**TRANSITION TO STAGE D HEART FAILURE AMONG STABLE OUTPATIENTS WITH SYSTOLIC HEART FAILURE**

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*Background*: Incidence rates and risk factors for transition to Stage D heart failure (HF) among patients with stable, Stage C HF with reduced ejection fraction (HFrEF) have not been described.

*Methods*: We evaluated 3-year transition rates to clinically determined Stage D HF, after accounting for competing mortality, in 919 outpatients (age, 62±15 years; 35.7% women; 47.3% white, 45.8% black; median ejection fraction [EF] 27.5% [20.0%-35.0%]; 47.7% with ischemic heart disease) with baseline Stage C HFrEF (EF < or =40%) not previously on advanced HF therapies.

*Results*: After a median of 3.0 years (1.7-3.2), 107 patients were deemed to have transitioned to Stage D (3-year incidence: 12.3%; annual rate: 4.5% ) and 100 died before transitioning to Stage D (3-year competing mortality: 11.6%; annual rate: 4.2%). Transition to Stage D was faster among blacks (6.4%/year vs. 2.7% in whites; P<0.001) and those with nonischemic HF (6.3%/year vs. 2.8 in ischemic; P<0.001). In adjusted models including clinical characteristics, EF, and laboratory work, additional predictors of transition were lower baseline EF and systolic blood pressure, renal and hepatic dysfunction, and lung disease.

*Conclusion*: Among Stage C HFrEF survivors receiving care in a referral center, approximately 5% transition to Stage D each year, with faster transition among black and nonischemic patients. Although these estimates need multi-center confirmation, our findings have implications for healthcare resources planning and allocation for these patients.