Cardiac DimensionsÃ‚® Announces Presentation of 12-Month Follow-up Data of TITANâ„¢ Trial at European Society of Cardiology Meeting

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KIRKLAND, Wash., Aug. 18 /PRNewswire/ -- Cardiac Dimensions, an early stage company focused on the development of minimally invasive devices for the treatment of mitral valve disease and congestive heart failure, announced today that the 12-month follow-up results from the TITAN™ trial of the Company's CARILLON® Mitral Contour System will be presented at the European Society of Cardiology 2010 Congress (ESC) on August 29, 2010 in Stockholm.

Professor Dr. Uta Hoppe of the University of Cologne, Germany, will present the 12-month trial data and review the safety and efficacy of the CARILLON system, a novel therapy for treating heart failure patients suffering from functional mitral regurgitation (FMR), a disorder of the heart's mitral valve.

Most of the estimated 5 million people in the U.S. and more than 20 million people worldwide suffering from heart failure also suffer from FMR, along with dilated cardiomyopathy. Unfortunately, most of these patients have few options and are inadequately treated using medical management. While surgical options exist and can be effective in reducing FMR, they are infrequently used due to the burden of the surgery itself, which can be associated with high operative morbidity and mortality rates.

The CARILLON Mitral Contour System is a non-surgical, minimally invasive device designed to repair the mitral valve in these patients and reduce FMR. It combines a proprietary implantable device and a percutaneous delivery system.

The 12-month follow-up trial results are highly anticipated because the previously released six-month data presented at TCT 2009 was very promising, noted Professor Dr. Michael Haude of the Stadtische Kliniken Neuss, Lukaskrankenhaus, Germany, one of the study investigators along with Professor Dr. Hoppe.

"In my experience this device presents key advantages, such as an easy to learn technique and immediate assessment of efficacy coupled with peri-procedural recaptu
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