HEART FAILURE AND TRANSPLANT MEDICINE

CORE COMPETENCY CURRICULUM

(ISHLT HFTM CCC)

The Educational Workforce Of The
Heart Failure and Transplant Medicine Council of ISHLT

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CONTENTS

1) INTRODUCTION AND OVERVIEW ........................................................................................................ 4
2) HEART FAILURE .................................................................................................................................. 5
   I. GENERAL CONCEPTS ......................................................................................................................... 5
   II. EVALUATION OF THE PATIENT WITH HEART FAILURE .............................................................. 6
   III. MANAGEMENT OF THE PATIENT WITH HEART FAILURE ............................................................ 7
   IV. ACUTE HEART FAILURE EVALUATION AND MANAGEMENT .................................................... 8
   V. HEART FAILURE WITH PRESERVED EJECTION FRACTION ......................................................... 10
      Selected references for Heart Failure ................................................................................................ 11
3) PULMONARY HYPERTENSION IN THE CONTEXT OF LEFT HEART FAILURE .................................... 14
      Selected references for Pulmonary Hypertension .............................................................................. 15
4) HEART TRANSPLANTATION .................................................................................................................. 16
   I. EVALUATION OF THE HEART TRANSPLANT CANDIDATE ............................................................ 16
   II. EVALUATION AND MANAGEMENT OF THE POTENTIAL HEART DONOR .................................... 18
   III. PERI-OPERATIVE MANAGEMENT OF THE TRANSPLANT RECIPIENT ....................................... 19
   IV. IMMUNOLOGIC CONCEPTS IN HEART TRANSPLANTATION ...................................................... 20
   V. IMMUNOSUPPRESSION AND REJECTION ....................................................................................... 21
   VI. LONG-TERM CARE OF HEART TRANSPLANT RECIPIENTS ....................................................... 23
      Selected References for Heart Transplantation .................................................................................. 24
5) MECHANICAL CIRCULATORY SUPPORT OVERVIEW ...................................................................... 26
   I. GENERAL CONCEPTS ....................................................................................................................... 26
   II. COMPLICATIONS ............................................................................................................................... 27
      Selected references for Mechanical Circulatory Support ............................................................... 29
6) HYPERLINKS AT A GLANCE .................................................................................................................. 31
INTRODUCTION AND OVERVIEW

The International Society for Heart and Lung Transplantation recognizes the need for expert development and provides an integrated educational curriculum. The ISHLT Academy consists of multiple Core Competency Courses (CCC) and Master Class (MC) level postgraduate training opportunities.

The purpose of this Core Competency Document (CCD) is to provide a compendium of core competencies in the field of heart failure and heart transplant medicine (HF/TM). It serves as an outline with defined learning objectives and detailed contents listed for the subspecialty. It does not replace the didactic dimensions of textbooks, other specific educational materials. It represents the basis for actual learning activities. A variety of formats are offered at the ISHLT Academy days and the ISHLT Annual Meetings. In addition, individual professional study may be directed and facilitated with this ISHLT curriculum provided for HF/TM and the references and hyperlinks allow for further self-directed in depth study of specific topics.

The complexity of the subject implies an evolving document. We have limited the scope of this text to the specific area of interest for the ISHLT Heart Failure and Transplantation Council. We refer to other related subspecialties’ separate CCD and courses. Feedback to the authors or to the Educational Director at ISHLT is much appreciated. We integrate and represent the educational interests of those who seek to develop and apply their professional expertise.

