



**Quality of Life and Functional Capacity In the Multicenter Study of
MAGLEV Technology in Patients Undergoing Mechanical
Circulatory Support Therapy with HeartMate 3 (MOMENTUM 3)
Pivotal Trial**

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Pinney, Sirtaz Adatya, David J. Farrar, Ulrich P. Jorde
on Behalf of the MOMENTUM3 Investigators*

MOMENTUM 3



#Drs. Mehra, Uriel, Goldstein, Cleveland served as Study Oversight Committee and contributed equally to the trial conduct and oversight

Relevant Financial Relationship Disclosure Statement



Jennifer Cowger, MD

discuss off label use and/or investigational use of the following drugs/devices: HeartMate 3 LVAD

HeartMate 3 is an investigation device not available for commercial use in the United States

following relevant financial relationships exist related to this presentation:

Cowger: Funding for research related travel (Abbott) & institutional research funds (Abbott, Medtronic); Y
: Consultant (Abbott); K Aaronson: None; D. Horstmanshoff: None; S. Gulati: Speaker's Bureau (Abbott,
Medtronic, Novartis); D. Rinde-Hoffman: None; S. Pinney: None; S. Adatya: None; D. Farrar: Employee of Abb
: Consultant (Abbott).

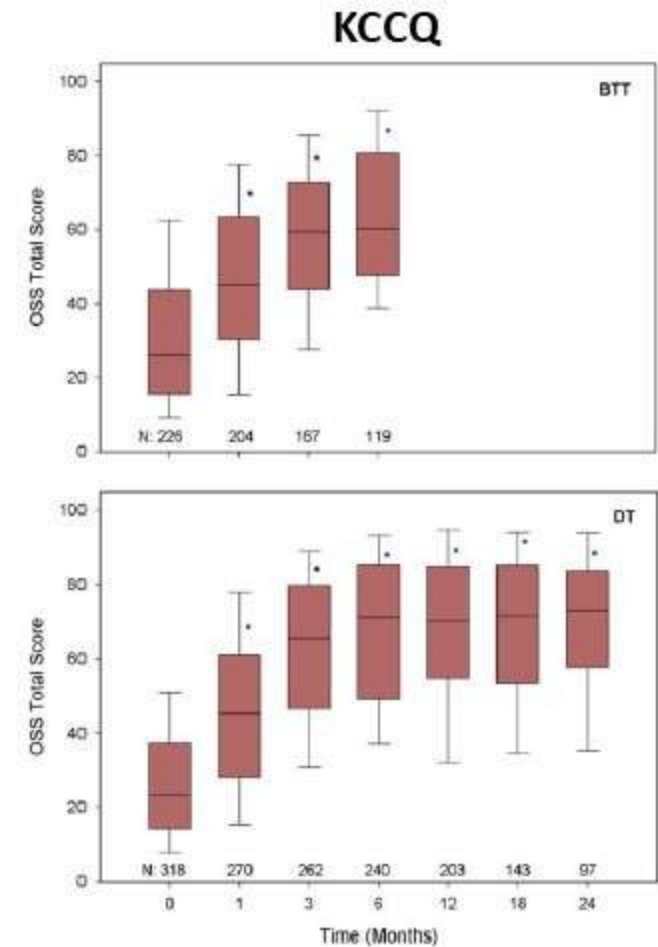
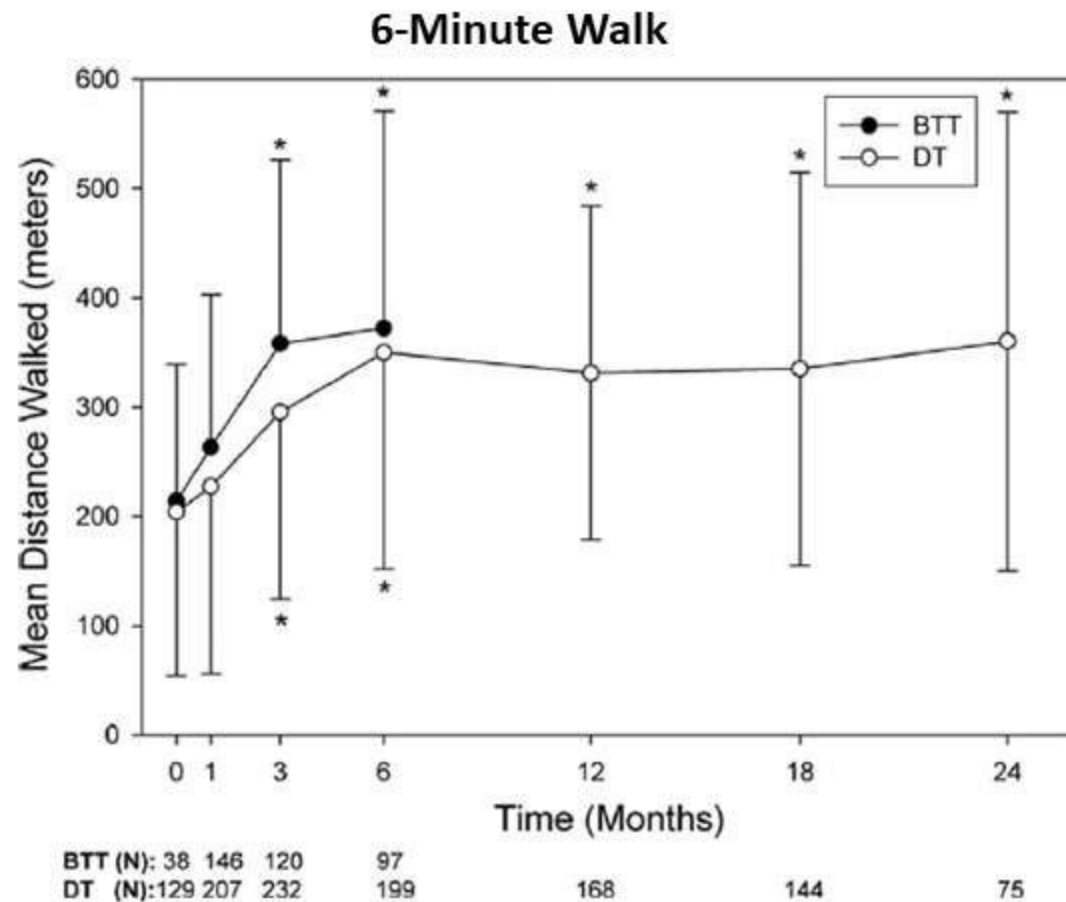
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Introduction

Clinical trials and registry studies have shown improvements in both **functional capacity (FC)** and **health related quality of life (Hr-QOL)** after LVAD

	Study Cohort	N	Measures
Rogers et al. J Am Coll Cardiol 2010; 55:1826	HMII BTT and DT	655	6MWT, NYHA, KCCQ, MLWHF
Grady et al JHLT 2014;33:412	INTERMACS	1559	EQ5D
Arnold et al Circ HF 2016;9:epub	INTERMACS	1638	KCCQ
Grady et al JHLT 2016;35:777-88.	INTERMACS	5640	EQ5D
Estep et al JACC 2015;66:1747	ROADMAP (LVAD and OMM)	200	6MWT, EQ5D

