

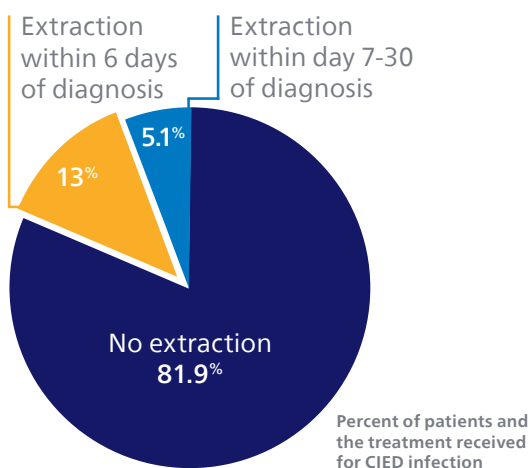
New 2023 JAMA cardiology data

# <2 in 10 patients are receiving guideline-driven care<sup>1</sup>

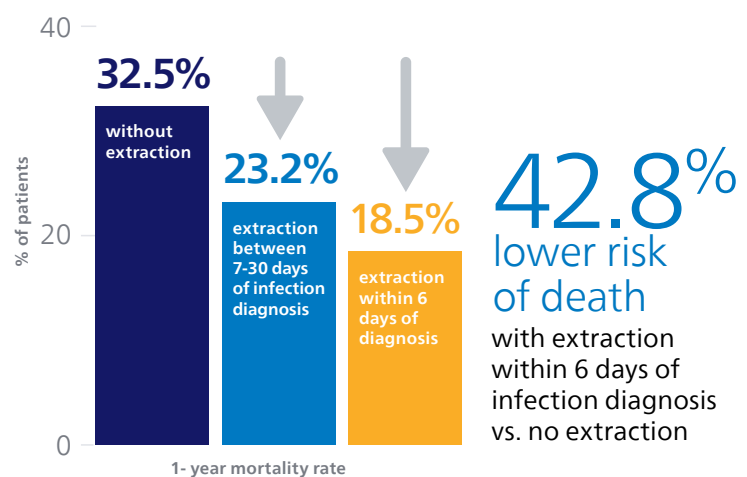
*"This study highlights the life-threatening nature of device infections and the significant opportunities to improve care in these complex patients. The findings also emphasize the importance of timely diagnosis and complete treatment. Making things better for patients tomorrow will require working with clinicians across various specialties to advance education to help diagnose CIED infections and deliver timely care. The opportunity to ensure all patients have access to guideline recommended care is not only imperative, but life-saving for patients across the world."*

- Jonathan Piccini, MD, MHS, Duke Director of Cardiac Electrophysiology

## Low rates of HRS/EHRA Class I guideline care<sup>1</sup>



## Significant decrease in 1-year mortality with timely extraction<sup>1</sup>



## Largest ever real-world analysis of CIED infection treatment included:

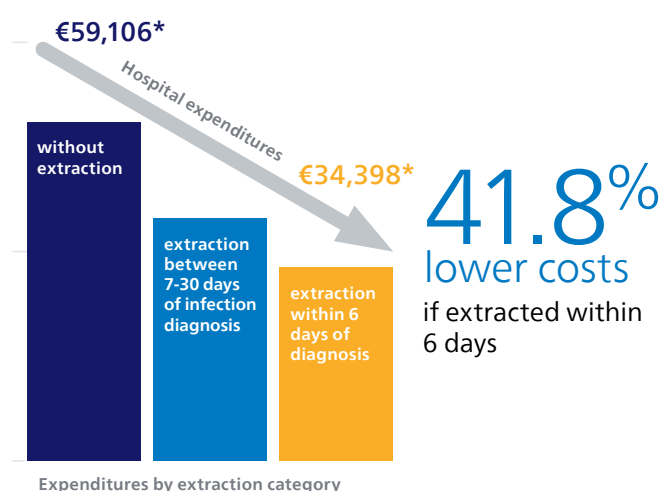


More than 1 million patients with a CIED (N=1,065,549)



100% Medicare sample from January 2006 through December 2019 (14 years of data)

## Significant lower healthcare utilisation with timely extraction<sup>4</sup>



Expenditures by extraction category

\*converted from USD 9<sup>th</sup> November 2023 – represents the median expenditure

## CIED infection is an HRS/EHRA Class I indication for referral and for full system removal<sup>2,3</sup>

Among patients with CIED infection, there is a lack of guideline adherence and a need to improve guideline-directed care. Extraction for CIED infection is potentially life-saving. Follow the guidelines.

Isolated pocket infection	Systemic infection	
	Without vegetation on leads or valves ± pocket infection	CIED endocarditis with vegetation on leads and/or valves ± embolism
Removal / Extraction + antibiotic therapy (10-14 days)	Removal / Extraction + antibiotic therapy 4 weeks (2 weeks if negative blood culture)	Removal / Extraction + antibiotic therapy 4-6 weeks (+oral antibiotics therapy FU if indicated by secondary infectious focus)

Table adapted from 2020 EHRA international consensus document<sup>3</sup>



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1. Pokorney SD, et al. Lead Extraction and Mortality Among Patients With Cardiac Implanted Electronic Device Infection. JAMA Cardiol. 2023 Dec 1;8(12):1165-1173.
2. Kusumoto, F. M., et al. (2017, Dec). 2017 HRS expert consensus statement on cardiovascular implantable electronic device lead management and extraction. Heart Rhythm, 14(12), e503-e551.
3. Blomström-Lundqvist, C., et al. (2020, Jun 1). European Heart Rhythm Association (EHRA) international consensus document on how to prevent, diagnose, and treat cardiac implantable electronic device infections-endorsed by HRS, APHRS, LAHRS, ISCVI, ESCMID in collaboration with EACTS. Eur Heart J, 41(21), 2012-2032. <https://doi.org/10.1093/eurheartj/ehaa010>.
4. Pokorney, Sean D., et al. "Healthcare Utilization and Healthcare Expenditures in Patients with Infections of Pacemakers and Implantable Cardioverter Defibrillators." ACC 2023 Poster Session. April 6, 2023.

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