On behalf of the Educational Committee

Chris Wigfield MD MD FRCS(C/Th)
Chair of Education Committee
Director of ISHLT Educational Affairs
HEART FAILURE

I. GENERAL CONCEPTS

Learning Objectives

- Review the general concepts and definitions of heart failure
- Understand the definition of the different types of heart failure
- Discuss the major epidemiological problem of heart failure
- Understand the stages of heart failure
- Understand the economic impact of heart failure
- Understand the pathophysiological mechanisms leading to LV dysfunction and heart failure
- Review the potential etiologies of heart failure
- Recognize important specific causes of heart failure

1. Definition of heart failure
   a. Heart failure with reduced ejection fraction
   b. Heart failure with preserved ejection fraction

2. Epidemiology of heart failure
   a. Incidence
   b. Prevalence
   c. Economic burden of heart failure
   d. Hospitalizations
   e. Mortality
   f. Asymptomatic LV dysfunction
   g. Risk factors for heart failure

3. Classification
   a. NYHA classification
   b. AHA/ACC Staging of heart failure

4. Pathophysiology
   a. Cellular changes
   b. Extracellular matrix and metalloproteinases
   c. Hemodynamic alterations
      i. Frank-Starling mechanism
      ii. Pressure-volume loops
   d. Neurohormonal activation
      i. RAAS system
      ii. Adrenergic system
      iii. Natriuretic peptides
      iv. Other neurohormones

5. Causes of heart failure
   a. Ischemic cardiomyopathy
   b. Dilated cardiomyopathies
i. Idiopathic dilated cardiomyopathy
ii. Familial cardiomyopathies
iii. Special causes
   1. Wilson’s disease
   2. Hemochromatosis / iron overload
   3. Sequela of viral myocarditis
   4. Sarcoidosis

c. Restrictive cardiomyopathy
   i. Amyloidosis
      1. TTR-related
         a. Wild type (senile)
         b. Familial forms (mutant transthyretin)
      2. AL amyloid
         a. Light chain cardiomyopathy
   ii. LSD cardiomyopathies
   iii. Other causes of restrictive cardiomyopathy
   iv. Non-specific or idiopathic restrictive cardiomyopathy

d. Inflammation-induced cardiomyopathies
   i. Myocarditis
   ii. Acquired immunodeficiency syndrome
   iii. Chagas’ disease
   iv. Hypersensitivity myocarditis
   v. Other

e. Toxic cardiomyopathies
   i. Alcoholic cardiomyopathy
   ii. Cocaine cardiomyopathy
   iii. Chemotherapy-related
      1. Anthracycline-related
      2. Other agents
   iv. Other

f. Endocrine and metabolic
   i. Diabetic cardiomyopathy
   ii. Thyroid disease
   iii. Acromegaly
   iv. Obesity
   v. Other

g. Peripartum cardiomyopathy
h. Valvular cardiomyopathy
i. Sequelae of congenital heart disease with or without palliative procedures
j. Stress-induced (Takosubo) cardiomyopathy
k. Other

II. EVALUATION OF THE PATIENT WITH HEART FAILURE

Learning Objectives

- Understand the general principles of evaluation of patients with heart failure
Recognize signs and symptoms of heart failure
- Understand the importance of serial evaluation and risk stratification of the patient heart failure
- Understand the indications for invasive evaluation in heart failure

1. **Signs and symptoms**
   a. Low output
   b. Congestion

2. **Evaluation techniques**
   a. Chest x-ray
   b. Physical examination
   c. EKG
   d. Echocardiography
   e. Ischemia evaluation
      i. Coronary angiogram
      ii. Myocardial perfusion imaging
         1. Ischemia evaluation
         2. Viability
   f. Labs
      i. Chemistry panel (Na, Cr, BUN, uric acid)
      ii. BNP or Nt-Pro-BNP
      iii. Other biomarkers
   g. Device-based fluid monitoring via thoracic impedance
   h. Direct hemodynamic measurement
      i. Swan-Ganz catheter and right heart catheterization
   i. Implantable hemodynamic monitors
   j. Exercise testing
      i. VO2 max
      ii. Six-minute walk test
   k. Cardiac MRI

III. **MANAGEMENT OF THE PATIENT WITH HEART FAILURE**

**Learning Objectives**

- Understand the general principles of the management of patients with heart failure
- Understand the indications for treatment with the various therapeutic modalities
- Understand the mechanism of action of major therapeutic targets
- Recognize failing therapy and need for advanced therapies
- Understand the importance of minimizing renal dysfunction
- Understand the importance of revascularization
- Discuss future potential targets for management of patients with heart failure