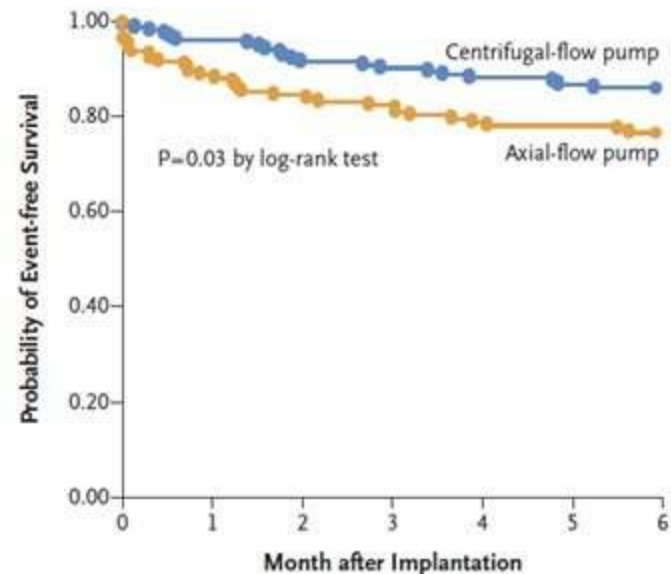
HMII BTT and DT Functional Capacity and Hr-QOL



MOMENTUM 3 Clinical Trial

Improved event-free survival at 6 months with the HeartMate 3 (HM3) vs. the HeartMate II (HMII)¹

Survival free of Stroke and Device Replacement



No. at Risk	0	1	2	3	4	5	6
Centrifugal-flow pump	152	146	138	135	130	128	127
Axial-flow pump	142	125	119	116	110	106	103

Primary Objectives

Quantify the change in Health-related Quality of Life (Hr-QOL) and Functional Capacity (FC) in both HM3 and HMII subjects

Assess the impact of serious adverse events on Hr-QOL and FC at 6 months

Determine factors contributing to patients “**Living Well on an LVAD**” at 6 months

Target Population

MOMENTUM3 key inclusion criteria:

Advanced systolic heart failure (LVEF \leq 25%)

Severe functional limitations (NYHA IIIB or IV) refractory to standard medical therapy

Key exclusion criteria:

Planned biventricular support

Irreversible end-organ dysfunction

Active infection

1 randomization to the HM3 or HMII LVAD

6 months of follow-up (short term cohort)

Quality of Life and Functional Capacity Metrics

Pre-specified Endpoints:

Health-related Quality of Life was assessed using standard instruments:

- Kansas City Cardiomyopathy Questionnaire
- EuroQOL-5D

Functional Capacity assessed using:

- Six Minute Walk Distance (6MWD)
- New York Heart Association Functional Class

Data collected at baseline, 3 and 6 months

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Functional Capacity

- Six Minute Walk
- New York Heart Association Functional Class

Data collected at baseline, 3 and 6 months

At each follow-up:

- **Patients unable to complete 6MWT due to CHF symptoms = 0 meters**
- **Patients unable to complete 6MWT due to all other causes = excluded**

Study Endpoints

Endpoint 1: Hr-QOL and FC at 6 months in subjects supported with a HM3 vs. HMII LVAD

Endpoint 2: Hr-QOL and FC at 6 months in subjects with vs. without serious adverse events (SAE) at 3 months

- SAE: bleeding, stroke, pump thrombosis, right heart failure, major infection, or cardiac arrhythmias

Endpoint 3: “Living well on an LVAD” at 6 months

- defined as satisfactory Hr-QOL (KCCQ > 50) and FC (NYHA Class I/II or 6MWT >300 meters)

Data Analysis

Continuous variables are presented as mean \pm standard deviation or median [Q1,Q3]

- Linear Mixed-Effects Modeling was performed to assess changes in QOL and FC over time
- Takes into account paired patient data and is less sensitive to missing data

Categorical variables compared with Fisher's Exact Test

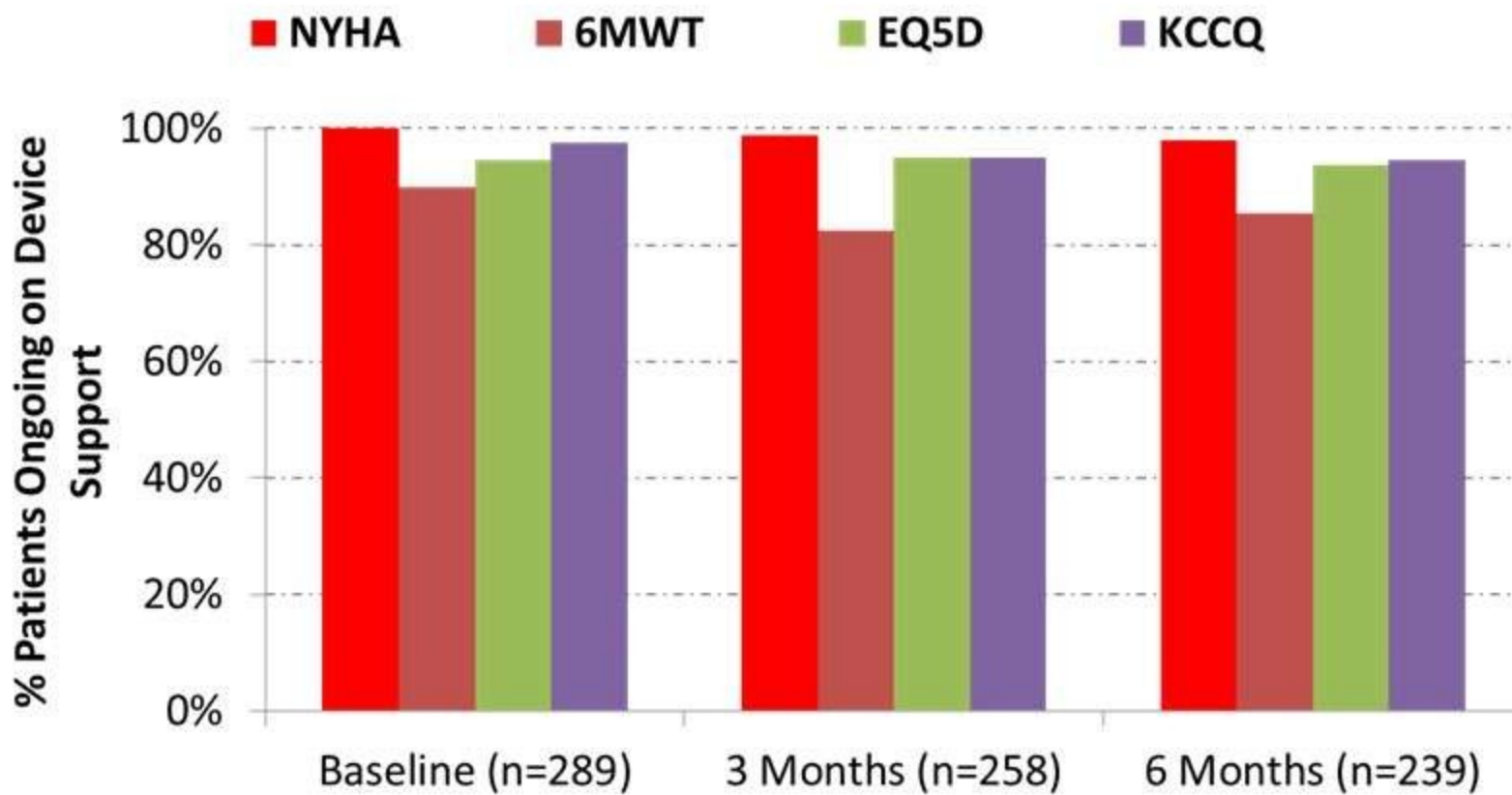
Correlates of "Living Well on an LVAD" assessed with Cox multivariable regression (hazard ratio [95% CI])

