

Atrioventricular Interval Modulation Therapy

Device-based Therapy for Hypertension and Diastolic Heart Failure

David E. Kandzari, MD, FACC, MSCAI

Chief, Piedmont Heart Institute and Cardiovascular Services

Chief Scientific Officer

Director, Interventional Cardiology



Disclosure

Within the past 12 months, I or my spouse/partner have had a financial interest/arrangement or affiliation with the organization(s) listed below

| <u>Affiliation/Financial Relationship</u> | <u>Company</u> |
|---|--|
| Grant/Research Support (Institutional) | Medtronic CardioVascular, Biotronik, Orbus Neich, Ablative Solutions, Teleflex, Orchestra BioMed, Supira Medical |
| Consulting Fees/Honoraria | Boston Scientific, Medtronic CardioVascular, DeepQure, Brattea |
| Major Stock Shareholder/Equity | BioStar Ventures (none related to ASI) |
| Royalty Income | None |
| Ownership/Founder | None |
| Intellectual Property Rights | None |
| Other Financial Benefit | None |

Atrioventricular Interval Modulation Therapy

Mechanisms of Action

Designed to Have an Immediate, Clinically Meaningful, and Sustained Effect¹



Short AV intervals: reduce cardiac preload, **immediately lowering BP**



Intermittent longer AV intervals: modulate ANS response (baroreceptor reflex) and reduce afterload (TPR), **sustaining BP reduction**



Delivered via Medtronic Astra™ or Azure™ dual-chamber pacemaker

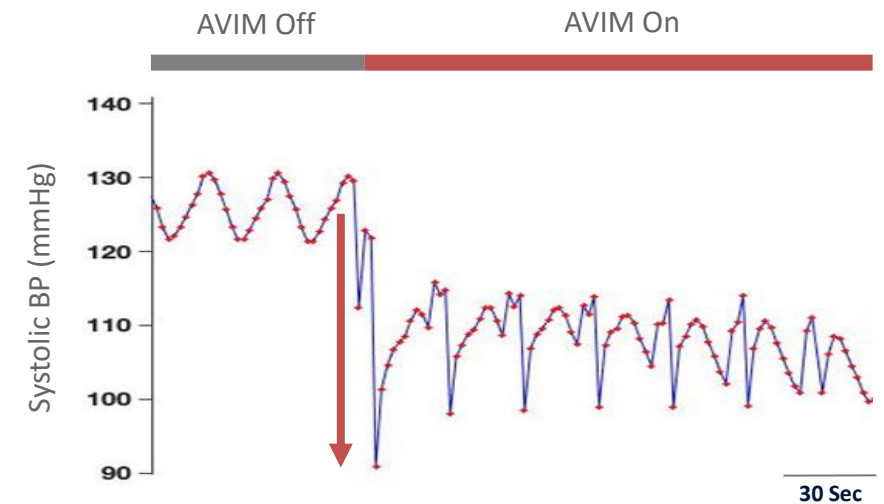


No additional surgical procedure and compatible with both RV pacing and conduction system pacing