1. **General principles of treatment**
   a. Stage A to D

2. **Non-pharmacologic management**
   a. Sodium restriction
   b. Fluid restriction
c. Weight loss
d. Activity and exercise
e. Treatment of sleep disordered breathing

3. Pharmacological Treatment
   a. Volume management
      i. Diuretics
   b. Digoxin
   c. Neurohormonal blockers
      i. RAAS blockers
         1. Angiotensin converting enzyme (ACE) inhibitors
         2. Angiotensin II-receptor blockers (ARB)
         3. Aldosterone receptor antagonists
      ii. Beta-blockers
         1. Carvedilol
         2. Metoprolol Succinate
         3. Bisoprolol
         4. Nebivolol
      iii. Vasodilators
         1. ISDN / Hydralazine fixed dose combination
         2. Nitrates
d. Ivabradine
e. Anticoagulation
f. Statins
g. Drugs under development
h. Inotropic agents
   i. Bridge to advanced therapies
   i. Palliative care

4. Device-based therapy
   a. Implantable cardioverter defibrillator
   b. Cardiac resynchronization therapy

5. Revascularization
   a. High-risk percutaneous intervention
   b. High-risk surgical intervention

6. Chronic Mechanical Circulatory Assist Devices (see MCS section)

IV. ACUTE HEART FAILURE EVALUATION AND MANAGEMENT

Learning Objectives

- Understand the definition of acute decompensated heart failure
- Understand the epidemiology of the syndrome
- Identify the etiologies and triggers of acute heart failure
- Understand the different targets of treatment of acute decompensated heart failure
- Understand the management options for acute heart failure
- Understand the indications for inotropic use or mechanical support
1. **Definition**

2. **Epidemiology**

3. **Pathophysiology**
   a. Low output
   b. Congestion and volume overload
   c. Cardiorenal syndrome
      i. Etiology
      ii. Prognosis

4. **Etiologies of acute heart failure syndromes**
   a. Acute coronary syndromes
   b. Acute decompensated heart failure (not associated with ACS)
      i. Dietary sodium load
      ii. Associated infections / sepsis
      iii. Progressive heart failure
      iv. Arrhythmias

5. **Evaluation techniques**
   a. Chest x-ray
   b. Physical examination
   c. EKG
   d. Echocardiography
   e. Labs
      i. BNP or NT-Pro-BNP
      ii. Chemistry panel (Na, Cr, BUN, uric acid)
   f. Device-based fluid monitoring via thoracic impedance

6. **Direct hemodynamic measurement**
   a. Right heart catheterization to guide therapy
   b. Swan-Ganz catheter based monitoring /management

7. **Management**
   a. Diuretics
      i. Intermittent bolus
      ii. Continuous infusion
   b. Arginine vasopressin receptor antagonists
      i. Tolvaptan
      ii. Conivaptan
   c. Vasodilator therapy
      i. Nitrates
      ii. Sodium nitroprusside
      iii. Nesiritide
   d. Inotropic agents
      i. Dobutamine and dopamine
      ii. Epinephrine and other adrenergic agents
      iii. PDE-3 inhibitors (milrinone)
      iv. Levosimendan
      v. Other
   e. Renal replacement therapies
      i. Ultrafiltration
      ii. Hemodialysis
   f. Mechanical temporary support
i. Intra-aortic balloon pump (IABP)
ii. Percutaneous LVAD
   1. Tandem Heart
   2. Impella 2.5, CP and 5.0
   3. Other
iii. Extra-corporeal membrane oxygenation (ECMO)

V. HEART FAILURE WITH PRESERVED EJECTION FRACTION

**Learning Objectives**

- Understand the definition of heart failure with preserved ejection fraction
- Understand the epidemiology of the syndrome
- Understand the different etiologies of heart failure with preserved ejection fraction
- Recognize signs and symptoms of heart failure with preserved ejection fraction
- Identify the etiologies and triggers of acute decompensation in heart failure with preserved ejection fraction
- Review the difference in management with heart failure with depressed ejection fraction
- Understand the different targets of treatment of heart failure with depressed ejection fraction
- Understand the management options for acute heart failure