Results

Results: Baseline Characteristics (As-Treated)

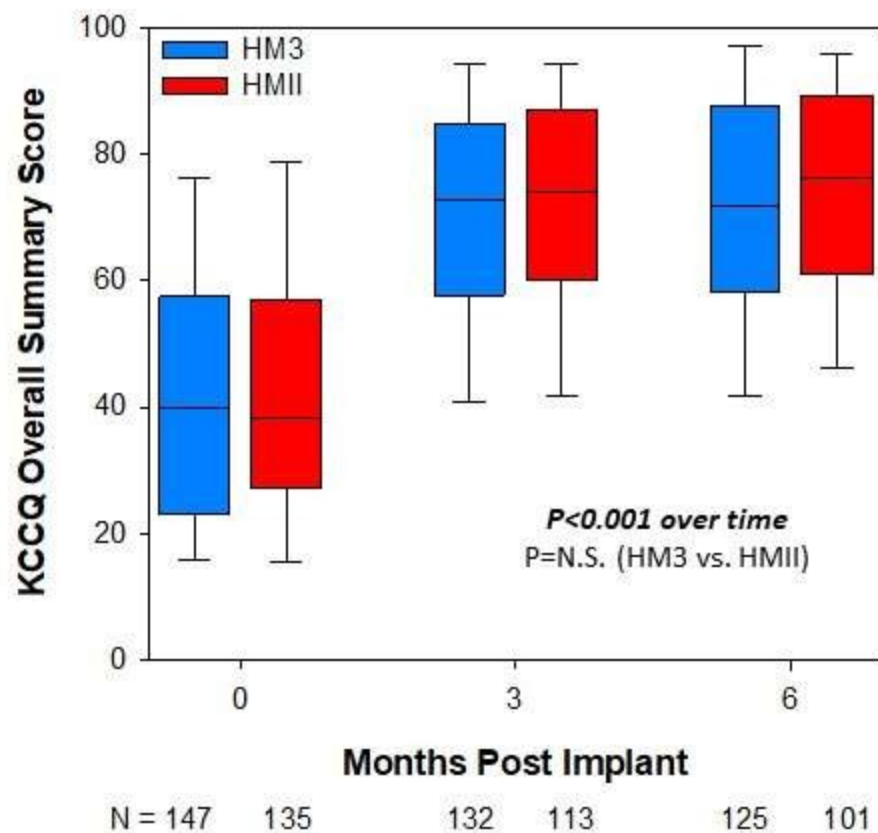
Characteristic	HeartMate 3 (n=151)	HeartMate II (n=138)
Age - years		
Mean	60 ± 12	59 ± 12
Median (range)	64 (19 - 81)	61 (24 - 78)
Male sex - n(%)	120 (79%)	111 (80%)
Caucasian Race – n(%)	103 (68%)	105 (76%)
Body surface area - m²	2.1 ± 0.3	2.1 ± 0.3
Ischemic cause of heart failure - n(%)	68 (45%)	68 (49%)
History of stroke - n(%)	12 (8%)	14 (10%)
INTERMACS Profile – n(%)		
1	1 (1%)	2 (1%)
2	50 (33%)	43 (31%)
3	76 (50%)	69 (50%)
4	22 (15%)	22 (16%)
5-7	2 (1%)	2 (1%)
Bridge to Transplant (BTT)- n(%)	40 (26%)	36 (26%)
Serum sodium - mmol/L	135.6 ± 3.9	135.0 ± 4.2
Serum creatinine - mg/ml	1.4 ± 0.4	1.4 ± 0.4

