

LVAD or Not, Transplant Survival Is the Same

BY MARK S. LESNEY

SAN FRANCISCO — Heart transplant recipients who were bridged to transplant with an implantable left ventricular assist device showed similar survival to patients who were treated with inotrope-only support, in a retrospective study.

From 1994 to 2007, 173 status 1 patients received orthotopic heart transplants after inotrope-only (IO) support,

and 86 patients received transplants after support with an LVAD used as a bridge to transplant, Dr. Jay D. Pal reported at the annual meeting of the Society of Thoracic Surgeons.

Baseline characteristics were similar between the IO and the LVAD patients at the time of transplant. But prior to LVAD implantation, this group of patients had significantly worse hemodynamics. "During the period of LVAD

support, cardiopulmonary status improved to become equivalent to the inotrope-bridged patients," noted Dr. Pal and his colleagues at Duke University, Durham, N.C.

Survival at 1 year after transplant was similar in both groups (88% in the IO patients vs. 85% in the LVAD group) and at 5 years (76% of IO vs. 73% of LVAD). Infectious complications after transplant were also similar in both groups.

The likelihood of a rejection episode during the first year post transplant was also similar (44% IO vs. 52% LVAD).

"Bridge to transplant with an implantable LVAD device provides comparable outcomes to status 1 patients who were stabilized on inotrope infusion only," the researchers said. This is despite the fact that patients bridged to transplant with an LVAD represent a subset of patients who deteriorated on maximal medical therapy, according to Dr. Pal, who had no disclosures to report. ■

BNP-Guided HF Therapy of No Benefit in Elderly

The use of brain natriuretic peptide levels to guide heart failure therapy did not reduce hospitalizations or improve quality of life in a study comparing that intensified approach against standard symptom-guided treatment.

In the Trial of Intensified vs. Standard Medical Therapy in Elderly Patients With Congestive Heart Failure (TIMECHF), researchers found that contrary to their



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hypothesis, the new strategy was not helpful overall and was actually harmful in the subgroup of the oldest patients.

The findings indicate that despite the "undisputed diagnostic and prognostic importance" of brain natriuretic peptide (BNP) levels, they are no better than clinical symptom-based judgment for managing heart failure, said Dr. Matthias Pfisterer of University Hospital Basel (Switzerland) and his associates.

The investigators compared the two treatment approaches in 622 outpatients aged 60 and older who were followed for 18 months at 15 medical centers in Switzerland and Germany. Compared with symptom-guided treatment, intensified therapy guided by centrally obtained BNP levels did not improve survival free of hospitalization, the primary end point of the study. The rates of hospitalization-free survival were 41% and 40%, respectively.

Overall survival also did not differ significantly between patients who received BNP-guided therapy (84%) and those who received standard treatment (78%).

Patients aged 60-74 years showed some benefit with the intensified treatment approach, while those aged 75 and older did not (JAMA 2009;301:383-92).

—Mary Ann Moon



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