1. **Definition**
2. **Epidemiology**
3. **Incidence and prevalence**
4. **Pathophysiology**
5. **Morbidity and mortality**
6. **Etiologies of heart failure with preserved ejection fraction**
   a. Ischemia
   b. Diabetes
   c. Radiation
   d. Infiltrative cardiomyopathies
   e. Other
7. **Diagnosis**
   a. EKG
   b. Echocardiography
      i. Diastolic function
      ii. Ejection fraction
      iii. Valvular function
   c. Labs
      i. BNP or NT-Pro-BNP
      ii. Chemistry panel (Na, Cr, BUN, uric acid)
   d. Direct hemodynamic measurement
      i. Tau measurement
   e. Right heart catheterization
   f. Newer modalities to evaluate diastolic function
      i. Cardiac MRI
ii. Myocardial tissue Doppler

iii. Other

8. Management
   a. Optimization of primary etiologic condition
   b. Management of ischemia
   c. Management of blood pressure
   d. Rate control if atrial fibrillation
   e. Diuretics
   f. ACE-inhibitors and angiotensin II receptor blockers
   g. Beta-blockers
   h. Other

Selected references for Heart Failure


2) McMurray JJ, Adamopoulos S, Anker SD, et al. ESC guidelines for the diagnosis and treatment of acute and chronic heart failure 2012: The Task Force for the Diagnosis and Treatment of Acute and Chronic Heart Failure 2012 of the European Society of Cardiology. Developed in collaboration with the Heart Failure Association (HFA) of the ESC. Eur J Heart Fail. 2012;14(8):803-69.


VI. PULMONARY HYPERTENSION IN THE CONTEXT OF LEFT HEART FAILURE

Note: The ISHLT Pulmonary Hypertension and Pulmonary Transplant Councils are working on a complete Core Curriculum which will be more comprehensive than this subset.

Learning Objectives

- Understand the definition of pulmonary arterial hypertension
- Understand the WHO classification of pulmonary hypertension
- Understand the different etiologies of pulmonary hypertension in heart failure
- Understand the prognosis and outcomes associated with pulmonary hypertension
- Review the available management of pulmonary venous hypertension
- Understand the mechanism of action of pulmonary vasodilators
- Review the difference in management between pulmonary arterial hypertension and pulmonary hypertension associated with heart failure
- Discuss the potential targets for management of pulmonary hypertension associated with heart failure

1. Definition
2. Pathophysiology
3. WHO classification
   a. WHO class I (PAH)
      i. Incidence and prevalence
      ii. Associated conditions
      iii. Prognosis
   b. WHO class II (PVH) – (see 7 below)
   c. WHO class III
      i. Pulmonary hypertension out of proportion to lung disease
      ii. When to manage
   d. WHO class IV
      i. Pulmonary thromboendarcterectomy
   e. WHO class V
4. Pulmonary vasodilators
   a. PDE-5 inhibitors
   b. Endothelin receptor antagonists
   c. Prostacyclin therapies
   d. Tyrosine-kinase inhibitors
   e. Soluble guanylate cyclase (sGC) stimulators
   f. Other
5. Principles of therapy
   a. Single drug
   b. Combination therapy
   c. Parenteral therapy
6. Invasive management
   a. Atrial septostomy
   b. Transplantation
      i. Heart-lung transplantation
      ii. Lung transplantation
7. **Special considerations: pulmonary hypertension in heart failure**
   a. Incidence
   b. Clinical implications
   c. Diagnosis
   d. Reactivity testing
   e. Implications for transplantation
   f. Management
      i. Vasodilators
      ii. Inotropes
      iii. Mechanical circulatory support
      iv. Heart-lung transplantation