Percent of Available Patients Completing the Hr-QOL and FC tests

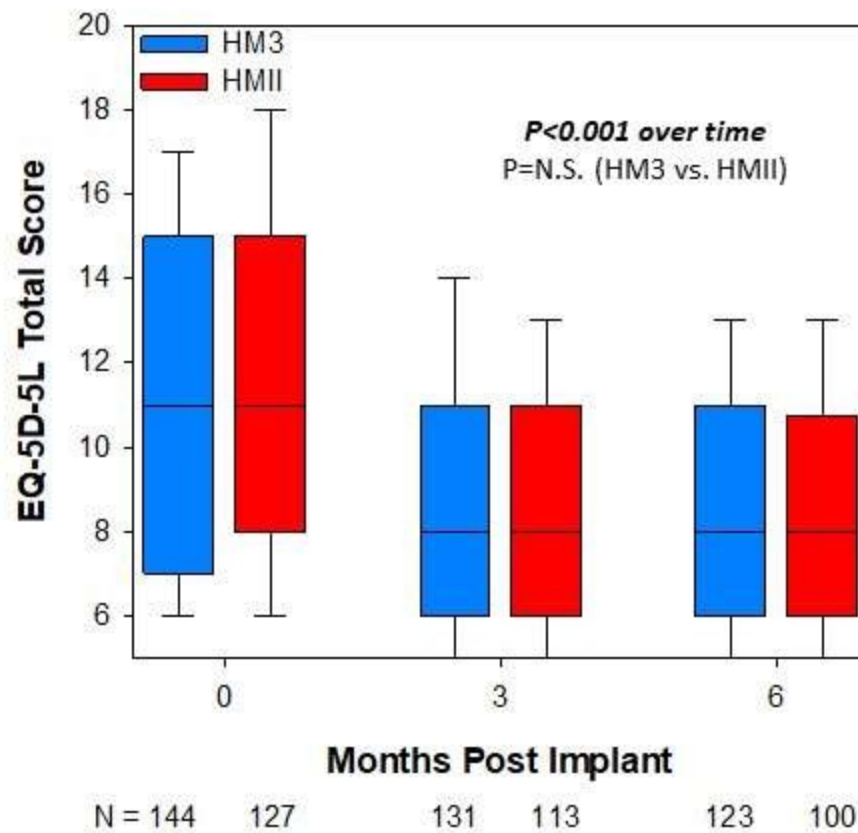


Comparison of Hr-QOL

KCCQ



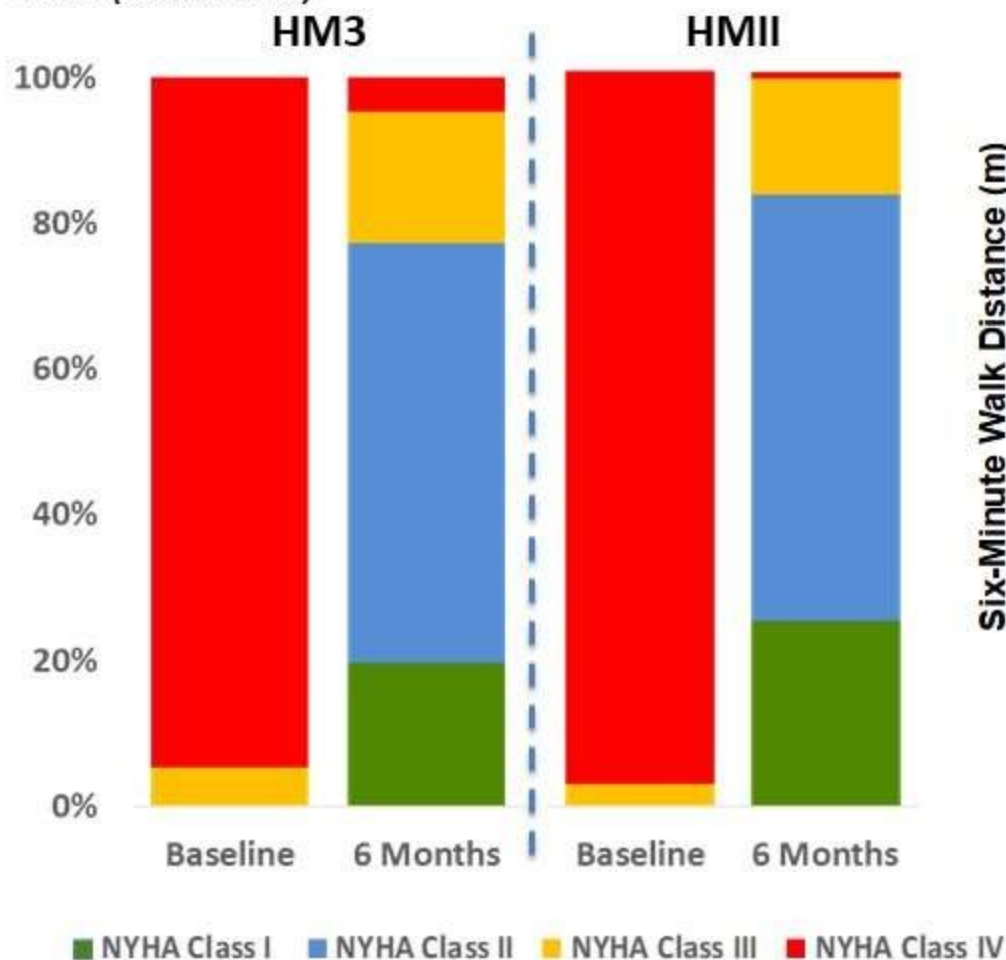
EQ-5D



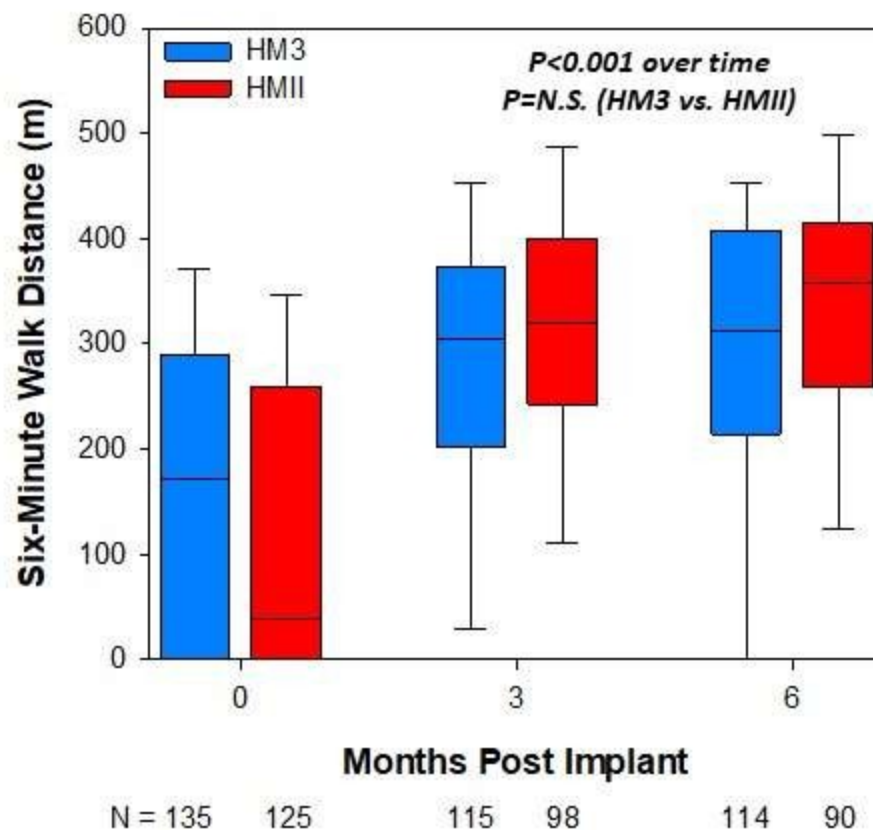
Comparison of FC

P<0.001 over time
P=N.S. (HM3 vs. HMII)

