Time to Shutter Low-Volume Transplant Centers?

BY BRUCE JANCIN

SNOWMASS, COLO. — The number of U.S. heart transplant centers needs to be cut by about two-thirds.

With more than 140 heart transplant programs now in place in the United States, relatively few centers have a reasonable case volume. In fact, the number of high-volume centers is actually declining as centers compete for the extremely limited number of donor organs, according to Dr. Bruce W. Lytle, professor and chair of cardiothoracic surgery at the Cleveland Clinic Foundation.

It's a situation that cries out for national regulation, Dr. Lytle said at a conference sponsored by the American College of Cardiology. "Organ allocation and utilization would probably be a lot more efficient under those circumstances, the surgeon said.

International Society for Heart and Lung Transplantation (ISHLT) data show that 30-day mortality is doubled at cardiac transplant centers performing fewer than 10 procedures per year. Of all U.S. centers, 45% consistently do fewer than 10 procedures annually, and during a recent 8-year period fully 66% of centers failed to reach the 10-case mark in all 8 years (Ann. Thorac. Surg. 2008;86:1250-9).

Survival 5 years post transplant is currently about 80%, with superb quality of life. "Cardiac transplantation is really one of the great operations of all time, particularly in this day and age, now that a lot of the immune suppression problems have been dealt with," he said.

Thirty-day mortality doubles in centers that perform fewer than 10 transplants a year.

DR. LYTLE

However, from a public health perspective cardiac transplantation is relatively ineffective, Dr. Lytle added. Although an estimated 250,000-300,000 Americans under age 75 have class IIIb/IV heart failure and are thus potential candidates for cardiac replacement therapy, the limited donor organ supply means only about 3,000 transplants can be done annually. Mechanical replacement using left ventricular assist devices as destination therapy will have a much greater impact in this population than will organ transplantation, he predicted.

Dr. Lytle reported no relevant financial interests. ■

CABG Star Ratings to Be Published

FORT LAUDERDALE, FLA. — Later this year, a one- to three-star rating system for cardiac surgeons developed by the Society for Thoracic Surgeons will appear on a Consumer Reports Web site.

The society teamed with the Consumers Union, publisher of Consumer Reports, to disseminate rankings of U.S. programs offering coronary artery bypass grafting (CABG). The ranking data comes from the Society of Thoracic Surgeons' (STS) Adult Cardiac Surgery Database, which currently gathers surgery and outcomes data from about 90% of practicing U.S. cardiac surgeons. The ranking will post at www.consumerreports.org/health, said Dr. Frederick L. Grover, chairman of the STS' council on quality, research, and patient safety.

Each participating practice will receive star ratings in five categories: overall CABG performance, patient survival, avoidance of complications, the extent to which the CABG program follows recommended surgical practice, and the extent of following recommended medications. Performance of each practice in these categories is risk-adjusted, assessed as a ratio of observed relative to expected performance, and ranked relative to all other practices, said Dr. Grover, professor and chairman of surgery at the University of Colorado, Denver.

—Mitchel L. Zoler