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ORIGINAL ARTICLE



# Benefits and adverse effects of sacubitril/valsartan in patients with chronic heart failure: A systematic review and meta-analysis

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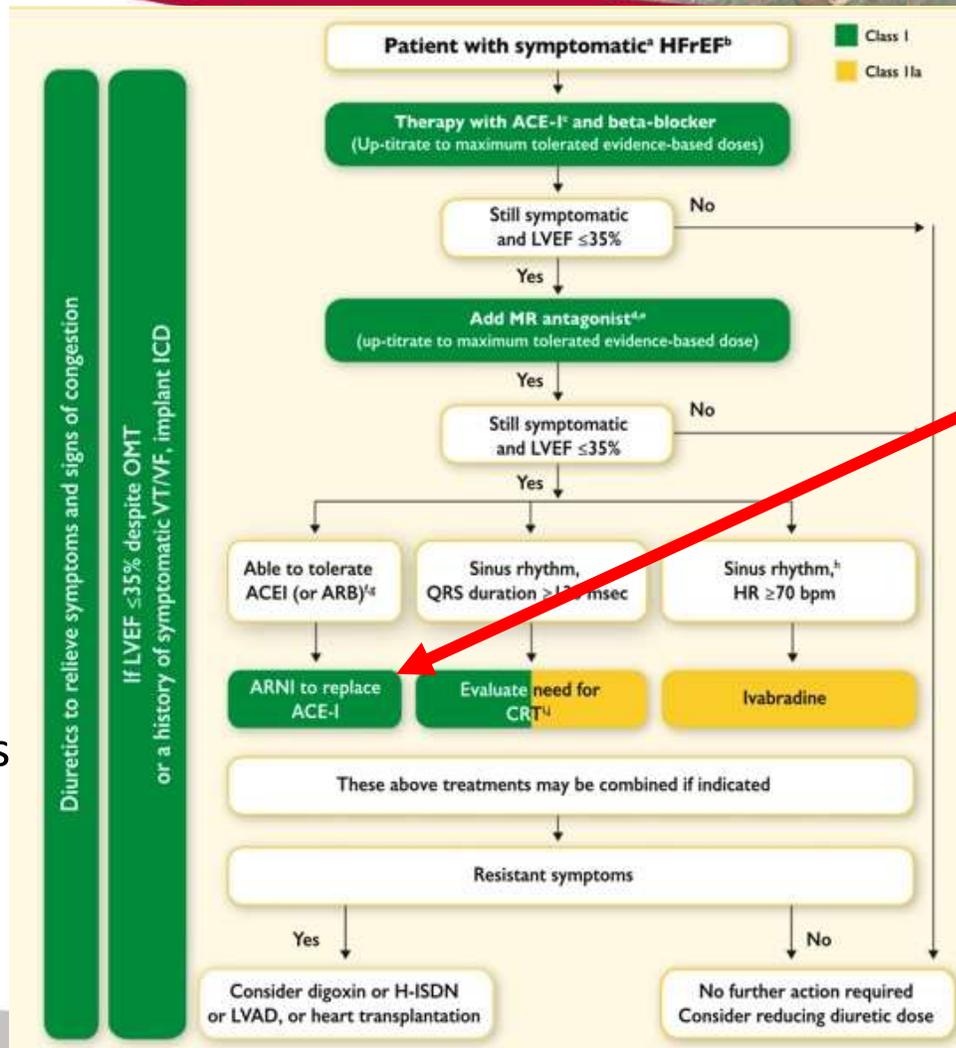
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# CONTEXTE



## Insuffisance cardiaque

1-2 % population des pays développés  
>10% après 70 ans



ARNI  
sacubitril/valsartan  
Entresto®

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# CONTEXTE

## REB : Reconstruire the Evidence Base

Quelles données ?



BENEFICES

RISQUES

The NEW ENGLAND  
JOURNAL of MEDICINE

ESTABLISHED IN 1812

SEPTEMBER 11, 2014

VOL. 371 NO. 11

Angiotensin–Neprilysin Inhibition versus Enalapril  
in Heart Failure

John J.V. McMurray, M.D., Milton Packer, M.D., Akshay S. Desai, M.D., M.P.H., Jianjian Gong, Ph.D.,  
Martin P. Lefkowitz, M.D., Adel R. Rizkala, Pharm.D., Jean L. Rouleau, M.D., Victor C. Shi, M.D.,  
Scott D. Solomon, M.D., Karl Swedberg, M.D., Ph.D., and Michael R. Zile, M.D.,  
for the PARADIGM-HF Investigators and Committees\*

