

Abbott's Next-Generation CardioMEMS™ Remote Heart Failure Monitoring Reader Receives FDA Approval To Enhance Patient Experience And Help Detect Disease Progression

- The latest generation of remote heart failure monitoring technology, Abbott's CardioMEMS™ HERO, is designed to improve how patients take and send daily pulmonary artery pressure readings to their clinicians to monitor for signs of worsening heart failure
- HERO is a sleek and compact remote reader that is 60% lighter compared to its previous generation device for heart failure patients with Abbott's CardioMEMS pulmonary artery pressure sensor

ABBOTT PARK, Ill., Feb. 27, 2026 — Abbott today announced the U.S. Food and Drug Administration (FDA) has approved the company's CardioMEMS™ HERO device – a next-generation pulmonary artery (PA) pressure reader – to support the care of people living with heart failure. The reader contains new design features to help empower heart failure patients and their clinicians with the daily insights they need to detect and combat heart failure progression. Abbott will soon begin commercial release of the CardioMEMS HERO reader in the United States.

Heart failure is a progressive condition that occurs when the heart can't circulate blood efficiently. If left untreated, symptoms can rapidly progress, leading to breathing difficulties, fluid build-up in the lungs, organ damage, irregular heart rhythms and death. Approximately 6.7 million people in the United States have heart failure, and that number is expected to grow to 8.5 million by 2030.ⁱ

CardioMEMS HERO improves patient experience

Abbott's CardioMEMS HERO reader is a new component of the [CardioMEMS™ HF System](#). The HERO reader is similar in size to a laptop case and is sleeker and smaller than the system's previous model. It is designed to work with the CardioMEMS PA Sensor – a paperclip-sized device implanted near the heart where rising PA pressures signal worsening heart failure.

Patients lay with their back centered on the HERO reader for less than 60 seconds on averageⁱⁱ to take a remote PA pressure reading and securely send the data to their care team. Clinicians will receive the daily data readings and if they see changes in PA pressures, they will communicate to the patient any medication or lifestyle changes needed to help slow heart failure progression – often before a patient even feels symptoms – to keep them out of the hospital.

HERO's features include:

- Greater Convenience: The HERO reader is 60% lighter than the previous model, so its smaller size makes it easy for patients to use every day. It's also designed to fit in a carry-on suitcase, making travel more convenient.
- Accurate Results: The improved HERO design enables a consistent reading position for the patient that provides reliable daily PA pressure trends to the care team.
- Enhanced Connectivity: HERO is the only patient reader with integrated Wi-Fi and cellular connectivity that makes setup easy, allowing patients to take a reading virtually anywhere they have a signal.ⁱⁱⁱ

"Data from CardioMEMS HF System clinical trials show the positive impact the device has on reducing the risk of heart failure hospitalizations and cardiovascular death. HERO is likely to significantly enhance data acquisition and patient interactions with this life-changing technology," said JoAnn Lindenfeld, M.D., director of advanced heart failure at Vanderbilt University Medical Center in Nashville, Tenn, who served as primary investigator for the GUIDE-HF study – the largest randomized clinical trial conducted on pulmonary artery pressure monitoring. "HERO is lighter, more comfortable, and easier to transport and use which improves patient experience."

CardioMEMS HF System helps reduce hospitalizations

Abbott's CardioMEMS™ HF System is clinically proven to reduce hospital readmissions^{iv}, and improve quality of life and survival^v, by serving as an early warning tool. The CardioMEMS PA Sensor is implanted during a minimally invasive outpatient procedure. The HERO reader is compatible with the current commercially available version of the CardioMEMS PA Sensor.

"Abbott's CardioMEMS HERO reader is modernizing a proven and effective remote patient management system, making it even more convenient for patients to use a device that has shown a 57% reduction in heart failure hospitalizations^{vi}," said Finn Gustafsson, M.D., Ph.D., chief medical officer and divisional vice president of Abbott's heart failure business. "With this new reader, people can work with their doctors to proactively manage their condition outside of the doctor's office even more efficiently – increasing convenience and the patient experience."

Indications and Important Safety Information

For U.S. important safety information on the CardioMEMS HF System, visit: [Indications, Safety and Warnings for the CardioMEMS HF System](#).

About Abbott:

Abbott is a global healthcare leader that helps people live more fully at all stages of life. Our portfolio of life-changing

technologies spans the spectrum of healthcare, with leading businesses and products in diagnostics, medical devices, nutritionals and branded generic medicines. Our 115,000 colleagues serve people in more than 160 countries.

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ⁱBozkurt, et. al. [Heart Failure Epidemiology and Outcomes Statistics: A Report of the Heart Failure Society of America](#). J Card Fail. 2023; 29(10): 1412–1451.

ⁱⁱAbbott data on file, based on internal validation studies with representative users. Results may vary.

ⁱⁱⁱAbbott data on file.

^{iv}Abraham J, et al. JAMA Cardiology. 2019 (30% at 12 months vs CMS database matched controls)
Givertz et al. J Am Coll Cardiology 2017. (32% in CHAMPION Tx vs Control)
Lindenfeld et al. (2024) 136 Meta-Analysis w/LAPTOP (25% mortality reduction overall at 2 years)
Zile et al. (2025) Meta Analysis (CHAMPION, GUIDE, USPAS)

^vBrugts et al. (2023) 121 MONITOR-HF

^{vi}Shavelle D, Desai A, Abraham W, et al. Lower rates of heart failure and all-cause hospitalizations during pulmonary artery pressure-guided therapy for ambulatory heart failure. *Circulation: Heart Failure*. 2020;13(8):229-238.

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