PROTECT: Commentary

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Presenter Disclosure Information

- Ileana L. Piña
- PROTECT: Commentary

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None
The BNP Puzzle

Triage in ED

Observationals

– STARS-BNP

BATTLESCARRED*
TIME-CHF*

Protect 2010
The current “status” of the art of heart failure therapy

- Consistent and persistent gap between Guidelines and actual practice both for pharmacotherapy and devices
- Clinicians look for a “number” to treat,
  - The Hb A1C of heart failure
- Extensive ordering of BNP with no clear guidance for response to elevated levels
  - How much is “enough” medical therapy, (doses)?
  - Will it make any difference for my patient’s outcome?
  - If doses are increased and side effects occur, what happens to QOL?
The PROTECT trial has started to answer some of those questions.

Targeted therapy to specific levels of NT-proBNP

Inclusion and analysis of >75 y.o.

Health status assessments as part of usual care

Response was expected once the BNP was recognized as high
PROTECT : Lessons Learned

- There is always room for improvement in dosing and drugs with or without BNP.
- Aldosterone blockade was increased significantly once the BNP was known.
- Patients >75 y.o. also had benefit.
- Health status improved even if the BNP was not known but better in the intervention group.
- Echo parameters
- Safety
Commentary: The limitations

- Small number of women and racial mix
- Unblinding of patients and Investigators
  - Knowledge of levels alone could influence patient and physician adherence
- More visits = better care?
- Health status collection in an unblinded trial---bias in intervention group for patients who know that they are receiving the intervention
The BNP Puzzle: The missing piece

1. Extension to more heterogeneous group gender and racial inclusion of PSF

2. Include community practices

3. Multicenter:
   - Randomization by site
   - Blinding

4. Protocol-driven action/reaction to BNP

5. Distinct endpoints for outcome