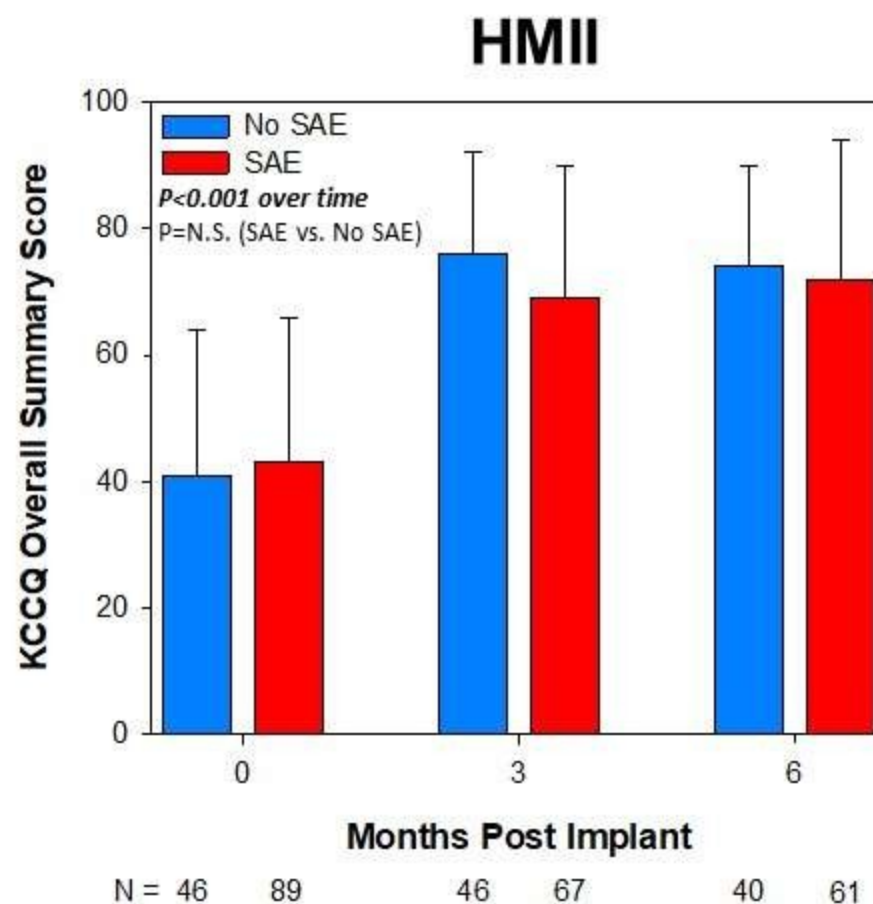
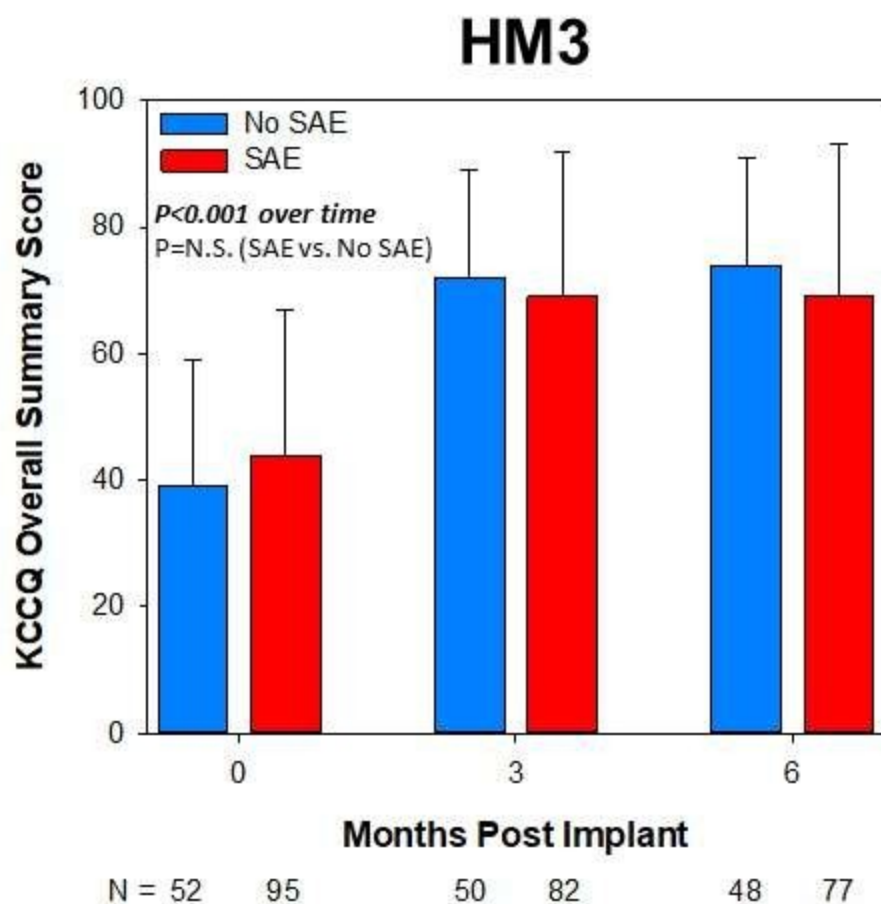
NYHA Class