**Selected references for Pulmonary Hypertension**

VII. HEART TRANSPLANTATION

I. EVALUATION OF THE HEART TRANSPLANT CANDIDATE

Learning Objectives

- Understand general and disease specific consideration for heart transplant
- Identify patients with advanced heart disease who might benefit from transplantation
- Understand the multi-disciplinary approach to the evaluation process and ongoing management
- Understand indications and contraindications for transplantation
- Understand the allocation system and waitlist management
- Understand the general immunological basis for transplantation, and risks associated with anti-HLA antibodies, elevated PRA and desensitization therapies

1) History of heart transplantation

2) Indications for Heart Transplantation
   a) General Considerations
      i) End-Stage Heart Disease
      ii) Patients with ventricular assist devices
      iii) Hospitalized patients
      iv) Ambulatory patients
      v) Cardiopulmonary exercise testing
      vi) Right heart catheterization and hemodynamics
      vii) Heart Failure prognosis scores
      viii) Definition of Optimal Medical Management
      ix) Minimal or no co-morbid illness
      x) Substance abuse, including tobacco
      xi) Strong psychosocial support
      xii) Physiologic age considerations
      xiii) Previous or current malignancy
      xiv) Systemic disease
      xv) Body Mass Index (BMI) considerations
   b) Special Populations
      i) Severe coronary disease with preserved ejection fraction
      ii) RV dysplasia
      iii) End-stage allograft vasculopathy
      iv) Recalcitrant ventricular arrhythmias
      v) Other

3) Evaluation of Transplant Candidate
   a) Transplant Cardiologist
   b) Cardiothoracic Surgeon
   c) Social Worker
d) Psychiatrist/Psychologist

e) Pre Transplant coordinator

f) Financial coordinator

g) Pharmacist

h) Nutritionist

i) Pre transplant education / Patient Support groups

j) Testing

   i) Echocardiography

   ii) MUGA scan

   iii) Cardiopulmonary exercise test (CPET)

   iv) Right Heart Catheterization

   v) Left heart catheterization or myocardial perfusion imaging

   vi) Pulmonary function tests including ABG

    vii) Renal function

    viii) Malignancy screening

    ix) Bone densitometry

   x) Infectious serologies

   xi) Toxicology screen including nicotine

   xii) Blood typing and HLA

   xiii) Plasma reactive antibodies (PRA) and single bead analysis

   xiv) Other

4) Special Considerations: High Panel Reactive Antibody Screen

   a) Assays to detect antibodies

      i) Membrane-based (complement-dependent cytotoxicity) and solid phase assays (single antigen bead assay)

      ii) Specification of antibodies

      iii) Measure of strength

      iv) Measure of function (including C1q assay)

   b) Threshold for unacceptable antigens

      i) Virtual crossmatch

      ii) Prospective and retrospective crossmatch

   c) When to desensitize

   d) Desensitization strategies

5) Special Considerations: Combined organ transplantation

   a) Combined heart-kidney transplant

      i) General concepts

      ii) Indications

      iii) Management

      iv) Outcomes

   b) Combined heart-liver transplant

      i) General concepts

      ii) Indications
iii) Management
iv) Outcomes
c) Combined heart-lung transplant
   i) General concepts
   ii) Indications
   iii) Management
   iv) Outcomes
6) **Urgent Inpatient Evaluation**
   a) Mechanical ventilation
   b) Inotrope dependency
   c) Temporary assist devices
      i) Percutaneous VAD
      ii) Extracorporeal VAD
      iii) ECMO
d) Durable assist devices
7) **Allocation Systems**
   a) Concepts in donor allocation
   b) Regional differences in allocation
      i) United States
      ii) Eurotransplant
      iii) Australia
      iv) Other countries

II. **EVALUATION AND MANAGEMENT OF THE POTENTIAL HEART DONOR**

**Learning Objectives**

- Understand the definition of brain death and the pathophysiology associated with it
- Understand the general principle of donor management
- Recognize acceptable donor and donor-recipient matching
- Understand the procurement methods to optimize allograft function

