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Circ Res response to LTR 315583 by Shaw, et al, on Heart Failure With Preserved Ejection Fraction In Perspective

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Our perspective on heart failure with preserved ejection fraction (HFpEF) was designed to offer a past and present framework of this multifaceted disorder to enhance (expand) the dialogue between caregivers and investigators.¹ Our major focus was on providing a context to better understand the emerging clinical trial and epidemiologic data. The pathophysiologic and compensatory mechanisms producing and responding to the elevated ventricular filling pressure, central to the signs and symptoms of heart failure across the spectrum of ejection fractions, were only briefly highlighted.

The complimentary comments from Drs. Nikolova, Hong and Shaw are appreciated as is their calling their recently published innovative study on the potential importance of cardiac bridging integrator 1 (cBIN1) as a possible biomarker of HFpEF to our attention.^{2,3} These types of productive exchanges are needed to continue to improve our understanding of this diverse disorder. Better mechanistic identification and stratification tools will undoubtedly facilitate more precision in future clinical trials. We hope our “in perspective” article will stimulate other interchanges to expand the discourse to better understand this complex heterogeneous disorder.

Disclosures:

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