Programmable, adjustable, and not dependent on **patient adherence**

Novel & Potent Mechanism¹

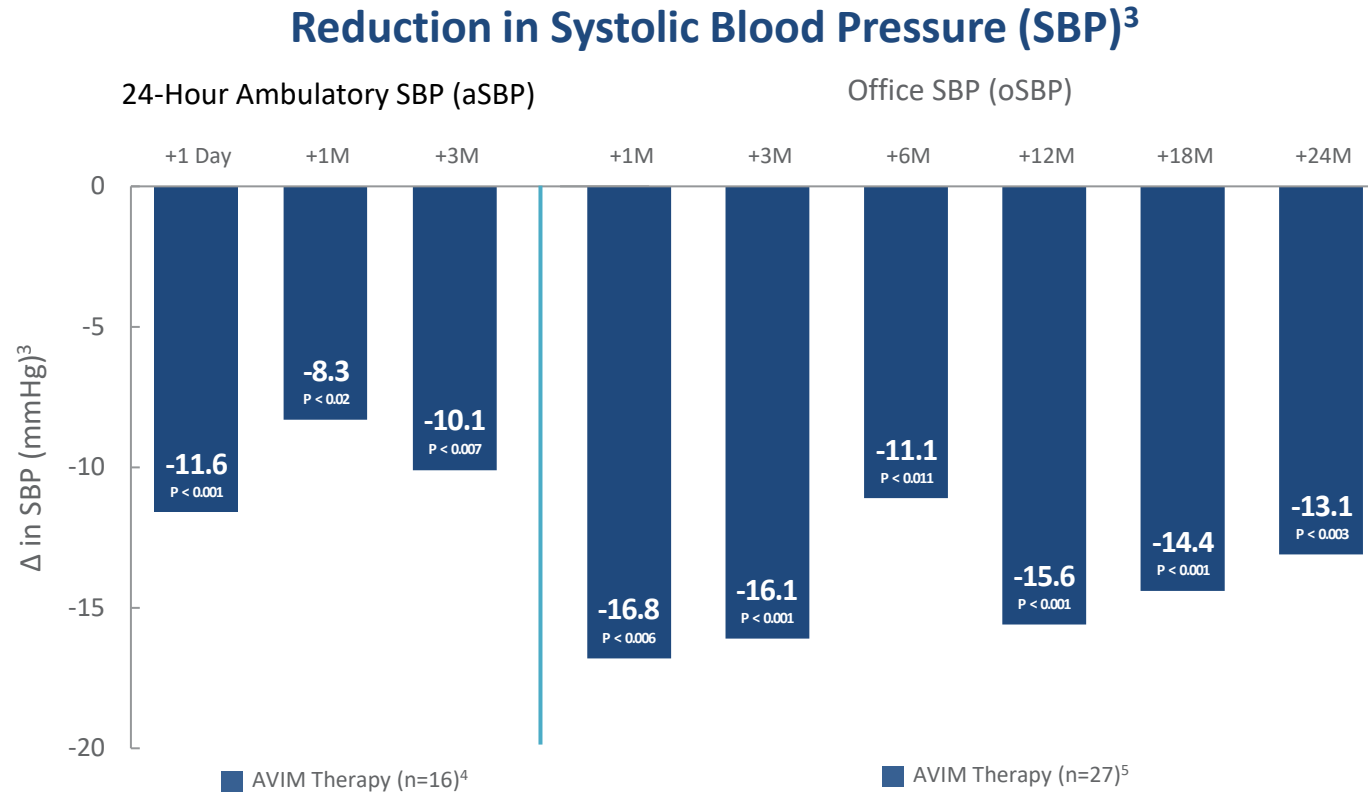


¹Kalarus et al. JAHA 2021;10:e020492ahajournals.org/doi/10.1161/JAHA.120.020492

AVIM Therapy and Blood Pressure Reduction

Moderato I Pilot Study

A prospective, single-arm study of 27 patients with persistent hypertension (oSBP >150 mmHg) despite 2 or more anti-hypertensive medications and an indication for pacemaker^{1,2}



10.1 mmHg Reduction
in 24-Hour aSBP
at 3 months

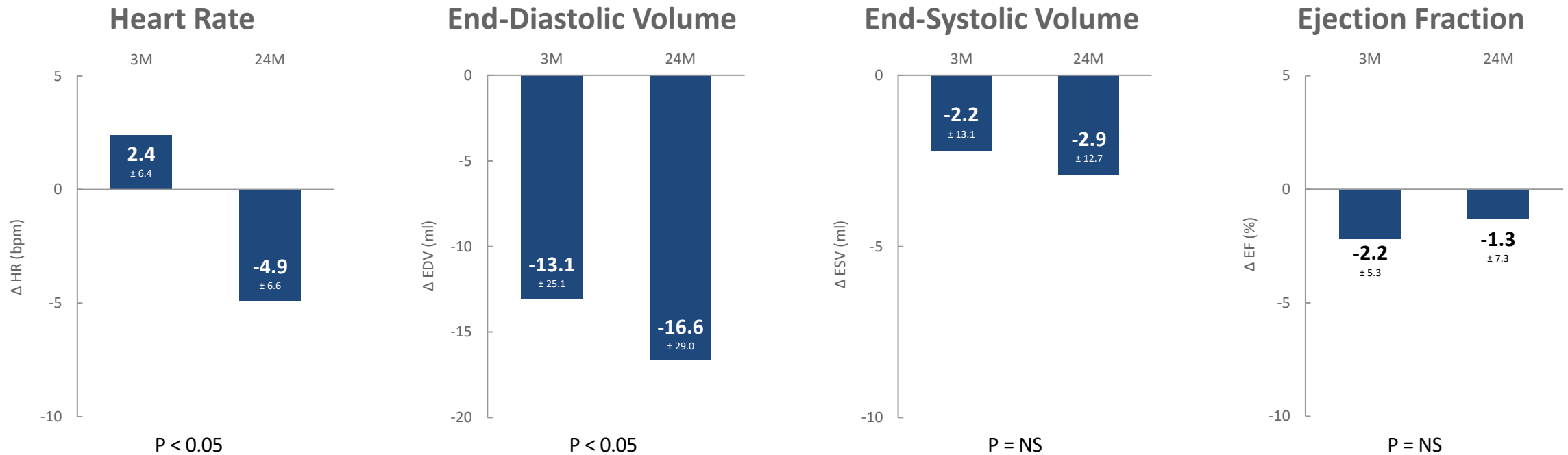
Sustained 13.1 mmHg Reduction
in oSBP
at 2 years

