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doi:10.1002/ejhf.70086

Online publish-ahead-of-print 3 November 2025

**Reply to the letter regarding the article ‘Remote pulmonary artery pressure-guided management of patients with heart failure: A clinical consensus statement of the Heart Failure Association (HFA) of the ESC’**

We read with interest the correspondence from Drs. Zemrak and colleagues regarding the ESC-/HFA clinical consensus statement on remote pulmonary artery pressure-guided management of patients with heart failure.<sup>1</sup> We thank the authors for their constructive critique and for highlighting an important point concerning the application of CardioMEMS in individuals with congenital heart disease (CHD).

The authors rightly note that the current manufacturer’s guidance refers to ‘significant CHD that has not been repaired and would prevent implantation’ rather than CHD as a whole. We acknowledge that this distinction was not sufficiently emphasized in the consensus statement and that a more nuanced interpretation is warranted.


Indeed, the growing evidence base demonstrating the feasibility and safety of CardioMEMS implantation in selected patients with complex congenital anatomies—such as those with Fontan circulation or systemic right ventricles—is encouraging. The review by Marshall *et al.*,<sup>2</sup> along with other cited

case series, underscores the potential value of remote haemodynamic monitoring in both paediatric and adult congenital populations, with minimal reported device-related complications.

We concur with the authors' position that CHD should not be viewed as a categorical contraindication. Rather, careful patient selection, informed by anatomical and surgical complexity, should guide decisions. This is particularly relevant when performed by operators with experience in CHD catheterization.

The intent of the consensus statement was to provide practical guidance rooted

in current evidence and regulatory frameworks. However, continued research and clinical reporting will be essential in refining indications and improving outcomes for this growing patient group.

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