1 seul ECR : PARADIGM-HF, 2014

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## METHODE

Revue de la littérature



Méta-analyse



## Analyse des biais RoB 2

Risk of Bias  
A B C D E F

-	?	-	-	?	-
+	+	+	-	?	-
+	+	+	-	?	-

## Gradation des preuves

RATING QUALITY OF EVIDENCE AND STRENGTH OF RECOMMENDATIONS

**GRADE: an emerging consensus on rating quality of evidence and strength of recommendations**



PRISMA

TRANSPARENT REPORTING OF SYSTEMATIC REVIEWS AND META-ANALYSES

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# RESULTAT : prisma diagram

Identification

Records identified through  
database searching:  
Medline: 684  
Embase: 1048  
Cochrane : 350

Screening

Records screened after  
duplicates removed  
(n=1730)

Records excluded  
(n=1654)

Eligibility

Full-text articles  
assessed for eligibility  
(n=76)

Full-text articles excluded (n=71),  
with reasons :  
33 were not RCTs  
28 didn't report outcome of  
interest  
5 were duplicates  
4 were not published in a peer-  
reviewed journal  
1 was not for the right population

Included

Studies included in qualitative  
and quantitative synthesis  
(meta-analysis)  
(n=5)

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# RESULTATS

TABLE 1 Characteristics of the included studies

Included studies	Drug	Control	Patients	Population	Mean duration follow-up (months)	Primary outcomes of the ECR	RR All-cause mortality
PARADIGM-HF, 2014	Sacubitril/ Valsartan	Enalapril	8442	HFrEF	27	Death from cardiovascular causes or hospitalization for heart failure	0.86 [0.78, 0.94]
PIONEER-HF, 2019	Sacubitril/ Valsartan	Enalapril	882	HFrEF	2	Time-averaged proportional change in NT-proBNP	0.67 [0.30, 1.47]
EVALUATE-HF, 2019	Sacubitril/ Valsartan	Enalapril	464	HFrEF	3	Central aortic stiffness	N.A.
PARAGON-HF, 2019	Sacubitril/ Valsartan	Valsartan	4822	HFpEF	35	Hospitalizations for heart failure and death from cardiovascular causes	0.97 [0.85, 1.12]
PARAMOUNT-HF, 2012	Sacubitril/ Valsartan	Valsartan	149	HFpEF	8	Change in NT-proBNP	0.51 [0.05, 5.57]

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## RESULTATS : HF rEF

CHARUEL ET AL.



BRITISH  
PHARMACOLOGICAL  
SOCIETY

50

Study or Subgroup	sacubitril/valsartan		enalapril		Weight	Risk Ratio	Risk Ratio	Risk of Bias					
	Events	Total	Events	Total		M-H, Fixed, 95% CI		M-H, Fixed, 95% CI	A	B	C	D	E
<b>1.1.1 All-causes mortality</b>													
PIONEER-HF 2019	10	440	15	441	0.5%	0.67 [0.30, 1.47]							
PARADIGM-HF 2014	711	4187	835	4212	26.2%	0.86 [0.78, 0.94]							
<b>Subtotal (95% CI)</b>		<b>4627</b>		<b>4653</b>	<b>26.7%</b>	<b>0.85 [0.78, 0.93]</b>							
Total events	721		850										
Heterogeneity: Chi <sup>2</sup> = 0.38, df = 1 (P = 0.54); I <sup>2</sup> = 0%													
Test for overall effect: Z = 3.46 (P = 0.0005)													
<b>1.1.2 First hospitalization for worsening heart failure</b>													
PIONEER-HF 2019	35	440	61	441	1.9%	0.58 [0.39, 0.85]							
PARADIGM-HF 2014	537	4187	658	4212	20.6%	0.82 [0.74, 0.91]							
<b>Subtotal (95% CI)</b>		<b>4627</b>		<b>4653</b>	<b>22.6%</b>	<b>0.80 [0.72, 0.89]</b>							
Total events	572		719										
Heterogeneity: Chi <sup>2</sup> = 2.93, df = 1 (P = 0.09); I <sup>2</sup> = 66%													
Test for overall effect: Z = 4.29 (P < 0.0001)													

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## 1.1.5 Symptomatic hypotension