¹Neuzil et al. *JAHA* 2017. ²Burkhoff MODERATO I Study 2-Year Results TCT 2018. ³Compared to pre-activation. ⁴aSBP (n=16) at pre-activation. ⁵AVIM (n=21) continued after completion of study at 3 months to be followed for 2 years.

AVIM Therapy and Hemodynamic Effects

Moderato I Pilot Study

Significant Reduction in Heart Rate & End-Diastolic Volume at 24 Months¹



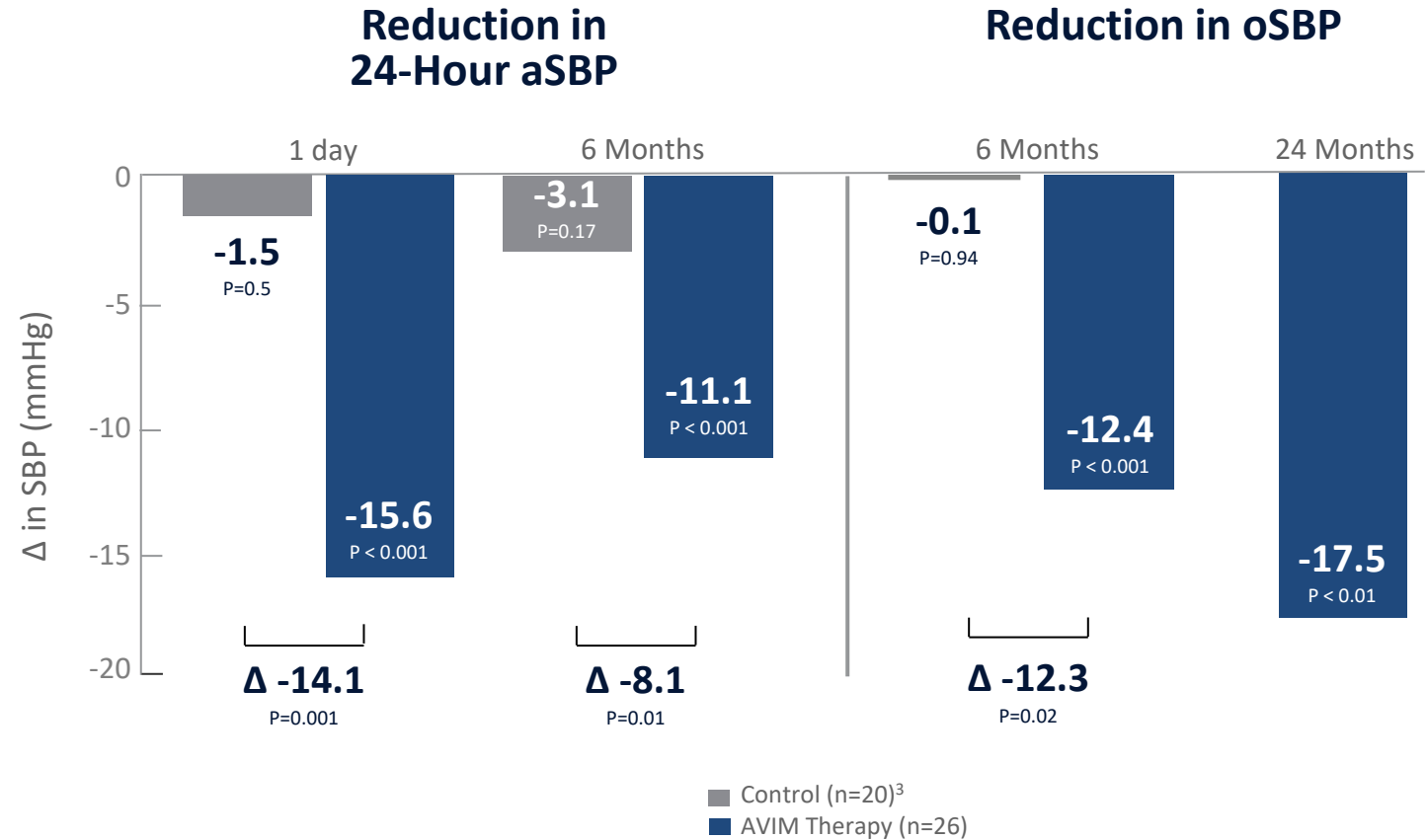
No significant change in end-systolic volume or ejection fraction

