**PARAGON-HF: Angiotensin Receptor Neprilysin Inhibition in Heart Failure with Preserved Ejection Fraction**

**Purpose**: Evaluate effect of sucabitril/valsartan vs. valsartan alone in reducing CV death and heart failure (HF) hospitalizations in patients with HF with preserved ejection fraction.

**Trial Design**: N = 4,822. Phase 3, multicenter, randomized, double-blind, parallel group, active-controlled, 80 mg valsartan daily vs 100 mg. LCZ696 daily for 57 months.

**Primary endpoints**: Cumulative primary composite events of CV death and total (first and recurrent) HF hospitalizations (reported here).

**Secondary endpoints**: Change in clinical summary score from baseline to month 8 by Kansas City Cardiomyopathy Questionnaire (KCCQ); change from baseline to month 8 in New York Heart Association (NYHA) functional class; time to first occurrence of composite renal endpoint; time to all-cause mortality.

<table>
<thead>
<tr>
<th>Primary Endpoint</th>
<th>Sucabitril / valsartan</th>
<th>Valsartan</th>
<th>Rate Ratio</th>
<th>P value</th>
</tr>
</thead>
<tbody>
<tr>
<td>First and recurrent HF hospitalizations and CV death</td>
<td>N=2407 (894 events, 12.8 per 100 pt/yr)</td>
<td>N=2389 (1009 events, 14.6 per 100 pt/yr)</td>
<td>0.87, (95% CI = 0.753, 1.005)</td>
<td>0.0585</td>
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</tbody>
</table>

**Results**:
- Primary endpoint narrowly missed.
- But benefit observed in some secondary endpoints
- More benefit of treatment shown in HFpEF patients with lower ejection fraction (EF≤ 57%) and in women

Presented by: Scott Solomon, ESC 2019 Paris, France  
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