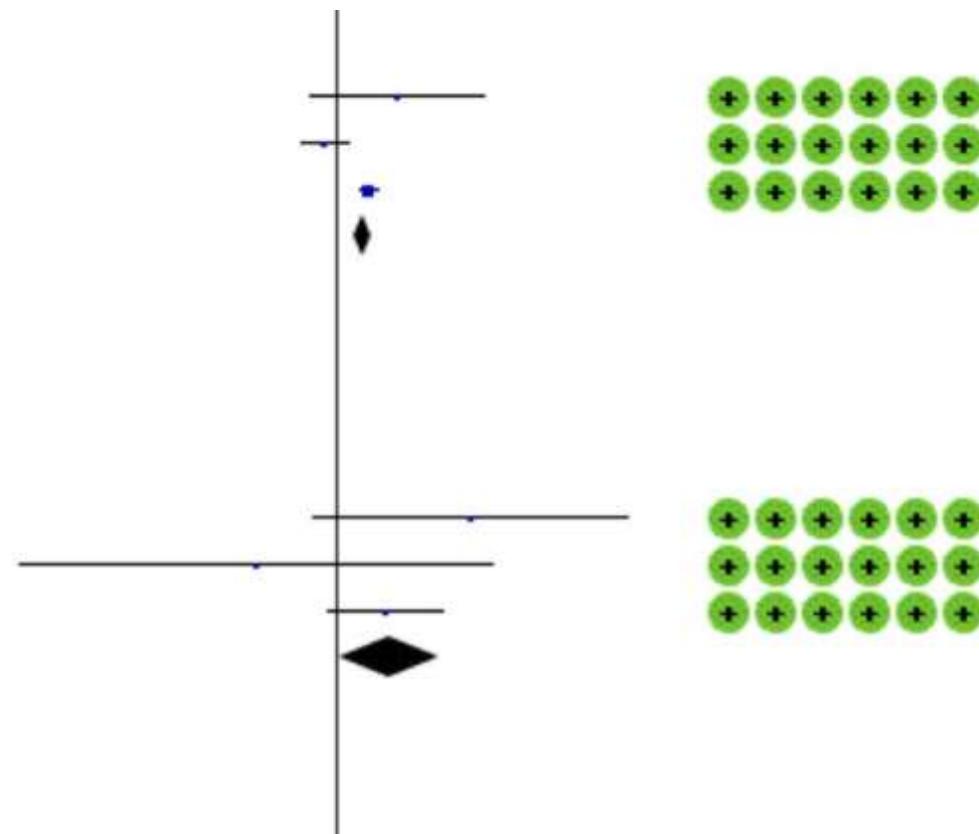
EVALUATE-HF 2019	9	231	4	233	0.1%	2.27 [0.71, 7.27]
PIONEER-HF 2019	56	440	66	441	2.1%	0.85 [0.61, 1.18]
PARADIGM-HF 2014	588	4187	388	4212	12.2%	1.52 [1.35, 1.72]
<b>Subtotal (95% CI)</b>		<b>4858</b>		<b>4886</b>	<b>14.4%</b>	<b>1.43 [1.28, 1.60]</b>

Total events 653 458  
Heterogeneity:  $\text{Chi}^2 = 11.17$ ,  $\text{df} = 2$  ( $P = 0.004$ );  $I^2 = 82\%$   
Test for overall effect:  $Z = 6.28$  ( $P < 0.00001$ )

## 1.1.6 Angioedema

PIONEER-HF 2019	6	440	1	441	0.0%	6.01 [0.73, 49.74]
EVALUATE-HF 2019	0	231	1	233	0.0%	0.34 [0.01, 8.21]
PARADIGM-HF 2014	19	4187	10	4212	0.3%	1.91 [0.89, 4.11]
<b>Subtotal (95% CI)</b>		<b>4858</b>		<b>4886</b>	<b>0.4%</b>	<b>2.05 [1.04, 4.03]</b>

Total events 25 12  
Heterogeneity:  $\text{Chi}^2 = 2.26$ ,  $\text{df} = 2$  ( $P = 0.32$ );  $I^2 = 11\%$   
Test for overall effect:  $Z = 2.08$  ( $P = 0.04$ )