6 MWT



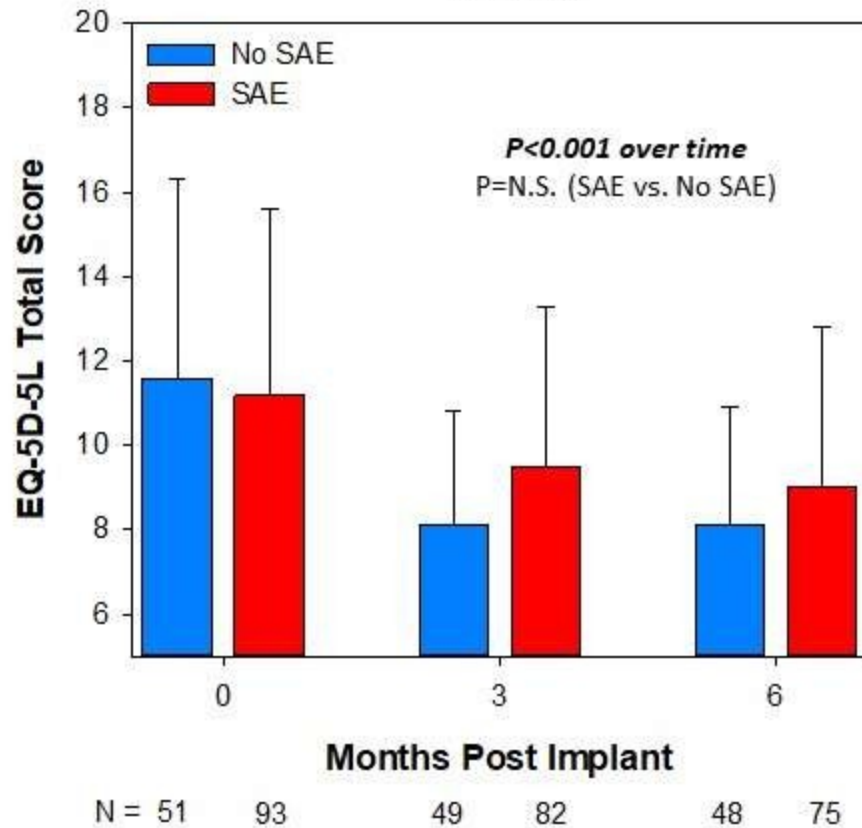
KCCQ in Subjects With and Without SAE



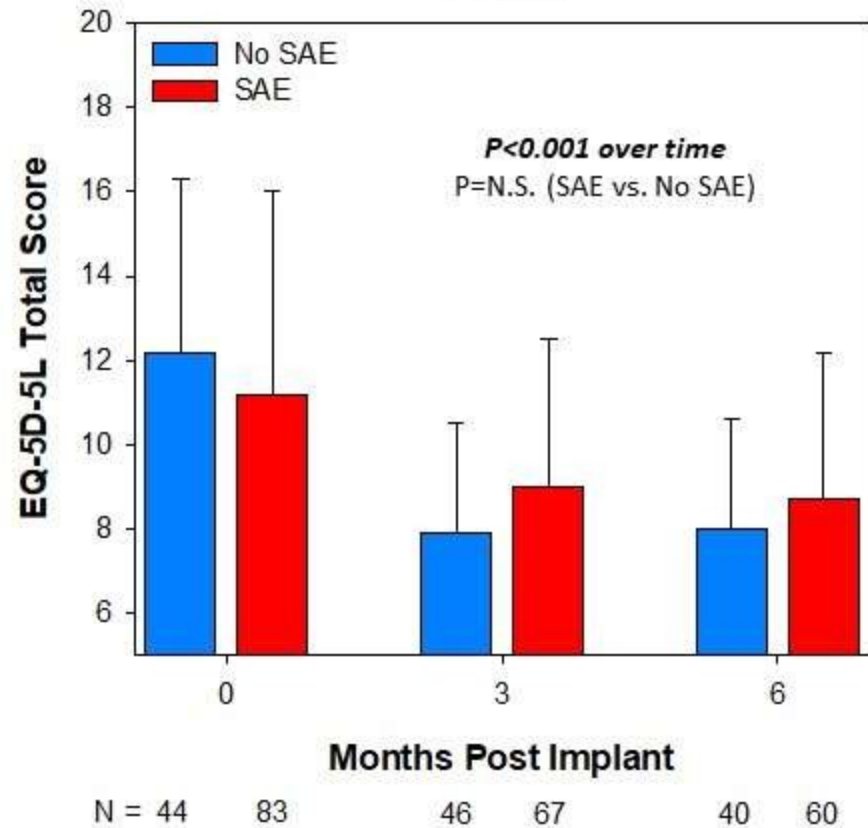
KCCQ overall summary scores increase over time in both patients with and without an SAE

EQ-5D in Subjects With and Without SAE

HM3



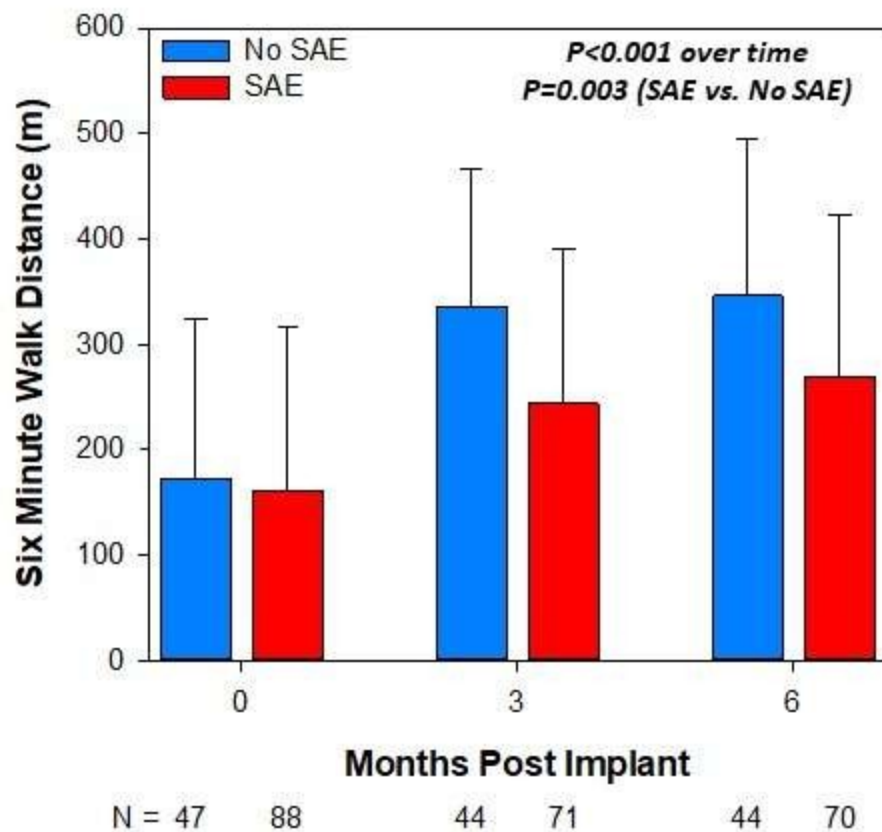
HMII



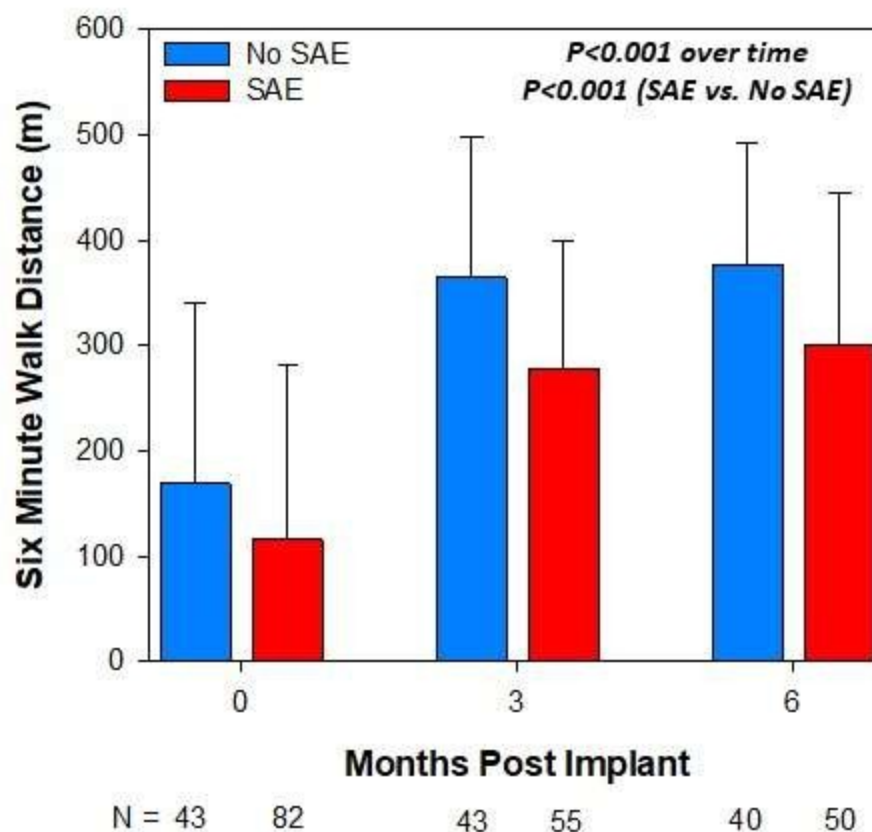
EQ-5D total scores improves over time in both patients with and without an SAE

6MWT in Subjects With and Without SAE

HM3



HMII



- 6MWT improves significantly more in patients who do not experience a serious adverse event

