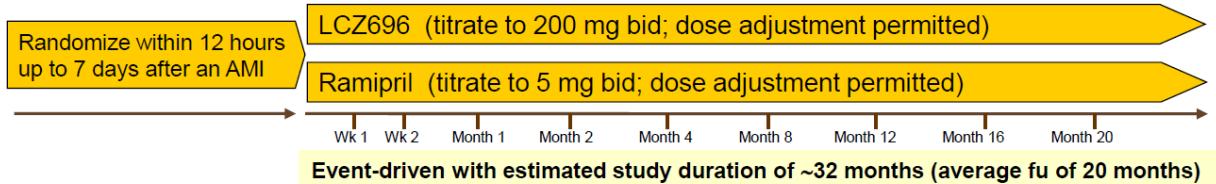




LCZ696 (Sacubitril/Valsartan) v. Ramipril in patients with Spontaneous AMI with evidence of left ventricular dysfunction and/or pulmonary congestion associated with the MI, without prior known history of chronic HF.



Inclusion

- Spontaneous AMI
 - STEMI or NSTEMI, AND
- LVEF \leq 40%, OR
- Pulm congestion requiring IV lasix:
 - \geq Killip class II, OR
 - Radiological evidence of pulm congestion
- AND, One additional risk factor
 - Age \geq 70
 - eGFR $<$ 60
 - DM I or II
 - History of prior MI
 - Atrial fibrillation associated with index MI
 - LVEF $<$ 30% associated with index MI
 - Killip class III or IV associated with index MI
 - STEMI without reperfusion therapy
- AND Hemodynamically stable
 - SBP \geq 110 at randomization if no ACE/ARB within 24 hours of randomization
 - SBP \geq 100 if on ACE/ARB within 24 hours of randomization
 - No IV diuretic/pressor/inotrope within 24 hours of randomization

Key Exclusion

- Known chronic HF prior to admission
- GFR $<$ 30
- K $>$ 5.2
- Cardiogenic shock within 24 hours of randomization
- Persistent HF at time of randomization
- CABG planned to treat index MI
- Significant RV infarct
- Hypotension
- Prior angioedema
- Stroke/TIA within prior month
- Known or suspected bilateral renal artery stenosis
- Clinically significant obstructive cardiomyopathy
- Known hepatic impairment

Contacts: Please call for all potentially eligible patients with STEMI/NSTEMI and either EF \leq 40% OR pulmonary congestion requiring IV diuretics.

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