¹Burkhoff MODERATO I Study 2-Year Results TCT 2018

AVIM Therapy and Blood Pressure Reduction

Moderato II Randomized, Double-Blind Pilot Study

- Pacemaker patients with hypertension despite medical therapy
- LVEF \geq 50%
- **0% MACE** at 6 months⁴



¹Kalarus et al. *JAMA*. 2021; ²Burkhoff MODERATO II Study 2-Year Results TCT 2021; ³24-Hr aSBP Control (n=19); ⁴A blinded evaluation Data Safety Monitoring Board report for MODERATO II included a revised MACE rate, from 9.5% to 14.3%, in the control group to reflect a HF event after study result publication.

AVIM Therapy and Hemodynamic Effects

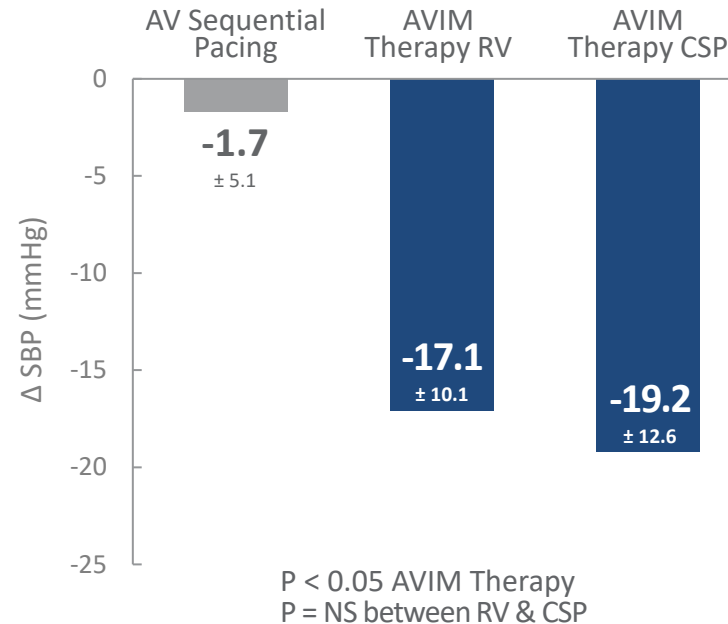
Acute Pressure Volume Relationship with AVIM

SBP Reduction (Independent of Lead Position) & Favorable Impact on Hemodynamics¹

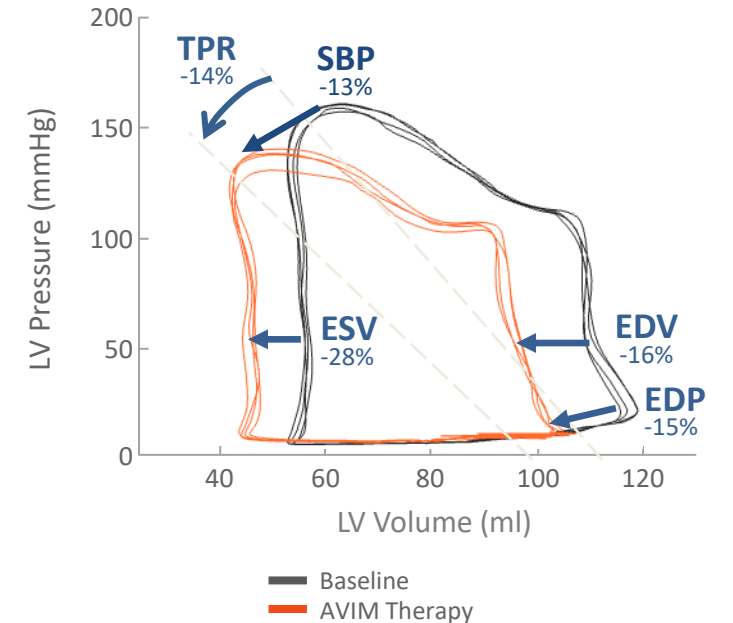
Significant reduction in pre-load and afterload without change in contractility ($\pm 1\%$)