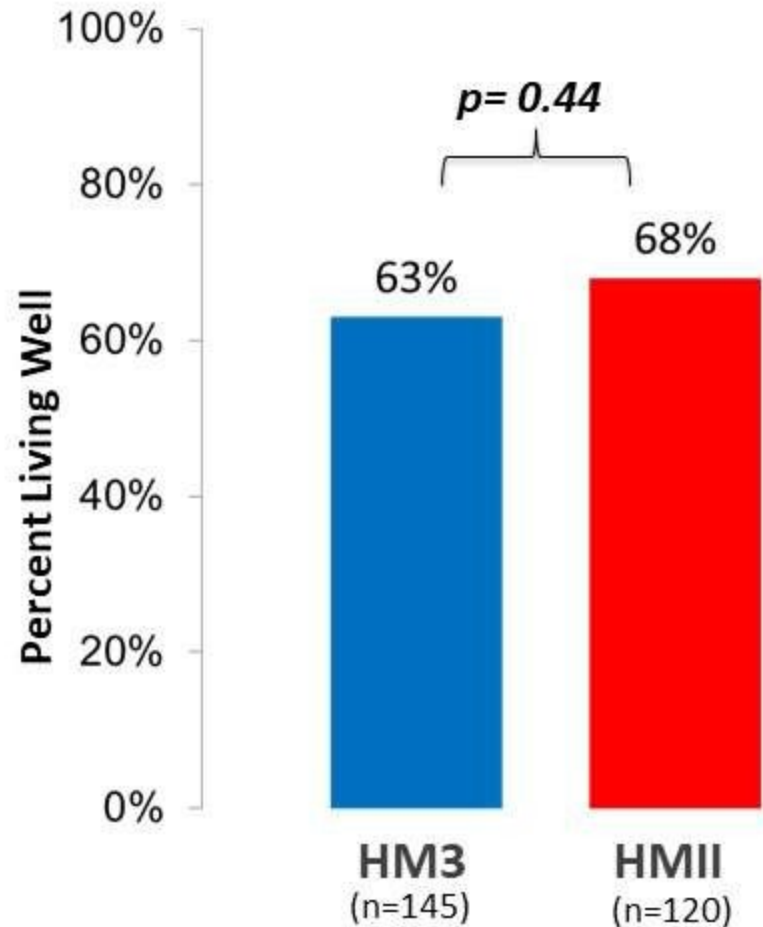
Patients “Living Well on an LVAD” at 6 months

Living Well on an LVAD:

1) KCCQ overall score >50
at 6 months

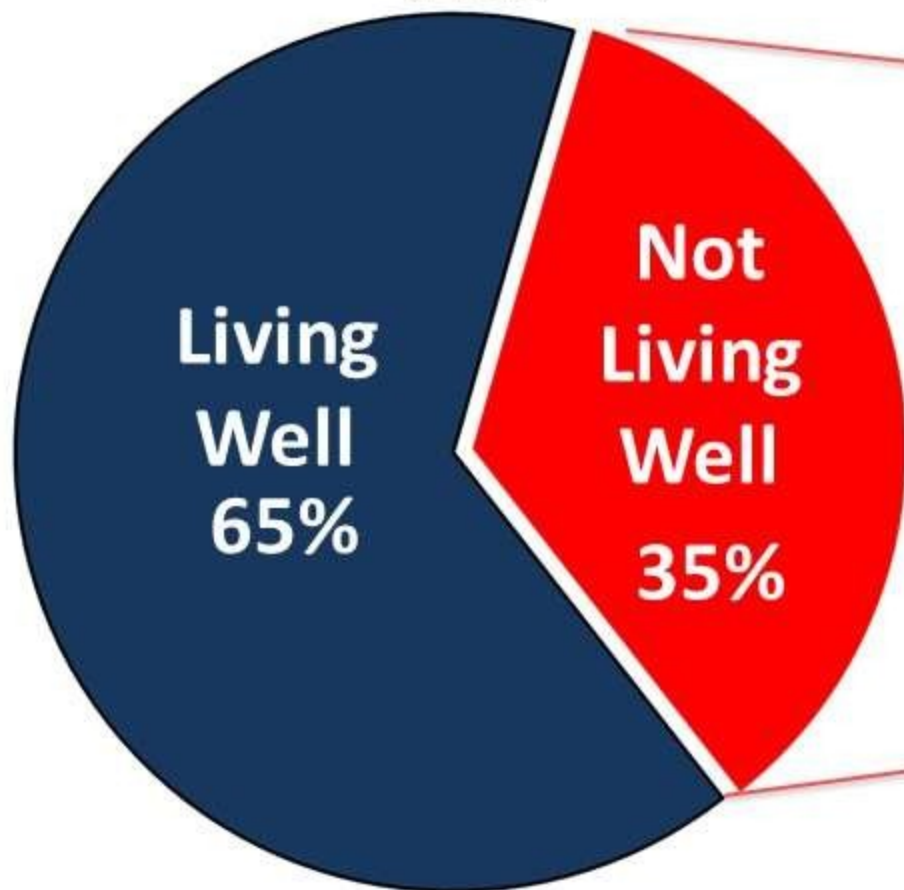
AND

2) NYHA class I/II *or*
6MWT >300 meters at 6
months

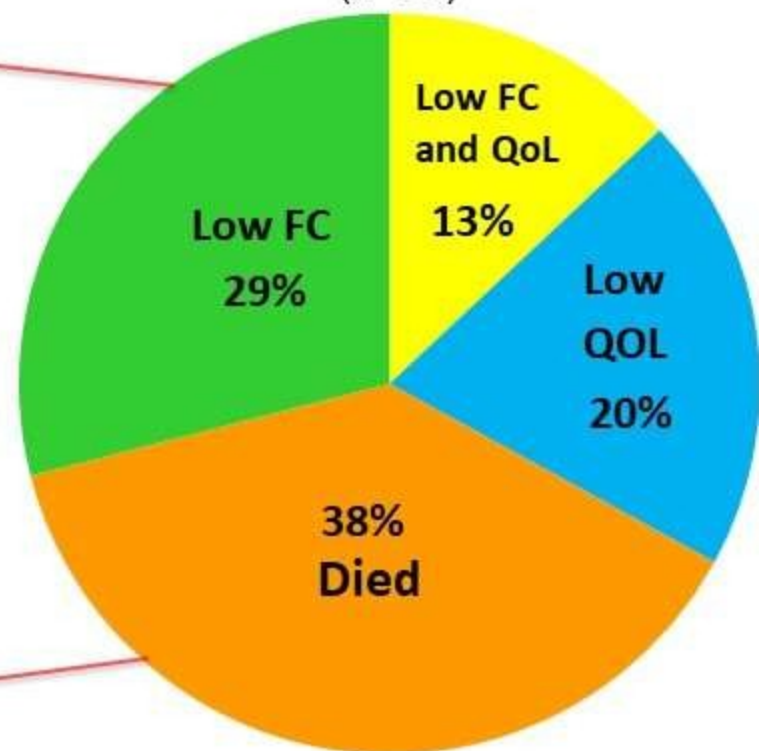


Failure to Live Well at 6 months: Breakdown of Endpoint

Entire Cohort
(n=265)



Failure to Live Well
Group
(n=93)