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Sacubitril /  
valsartan

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Gradation des preuves

Population	No. of studies	Risk of Bias	Inconsistency	Indirectness	Imprecision	Publication Bias	Sacubitril / valsartan	Control	RR (95% CI)	Quality
HF <sub>r</sub> EF	All-cause mortality Two (RCTs)	No serious risk of bias	No serious inconsistency	No serious indirectness	No serious imprecision	Likely publication bias <sup>f</sup>	721/4627	850/4653	0.85 [0.78, 0.93]	⊕⊕⊕○ Moderate
	First hospitalization for worsening heart failure Two (RCTs)	No serious risk of bias	Serious inconsistency <sup>d</sup>	No serious indirectness	No serious imprecision	Undetected	572/4627	719/4653	0.80 [0.72, 0.89]	⊕⊕⊕○ Moderate
	Worsening renal function Three (RCTs)	No serious risk of bias	No serious inconsistency	No serious indirectness	Serious imprecision <sup>e</sup>	Likely publication bias <sup>f</sup>	166/4874	187/4903	0.89 [0.73, 1.09]	⊕⊕⊕○ Moderate
	Hyperkalemia Three (RCTs)	No serious risk of bias	No serious inconsistency	No serious indirectness	Serious imprecision <sup>e</sup>	Likely publication bias <sup>f</sup>	762/4874	798/4903	0.96 [0.88, 1.05]	⊕⊕○○ Low
	Symptomatic hypotension Three (RCTs)	No serious risk of bias	Serious inconsistency <sup>d</sup>	No serious indirectness	No serious imprecision	Likely publication bias <sup>f</sup>	653/4858	458/4886	1.43 [1.28, 1.60]	⊕⊕○○ Low
	Angioedema Three (RCTs)	No serious risk of bias	No serious inconsistency	No serious indirectness	Serious imprecision <sup>e</sup>	Likely publication bias <sup>f</sup>	25/4858	12/4886	2.05 [1.04, 4.03]	⊕⊕○○ Low
	Congestive heart failure Three (RCTs)	Serious risk of bias <sup>a</sup>	Serious inconsistency <sup>d</sup>	No serious indirectness	Serious imprecision <sup>e</sup>	Likely publication bias <sup>f</sup>	144/4643	162/4670	0.89 [0.72, 1.11]	⊕○○○ Very Low
HF <sub>p</sub> EF	All-cause mortality Two (RCTs)	No serious risk of bias	No serious inconsistency	No serious indirectness	Serious imprecision <sup>e</sup>	Undetected	343/2556	351/2541	0.97 [0.85, 1.11]	⊕⊕⊕○ Moderate
	Worsening renal function Two (RCTs)	No serious risk of bias	No serious inconsistency	No serious indirectness	No serious imprecision	Undetected	36/2556	71/2541	0.50 [0.34, 0.75]	⊕⊕⊕⊕ High
	Hyperkalemia Two (RCTs)	Serious risk of bias <sup>b</sup>	No serious inconsistency	No serious indirectness	Serious imprecision <sup>e</sup>	Undetected	328/2535	370/2519	0.88 [0.77, 1.01]	⊕⊕○○ Low
	Symptomatic hypotension Two (RCTs)	No serious risk of bias	No serious inconsistency	No serious indirectness	No serious imprecision	Undetected	408/2556	284/2541	1.43 [1.24, 1.65]	⊕⊕⊕⊕ High
	Angioedema Two (RCTs)	No serious risk of bias	No serious inconsistency	No serious indirectness	Serious imprecision <sup>e</sup>	Undetected	15/2556	4/2541	3.43 [1.20, 9.78]	⊕⊕⊕○ Moderate
	Congestive heart failure Two (RCTs)	Serious risk of bias <sup>c</sup>	No serious inconsistency	No serious indirectness	Serious imprecision <sup>e</sup>	Undetected	90/2568	89/2554	1.01 [0.75, 1.34]	⊕⊕○○ Low

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# DISCUSSION



Valeurs absolues

Prise en compte des effets indésirables

Aide Bibliothécaire

Analyse des biais ROB 2

GRADE



80% des publis indexées dans Medline, intérêt des autres sources ?

Et la littérature grise ?

HFmrEF ?

Peu d'études, molécule récente mais...

ECR bon moyen évaluer pour les effets indésirables ?

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# Comparaison avec la littérature existante

- **Zang et al, August 2020**

+ 1 étude = mitral regurgitation / echographic criteria : (OR)  
reaching 0.83 [0.74, 0.92]

OR non représentatif d'une taille d'effet ?

Effets indésirables HFpEF et HFrEF confondus = 2 populations  
différentes !

- **Spanella et al., 2020, ESC heart failure**

rôle protecteur fonction rénale / patients âgés et HFpEF



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Utilité pour la MG ?



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