Claims:

Claim 1. Use of iron isomaltoside in the manufacture of a medicament for reducing the incidence of, or risk for, a cardiovascular adverse event in a subject having iron deficiency, which use comprises that an effective amount of the iron isomaltoside is to be administered,

wherein the subject is:

(A) a subject being at risk of a cardiovascular adverse event;

(B) a subject having a history of congestive heart failure (CHF); or

(C) a subject having a history of congestive heart failure (CHF) and being at risk of a cardiovascular adverse event, wherein the cardiovascular adverse event, the incidence of, or risk for, which reduced is:

(a) selected from the group consisting of congestive heart failure, myocardial infarction, unstable angina, arrhythmia, hypertension, hypotension, stroke, and death;

(b) congestive heart failure;

(c) atrial fibrillation;

(d) hypertension;

(e) cardiac arrest;

(f) cardiovascular death; or

(g) hospitalization due to worsening congestive heart failure.

Claim 2. The use of claim 1, wherein the subject being at risk of a cardiovascular adverse event is a subject having a history of myocardial infarction (MI), a history of stroke, a history of atrial fibrillation (AF), a history of congestive heart failure (CHF), chronic kidney disease (CKD), a history of hypertension, diabetes, a history of heart valve disorders, a history of obesity, and/or being a smoker, a drinker, and/or an elderly subject.

Claim 3. The use of claim 1 or claim 2, wherein the subject is a subject being at risk of a cardiovascular adverse event, and wherein the cardiovascular adverse event, the incidence of, or risk for, which is reduced, is congestive heart failure.

Claim 4. The use of claim 1 or claim 2, wherein the subject is a subject being at risk of a cardiovascular adverse event, and wherein the cardiovascular adverse event, the incidence of, or risk for, which is reduced, is atrial fibrillation.

Claim 5. The use of claim 1 or claim 2, wherein the subject is a subject being at risk of a cardiovascular adverse event, and wherein the cardiovascular adverse event, the incidence of, or risk for, which is reduced, is cardiac arrest.

Claim 6. The use of claim 1, wherein the subject is a subject having a history of congestive heart failure and the cardiovascular adverse event, the incidence of, or risk for, which is reduced, is cardiac arrest or congestive heart failure or both.

Claim 7. The use of claim 1, wherein the subject is a subject having a history of congestive heart failure (CHF) and the cardiovascular adverse event, the incidence of, or risk for, which is reduced, is atrial fibrillation.

Claim 8. The use of claim 1, wherein the subject is a subject having a history of congestive heart failure (CHF) and the cardiovascular adverse event, the incidence of, or risk for, which is reduced, is cardiac arrest.

Claim 9. The use of any one of claims 1 - 8, wherein the subject is a subject being at risk of a cardiovascular adverse event and/or having a history of congestive heart failure, wherein the subject has chronic kidney disease (CKD).

Claim 10. The use of any one of claims 1 - 8, wherein the subject is a subject being at risk of a cardiovascular adverse event and/or having congestive heart failure, wherein the subject does not have chronic kidney disease (CKD).

Claim 11. The use of claim 9 or 10, wherein the chronic kidney disease (CKD) is non-dialysis dependent chronic kidney disease (NDD-CKD).

Claim 12. The use of any one of claims 1, or 6-11, wherein the subject having a history of congestive heart failure has:

(a) heart failure with reduced ejection fraction (HFrEF);

(b) heart failure with mid-range ejection fraction (HFmrEF); or

(c) heart failure with preserved ejection fraction (HFpEF).

Claim 13. The use of any one of claims 1, or 6-12, wherein the subject is a subject having a history of congestive heart failure and the subject has congestive heart failure in NYHA class II-IV.

Claim 14. The use of any one of claims 1-13, wherein the cardiovascular adverse event, the incidence of, or risk for, which is reduced, is cardiovascular death and/or hospitalization due to worsening congestive heart failure.

Claim 15. The use of claim 14, wherein the subject is a subject having a history of congestive heart failure and the cardiovascular adverse event, the incidence of, or risk for, which is reduced, is cardiovascular death and/or hospitalization due to worsening congestive heart failure.

Claim 16. The use of any one of claims 1-15, wherein the iron deficiency is defined as TSAT < 20% and/or ferritin < 100 μg/L.

Claim 17. The use of any one of claims 1-16, wherein the iron isomaltoside is ferric derisomaltose.

Claim 18. The use of any one of claims 1-17, wherein the subject is also to be administered one or more additional drugs, wherein the additional drug is selected from the group consisting of:

(1) an angiotensin-converting enzyme inhibitor (ACEI), such as captopril, enalapril, lisinopril, ramipril, or trandolapril;

(2) a beta-blocker, such as bisoprolol, carvedilol, metoprolol succinate, or nebivolol;

(3) a mineralocorticoid receptor antagonist (MRA), such as eplerenone or spironolactone;

(4) an angiotensin receptor blocker, such as candesartan, valsartan, or losartan;

(5) an If-channel blocker, such as ivabradine

(6) an angiotensin receptor neprilysin inhibitor, such as sacubitril/valsartan; and

(7) a diuretic, such as furosemide, bumetanide, torasemide, bendroflumethoazide, hydrochlorothiazide, metolazone, indapamide, amiloride, or triamterene.