**Pro-BNP Outpatient Tailored Chronic Heart Failure Therapy (PROTECT)**

**BACKGROUND:** Amino-terminal pro-brain natriuretic peptide (NT-proBNP) levels in heart failure (HF) patients are prognostic for unfavorable outcomes such as death or hospitalization. The levels decrease in response to HF therapies.

**PURPOSE:** To determine if treatment guided by HT-proBNP levels + standard of care (SOC) vs. standard of care alone benefits HF patients.

**METHODS:** Phase III, prospective, randomized, un-blinded, controlled trial. 151 patients (mean age 63) with class II-IV New Your Heart Association symptoms received SOC+/- NT-proBNP.

**Primary Endpoint:** Total number of cardiovascular events over 1 year. (worsening HF, HF hospitalization, ACS, ventricular arrhythmia, cerebral ischemia, CV death)

**Secondary Endpoints:** Echo changes and quality of life.

**Results – SOC+NT-proBNP vs. SOC:**
1. Fewer total events: 100 vs. 58, p=0.009
2. Significant effect seen in worsening HF and HF hospitalizations: p=.001 and .002
3. Elderly benefit was similar to rest of population: < 75 years, p=.008; ≥ 75 years, p=0.005.