Significant 21% reduction in stroke work without significant reduction in stroke volume

SBP Reduction, N=16



PV Loops



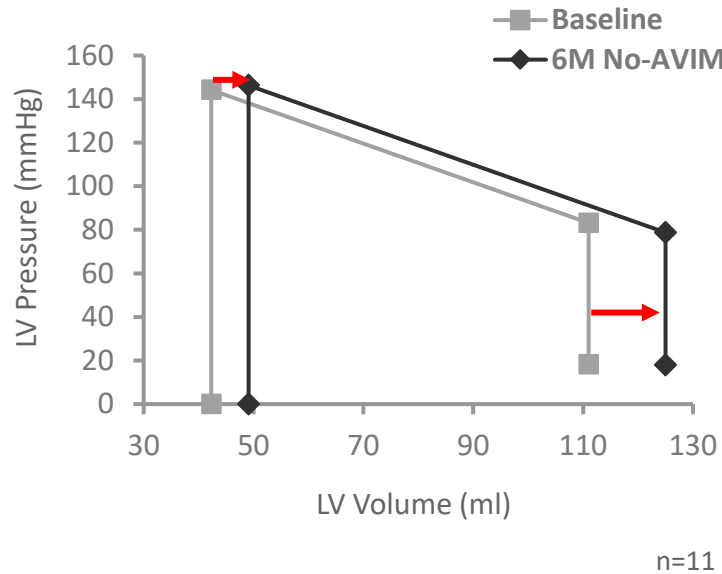
¹Chovanec M, et al. *JACC Clin Electrophysiol.* 2025

n=16 for AVIM therapy in both lead positions. n=14 for AV sequential pacing. Baseline is atrial pacing with intrinsic conduction. CSP type is LBBA.

