Understanding Patient Selection for RDN

Renal denervation (RDN) is indicated for use in patients with uncontrolled hypertension.

![Diagram showing blood pressure levels and drug usage]

### Clinical Trial Perspective

The SPYRAL HTN Clinical Program is aligned with the ESC/ESH Guidelines¹ and ESH Statement on RDN², focusing on patients in the context of clinical studies and taking into account patient preference.

### Key Takeaways from the ESH Position Paper² on Renal Denervation

1. Evidence provides biologic proof RDN lowers blood pressure (BP): “Sham subtracted reduction in ambulatory BP provides the clear message that RDN is effective in lowering BP in hypertensive patients without or with 1–3 anti-hypertensive medications.”

2. RDN provides clinically meaningful BP reductions: “Although not definitely proven by a prospective outcome trial, we can expect that the 10-mmHg decrease in office BP achieved in RDN trials, if maintained long term, would be associated with a reduction in cardiovascular events by roughly 25%.”

3. Evidence shows RDN is safe: “No major adverse events occurred in the three trials in the short term from 30 days to six months post procedure. There was no report of acute renal failure, renal artery discretion or perforation. eGFR remained stable throughout follow-up in the three studies.”

4. Emphasis must be placed on individualized treatment and patient preference given the challenges with medication adherence. Discussions with the patient of treatment choice “need to take the patient’s preference into account.”

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