/j.cardfail.2022.10.422. **6.** Lindenfeld J, Zile MR, Desai AS, et al. Haemodynamic-guided management of heart failure (GUIDE-HF): a randomised controlled trial. *Lancet*. 2021;398:991-1001. doi:10.1016/S0140-6736(21)01754-2. **7.** Mehra M, Costanzo MR, Zile M, et al; GUIDE-HF Trial Investigators. Primary results of the prospective single arm trial of hemodynamic-guided management of heart failure (GUIDE-HF). Presented at: Heart Failure Society of America (HFSA) Conference; October 2023; Cleveland, OH. **8.** Heywood JT, Jermyn R, Shavelle D, et al. Impact of practice-based management of pulmonary artery pressures in 2000 patients implanted with the CardioMEMS sensor. *Circulation*. 2017;135:1509-17. doi:10.1161/CIRCULATIONAHA.116.026184. **9.** Cowie MR, Flett A, Cowburn P, et al. Real-world evidence in a national health service: results of the UK CardioMEMS HF System Post-Market Study. *ESC Heart Fail*. 2022;9(1):48-56. doi:10.1002/ehf2.13748. **10.** Guichard JL, Bonno EL, Nassif ME, et al. Seated pulmonary artery pressure monitoring in patients with heart failure: results of the PROACTIVE-HF Trial. *JACC Heart Fail*. 2024;12(11):1879-1893. doi:10.1016/j.jchf.2024.05.017. **11.** Zile MR, Abraham WT, Stevenson LW, et al. Relationship between remote, ambulatory pulmonary artery pressures, and all-cause mortality in patients with chronic heart failure. *Circ Heart Fail*. 2025:e012754. doi:10.1161/CIRCHEARTFAILURE.124.012754. **12.** Clephas PRD, Zwartkuis VW, Malgie J, et al. Pulmonary artery pressure monitoring in chronic heart failure: effects across clinically relevant subgroups in the MONITOR-HF trial. *Eur Heart J*. 2024;45(32):2954-2964. doi:10.1093/eurheartj/ehae323. **13.** Data on file. Abbott. **14.** Adamson PB. Pathophysiology of the transition from chronic compensated and acute decompensated heart failure: new insights from continuous monitoring devices. *Curr Heart Fail Rep*. 2009;6(4):287-292. doi:10.1007/s11897-009-0039-z. **15.** Lindenfeld J, Costanzo MR, Zile MR; GUIDE-HF, CHAMPION, and LAPTOP-HF Investigators. Implantable hemodynamic monitors improve survival in patients with heart failure and reduced ejection fraction. *J Am Coll Cardiol*. 2024;83(6):682-694. doi:10.1016/j.jacc.2023.11.030. **16.** Adamson PB, Abraham WT, Stevenson LW, et al. Pulmonary artery pressure-guided heart failure management reduces 30-day readmissions. *Circ Heart Fail*. 2016;9(6):e002600. doi:10.1161/CIRCHEARTFAILURE.115.002600. **17.** Heidenreich P. Heart failure management guidelines: new recommendations and implementation. *J Cardiol*. 2024;83(2):67-73. doi:10.1016/j.jjcc.2023.10.009. **18.** Givertz MM, Stevenson LW, Costanzo MR, et al; CHAMPION Trial Investigators. Pulmonary artery pressure-guided management of patients with heart failure and reduced ejection fraction. *J Am Coll Cardiol*. 2017;70(15):1875-1886. doi:10.1016/j.jacc.2017.08.010.

### Abbott

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[Cardiovascular.Abbott/CardioMEMS](https://www.cardiovascular.abbott/cardiomems)

### Rx Only

**Brief Summary:** Prior to using these devices, please review the Instructions for Use for a complete listing of indications, contraindications, warnings, precautions, potential adverse events and directions for use.

**CardioMEMS™ HF System Indications and Usage:** The CardioMEMS™ HF System is indicated for wirelessly measuring and monitoring pulmonary artery pressure and heart rate in NYHA Class II or III heart failure patients who either have been hospitalized for heart failure in the previous year and/or have elevated natriuretic peptides. The hemodynamic data are used by physicians for heart failure management with the goal of controlling pulmonary artery pressures and reducing heart failure hospitalizations.

**CardioMEMS™ HF System Contraindications:** The CardioMEMS™ HF System is contraindicated for patients with an inability to take dual antiplatelet or anticoagulants for one month post implant.

**CardioMEMS™ HF System Potential Adverse Events:** Potential adverse events associated with the implantation procedure include, but are not limited to, the following: air embolism, allergic reaction, infection, delayed wound healing, arrhythmias, bleeding, hemoptysis, hematoma, nausea, cerebrovascular accident, thrombus, cardiovascular injury, myocardial infarction, death, embolization, thermal burn, cardiac perforation, pneumothorax, thoracic duct injury and hemothorax.

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