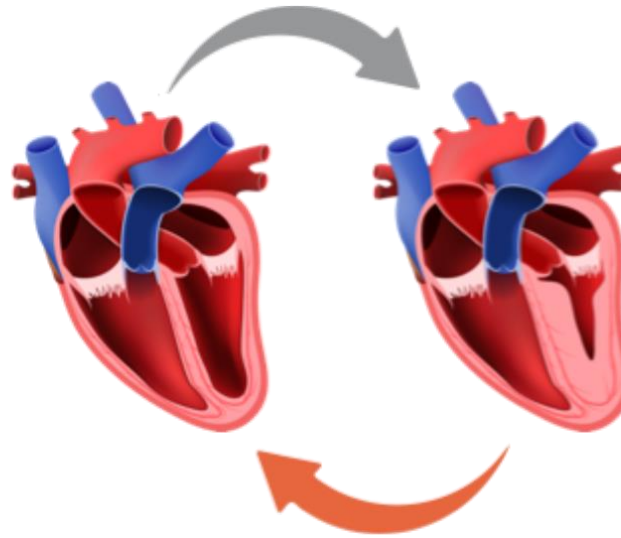
AVIM Therapy and Hemodynamic Effects

Moderato II Substudy Noninvasive PV Loop Analysis

Control Group Showed Progressive Ventricular Remodeling at 6 Months¹

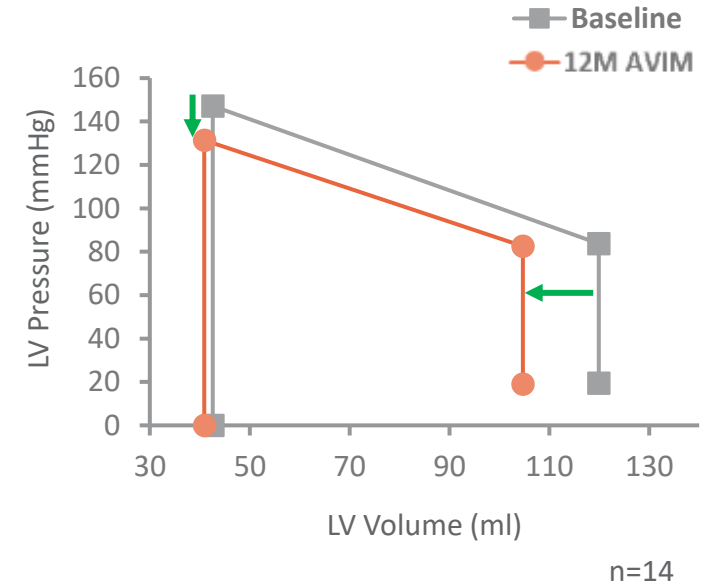


Control Group Developed Ventricular Remodeling



AVIM Therapy Induced Reverse Remodeling

AVIM Therapy Showed Reverse Remodeling at 12 months¹

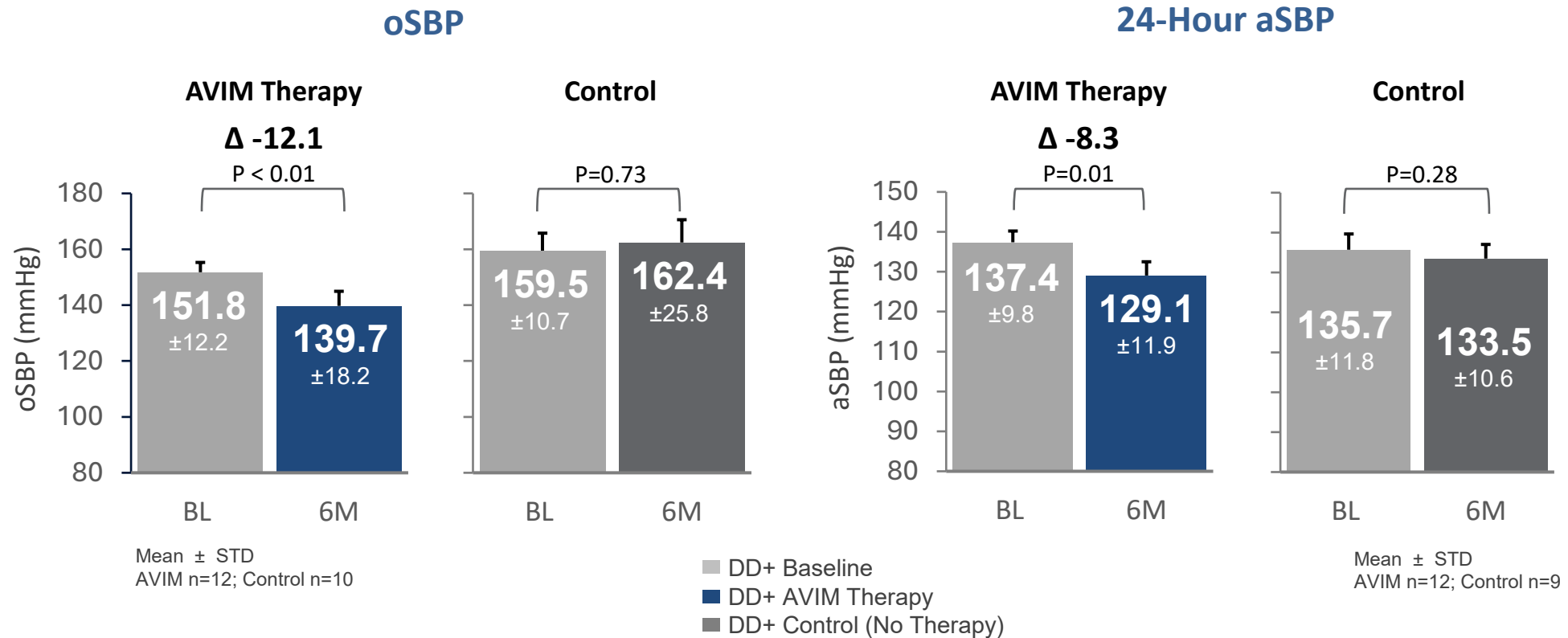


¹Chovanec M, et al. *JACC Clin Electrophysiol.* 2025