1) **Donor Selection**
   a) General Considerations
      i) Evaluation of donor cardiac function
         (1) LVH
         (2) Hemodynamics
         (3) Left heart catheterization
         (4) Other
      ii) Donors with potential drug toxicities
      iii) Donors with pre-existing cardiac abnormalities
iv) Donor-recipient size matching
v) Other

b) Management of donor heart
   i) T4 infusions
   ii) Vasoactive drugs
   iii) Inotropic agents

2) Heart Procurement
   a) Preparation and dissection (with and without lung procurement)
   b) Cardioplegia
   c) Recommendations on ischemic times
   d) Transport requirements

III. PERI-OPERATIVE MANAGEMENT OF THE TRANSPLANT RECIPIENT

Learning Objectives
- Understand general consideration of donor-recipient matching
- Discuss the hemodynamic monitoring required in stable and unstable patients
- Understand the principles of post-transplant RV dysfunction and pulmonary hypertension, diagnosis and management
- Understand the principles of primary graft dysfunction, diagnosis and management
- Understand the importance of optimization of renal function in the early perioperative period
- Understand the principles of infectious prophylaxis in the early perioperative period

1) Post-operative Monitoring
   a) Invasive arterial pressure monitoring
   b) Direct Measurement of right atrial or central venous pressure
   c) Intermittent measurement of cardiac output (or mixed venous oxygen saturation)
   d) Peri-operative vasoactive drug use
   e) Peri-operative pacing and use of chronotropic agents

2) Right Ventricular Dysfunction
   a) Early diagnosis
   b) Pulmonary vasodilators
   c) Inotropic support
   d) Mechanical support

3) Primary graft dysfunction other than RV dysfunction
   a) Preservation injury
   b) Early diastolic dysfunction
   c) Diagnosis
   d) Management

4) Optimization of Renal Function
5) **Perioperative cardiac arrhythmias**
6) **Perioperative infectious prophylaxis**
   a) CMV
   b) Fungal pathogens
   c) Bacterial infections

IV. **IMMUNOLOGIC CONCEPTS IN HEART TRANSPLANTATION**

**Learning Objectives**

- Review the general concepts and definitions of basic immunology
- Understand the normal immune responses in a normal environment
- Understand the roles of lymphocytes responsible for immune responses in transplantation
- Understand the different types of rejection in heart transplantation
- Discuss the principles of treatment for the various types of rejection
- Discuss the principle of desensitization and the various possible combinations and protocols

1) **Definitions**
2) **Normal immune responses**
3) **Immune response to allograft**
   a) Mechanisms of rejection
      i) Acute and hyperacute rejection
      ii) Chronic rejection
      iii) Antibody-mediated rejection
4) **Tolerance**
5) **Clinical Applications**
   a) ABO blood system
   b) HLA
   c) Methods to detect anti-HLA antibodies
      i) Calculated PRA
      ii) CDC
      iii) Flow cytometry
      iv) Solid phase assays
   d) Non-HLA antigens
   e) Desensitization protocols
      i) Plasmapheresis and IVIG
      ii) Rituxumab and bortezomib
      iii) Cyclophosphamide and IVIG
      iv) Eculizumab
      v) Newer agents
V. IMMUNOSUPPRESSION AND REJECTION

Learning Objectives

- Discuss the principles of routine rejection surveillance in heart transplantation
- Review the role of noninvasive surveillance for rejection and allograft function
- Discuss the principles and possible complications of induction therapy
- Understand the principle of baseline immunosuppression in heart transplantation
- Discuss the various protocols available in heart transplantation
- Understand the importance of level monitoring for calcineurin inhibitors
- Discuss the side effects of each of the drug classes
- Discuss drug-drug interaction of the various immunosuppressants, especially calcineurin inhibitors
- Understand the difference between cellular and antibody-mediated rejection
- Understand the different approaches to the treatment of rejection

1) Rejection Surveillance
   a) Endomyocardial biopsy
   b) Noninvasive monitoring of acute allograft rejection
      i) Molecular expression testing (Allomap)
         (1) Cargo and Image
         (2) Clinical Application
         (3) When and how to use it
      ii) ImmuKnow assay
   c) Donor specific antibodies
   d) Special staining on EMB for AMR
      i) C3d and C4d
      ii) CD68
      iii) Other