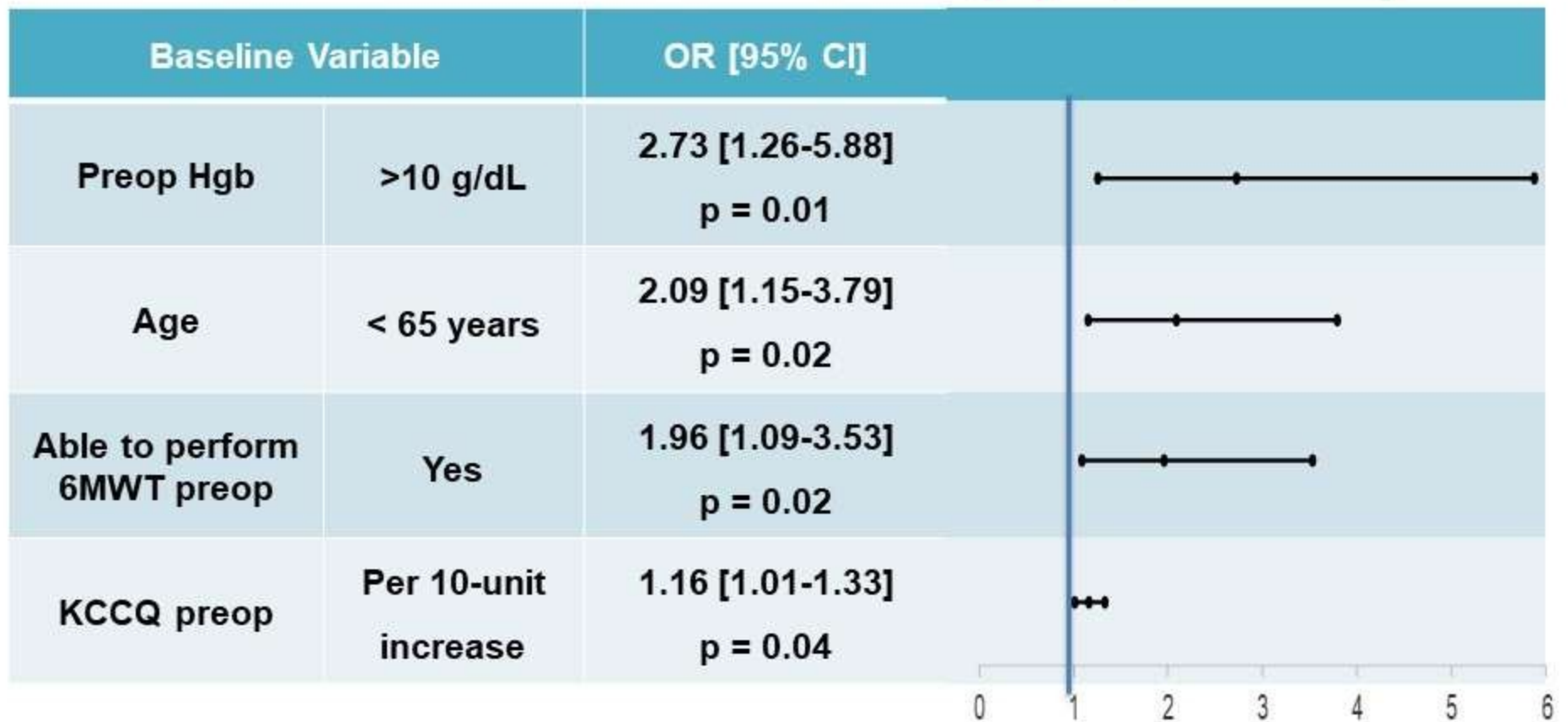


Correlates of “Living Well on an LVAD”

	Met Living Well Endpoint (n = 172)	Failed Living Well Endpoint (n = 93)	p*
Pump Type - HM3	91 (53%)	54 (58%)	0.44
Age (years)	59 ± 12	62 ± 13	0.02
Age > 65 years (n = 106)	59 (34%)	47 (51%)	0.01
Male (n = 212)	137 (80%)	75 (81%)	0.87
BMI (kg/m ²)	28 ± 6	29 ± 5	0.11
Destination therapy (n = 153)	93 (54%)	60 (65%)	0.12
INTERMACS Profile 1-3 (n = 222)	148 (86%)	74 (80%)	0.29
History of diabetes (n = 111)	71 (41%)	40 (43%)	0.80
History of cancer (n = 38)	24 (14%)	14 (15%)	0.86
Baseline Hgb >10 g/dL (n = 225)	156 (91%)	69 (74%)	<0.001
Baseline 6MWD (m)	167 ± 156 (n = 156)	115 ± 167 (n = 84)	0.003
Non-ambulatory (n = 106)	59 (38%)	47 (56%)	0.010
Baseline KCCQ OSS	45 ± 22 (n = 169)	37 ± 20 (n = 90)	0.004
SAE within first 3 months (n = 171)	99 (58%)	72 (77%)	0.001
Hemocompatibility Score	0.5 ± 0.9 (n = 172)	1.4 ± 2.2 (n = 93)	<0.001

Multivariable Correlates of “Living Well on an LVAD”

Less likely to meet endpoint  More likely to meet endpoint 



Limitations

Study findings should be viewed as hypothesis generating and exploratory since:

This short term cohort (294/1028) represents the first U.S. experience and is only a limited proportion of the total MOMENTUM 3 IDE trial

Follow-up was limited to 6 months post implant

Non-blinded outcomes are subject to bias

Conclusions

Hr-Quality of Life and Functional Capacity improved significantly in MOMENTUM 3 patients, independent of device use

2/3 of patients met the endpoint of “Living Well on an LVAD” at 6 months

Independent predictors of “Living Well on an LVAD”

- Younger age (<65 years)
- Ability to ambulate preoperatively
- Absence of preoperative anemia
- Higher preoperative Hr-QOL scores

Conclusions

The occurrence of a Serious Adverse Event did not influence Hr-QOL measures; However, functional capacity was adversely affected

- The divergence may support the need for development of new Hr-QOL instruments to allow for better characterization of the LVAD patient's experience.



**On behalf of MOMENTUM 3
Investigators:**

Thank you!

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eridge Dr., Pleasanton, CA 94588 USA, Tel: 1 925 847 8600
ular.Abbott/HeartMate3

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

HeartMate 3™ LVAS Indications: The HeartMate 3™ Left Ventricular Assist System is indicated for providing short- and long-term mechanical circulatory support (e.g., as bridge to transplant or myocardial recovery, or destination therapy) in adult and pediatric patients with advanced refractory left ventricular failure and with an appropriate body surface area.

HeartMate 3™ LVAS Contraindications: The HeartMate 3 Left Ventricular Assist System is contraindicated for patients who cannot tolerate, or who are on, long-term anticoagulation therapy.

HeartMate 3™ LVAS Adverse Events: Adverse events that may be associated with the use of the HeartMate 3 Left Ventricular Assist System are: death, cardiac arrhythmia, localized infection, right heart failure, respiratory failure, device malfunctions, driveline infection, renal dysfunction, sepsis, stroke or other neurological event (not stroke-related), hepatic dysfunction, psychiatric episode, venous thromboembolism, hypertension, arterial non-central nervous system (CNS) thromboembolism, pericardial fluid collection, pump pocket or pseudo pocket infection, myocardial infarction, wound dehiscence, or pump thrombosis (not associated with suspected device thrombosis) or pump thrombosis.

HeartMate is a trademark of the Abbott group of companies.

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