AVIM Therapy and Diastolic Dysfunction

Moderato II Substudy

61% of AVIM Therapy Patients in MODERATO II had Diastolic Dysfunction^{1,2}



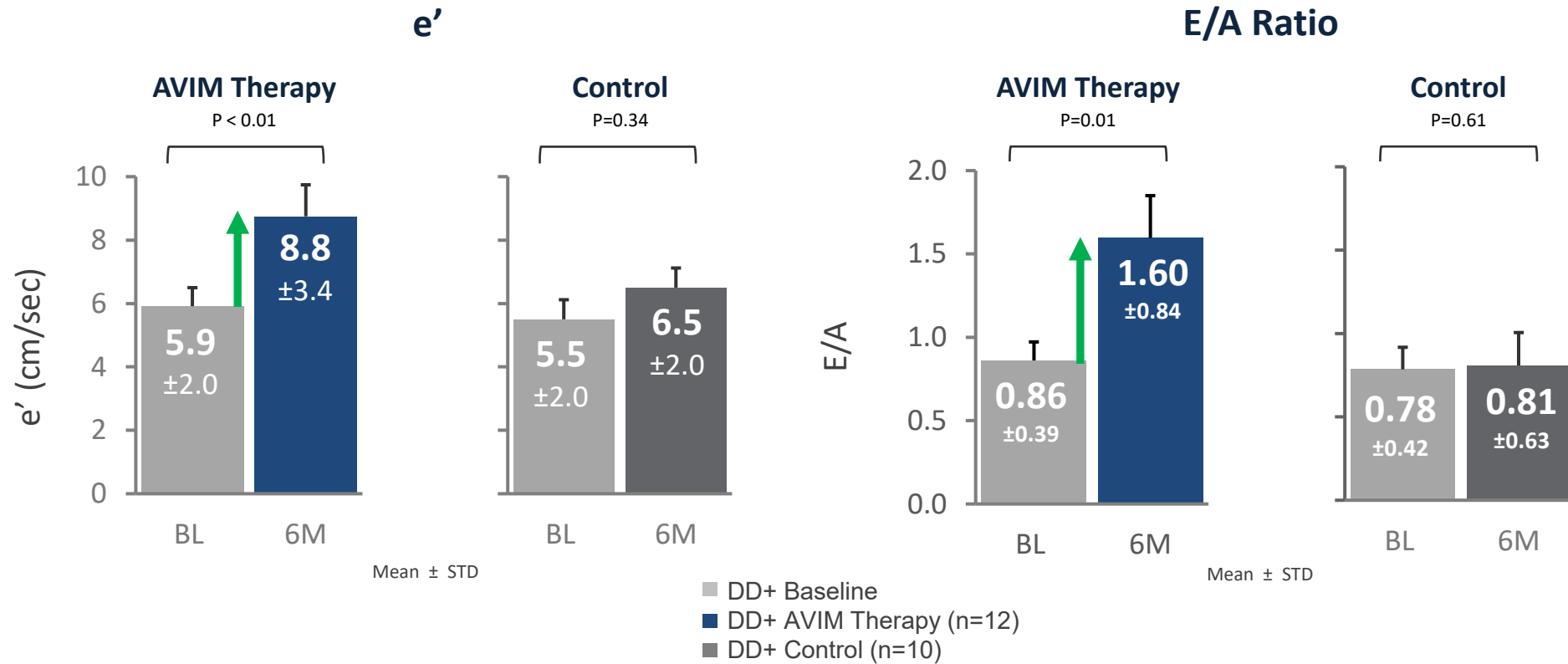
Core lab echoes were assessed with independent blinded adjudication

¹Fudim M et al. *JACC: Advances* 2025; ²DD assessed via American Society of Echocardiography guidelines.

AVIM Therapy and Diastolic Dysfunction

Moderato II Substudy

Significantly Increased e' & E/A, Indicating Improved Myocardial Relaxation & Diastolic Compliance