2) Immunosuppression strategies
   a) Background and History
   b) Induction
      i) Definition
      ii) Risks and benefits
      iii) Strategies
         (1) IL-2 antagonists
         (2) Anti-thymocyte antibodies (Thymoglobulin)
         (3) Campath (anti-CD52)
   c) Maintenance regimens
      i) CNI-based regimens
         (1) Triple agent immunosuppression
(2) Steroid withdrawal
(3) Tacrolimus-only regimen
(4) Comparison of various regimens

ii) Calcineurin inhibitors
(1) Mechanism of action
(2) Pharmacology
(3) Toxicity
(4) Interactions

iii) Anti-proliferative agents (mycophenolate mofetil and azathioprine)
(1) Mechanism of action
(2) Pharmacology
(3) Toxicity
(4) Interactions

iv) TOR Inhibitors
(1) Mechanism of action
(2) Pharmacology
(3) Toxicity
(4) Interactions

3) Rejection
a) Acute cellular rejection
i) Diagnosis
ii) Asymptomatic rejection
iii) Management
(1) Augmentation of maintenance immunosuppression
(2) Steroid bolus
(3) Anti-thymocyte antibodies

iv) Recurrent or resistant cellular rejection
(1) Photopheresis
(2) Total lymphoid irradiation
(3) Other

b) Antibody-mediated rejection
i) Diagnosis
ii) Management
(1) Augmentation of maintenance immunosuppression
(2) Steroid bolus
(3) Plasmapheresis
(4) IVIG
(5) Rituxumab
(6) Bortezomib
(7) Eculizumab
(8) Newer agents

iii) Monitoring of future events
(1) Donor-specific antibodies
(2) Endomyocardial biopsy
(3) AMR staining on endomyocardial biopsy

VI. LONG-TERM CARE OF HEART TRANSPLANT RECIPIENTS

Learning Objectives

- Understand the general principles of long-term management of heart transplant recipient
- Discuss the risks and benefits of minimization of immunosuppression in the long-term
- Understand the general principles, prevention and treatment of cardiac allograft vasculopathy
- Understand the importance of renal sparing regimen in heart transplantation
- Understand the general principles behind post-transplant malignancies, incidence, prognosis and basics of treatment
- Discuss the long-term complications of immunosuppression
- Discuss the incidence and management on non-cardiac pathologies post-transplant, like hematologic disorders and other systemic disorders

1) Minimization of immunosuppression

2) Infectious Disease
   a) General principles
   b) Risk factors
   c) Prophylaxis
      i) First year
      ii) After first year
      iii) Prophylaxis after cytolytic therapy
   d) ImmuKnow assay
   e) Principles of management

3) Cardiac allograft vasculopathy
   a) Possible etiologies
      i) Immunological mediators (chronic rejection)
      ii) Non-immunological risk factors
   b) ISHLT nomenclature classification
   c) Primary prevention
   d) Definition
   e) Screening
   f) Management
      i) Statins
      ii) Revascularization strategies
      iii) TOR inhibitors
      iv) Re-transplantation

4) Chronic kidney disease
24

a) Incidence
b) Management

5) Malignancy post-transplantation
a) Incidence
b) Risk factors
c) Minimization of immunosuppression
d) Post-transplant proliferative disorder (PTLD)
e) Principles of management

6) Hematologic disorders post-transplantation

7) Other co-morbidities post-transplantation
a) Diabetes
b) Hypertension
c) Bone disease

8) Return to work and quality of life post-heart transplantation
a) Depression and Mental health