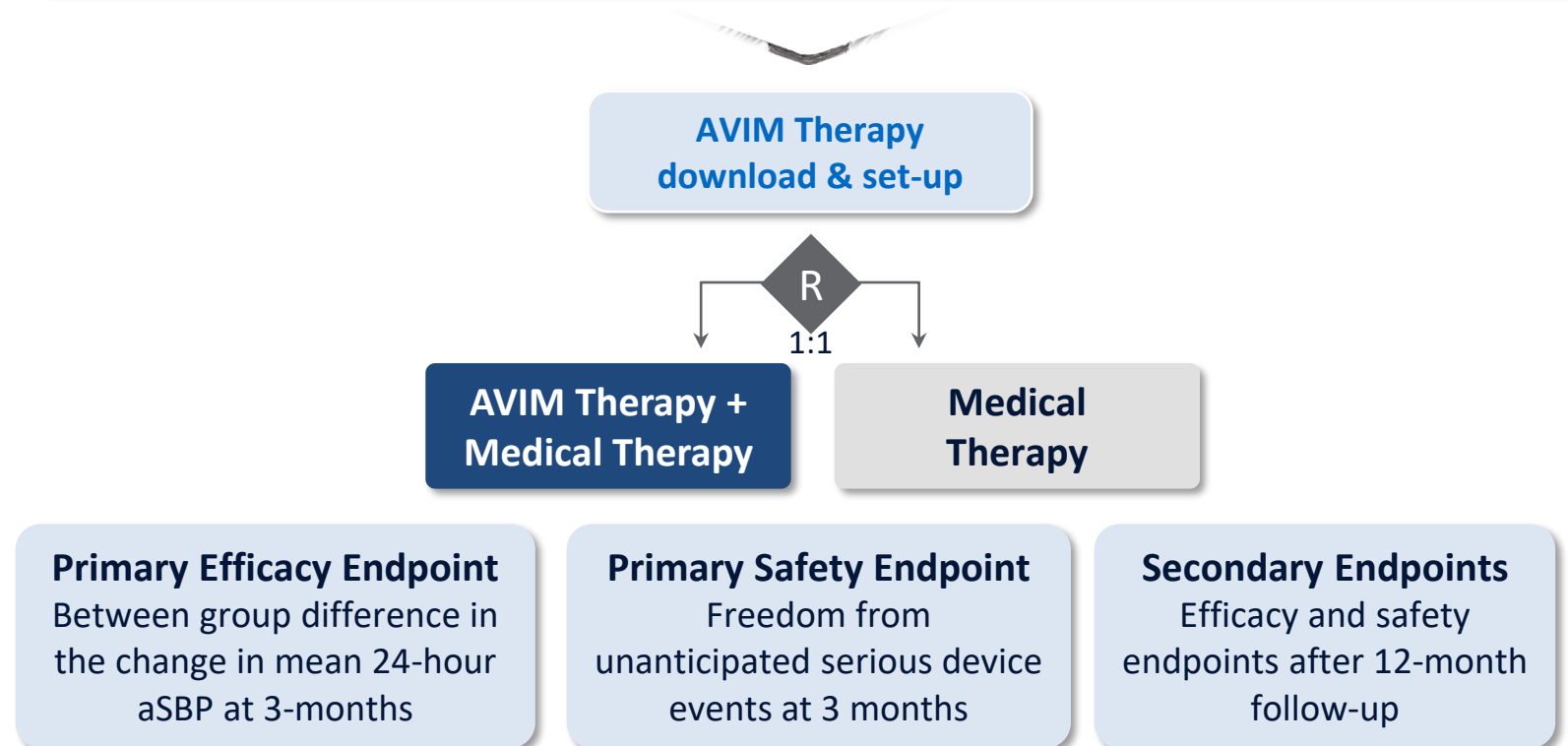
AVIM therapy increased the percentage of patients with normal values for e' (16% → 58%) & E/A (42% → 73%)

Backbeat Global Pivotal Trial



- Randomized, prospective, multi-center, double-blind, controlled trial
- Sponsored by Orchestra BioMed, conducted in partnership with Medtronic
- Actively enrolling up to 500 patients across 130 sites in US, Europe, & APAC
- NYHA I or II HF with LVEF \geq 50% eligible
- Echocardiography and KCCQ at baseline, 3 months, & 12 months

Patients who **have or are scheduled to receive** a Medtronic Astra™ or Azure™ dual-chamber pacemaker and have **hypertension despite medication**



AVIM for Uncontrolled Hypertension and Heart Failure with Preserved Ejection Fraction

- AVIM therapy is a novel investigational, pacemaker-delivered treatment designed to have an immediate, substantial, and sustained effect in reducing BP, independent of lead position
 - Efficacy in both isolated systolic and combined hypertension
 - ‘Always on’ effect with sustained BP lowering through 3 years
- AVIM associated with improved hemodynamics in parallel with BP reductions
 - Significant reductions in both preload and afterload without decrease in contractility
 - Ventricular remodeling at 6 months with decreases in left ventricular pressure and volume
- In patients with diastolic dysfunction, AVIM therapy significantly reduced BP and improved measures of myocardial relaxation and diastolic compliance
- Ongoing BACKBEAT Global Pivotal Trial (NCT06059638) is intended to demonstrate the safety and effectiveness of AVIM in patients with uncontrolled HTN but will also offer insight to potential benefits in HFpEF