Selected References for Heart Transplantation

VIII. MECHANICAL CIRCULATORY SUPPORT OVERVIEW

I. GENERAL CONCEPTS

Learning Objectives

- Understand the evolution of currently available commercial options for mechanical circulatory assist devices from earliest devices
- Understand the differences between pulsatile and continuous flow as well as axial versus centrifugal support devices
- Understand pathways for mechanical circulatory support including temporary support, long-term “destination” therapy, bridge to transplantation and bridge to decision
- Understand the studies that led to the approval of mechanical circulatory support for destination therapy
- Review published outcomes with currently approved durable mechanical circulatory support devices
- Understand the differences among the commercially available devices
- Understand the socio-economic burden of mechanical circulatory devices
- Review the timing to consider palliative care and hospice

1) Introduction
2) History of Mechanical Circulatory support
3) Purposes for MCS
   a) Bridge to Transplant
   b) “Destination” Therapy
   c) Bridge to Decision
4) REMATCH trial: NEJM
   i) Established role for MCS vs medical therapy in stage D patients
      (1) Limited durability of VAD
      (2) Pulsatile flow
      (3) No anticoagulation
      (4) Drive line, drive line infections
      (5) Stroke risk
5) Heartmate 2 BTT trial (Miller et al NEJM)
6) Heartmate 2 DT trial (Slaughter et al NEJM)
7) ADVANCE Trial (Heartware) (Aaronson, Circ)
8) Current evaluation scale for MCS patients
   a) INTERMACS levels
   b) Risk scores
9) Currently available devices: Outcomes
   a) Second generation devices: Axial flow
      i) Heartmate II
      ii) Jarvik 2000
   b) Third generation devices: Centrifugal flow
      i) Heartware
10) Quality of life with LVAD
Learning Objectives

- Understand the etiology and causes of the common complications of mechanical circulatory support devices including modes of failure
- Understand the need for quick evaluation and management of catastrophic device complications
- Review the importance of driveline infection
- Understand the mechanism leading to RV failure after mechanical circulatory device
- Review the different approaches to the management of device complications
- Review strategies to manage patients with failed mechanical circulatory support devices
- Review the next generation of mechanical circulatory support devices

1) Device failure and complications
   a) Device thrombosis
      1) Symptoms
         (1) Heart failure returns
         (2) Volume overload
         (3) Possibly alarms, maybe not
   b) Drive line failure / fracture
      1) Usually Alarms
      2) Circulatory collapse
   c) Aortic insufficiency
      1) Etiology
      2) Symptoms
      3) Management
         (1) Medical
         (2) Surgical AVR
         (3) TAVR
   d) GI bleeding
      1) Etiology
         (1) Von-Willebrand Factor
         (2) Arterio-venous malformations
      2) Diagnosis
         (1) Endoscopy
         (2) Capsule
         (3) Bleeding scan etc
      3) Management
         (1) Medical
            (a) Octreotide
            (b) Estrogens
            (c) Electrocautery via endoscopy
e) Early RV failure
   1) Medical treatment
      (1) PDE-5 antagonist like sildenafil
      (2) Nitric Oxide inhaled
      (3) Epoprostenol inhaled
      (4) Inotropes (Milrinone / dobutamine)
      (5) Speed changes
      (6) Temporary RV pacing at faster rates
      (7) Diuresis / dialysis
   2) Device-based therapies
      (1) Percutaneous RVAD
      (2) Tandem
      (3) Future Impella RP
      (4) IABP
      (5) Centrimag RVAD
      (6) Thoratec PVAD
      (7) Heartware RVAD

f) Late RV failure
   1) Diagnosis
   2) Treatment
      (1) Inotrope
      (2) Diuresis
      (3) Heartware RVAD
      (4) Transplant
      (5) Palliative care

g) Drive Line infection
   1) Risk Factors
   2) Prevention- immobilization, internalization of drive line (using smooth portion not velour)
   3) Classification (ISHLT guidelines)
   4) Treatment

h) CVA
   1) Incidence
   2) Treatment
   3) Differences between current devices?

2) When the pump has failed
   a) Pump replacement for those who are candidates
   b) The non-surgical candidate
      1) End of Life
      2) How do you die on MCS?
      3) Role of palliative care

III. PROSPECTS FOR THE FUTURE

Learning Objectives

- Review the next generation of mechanical circulatory support devices
- Review novel approaches to biventricular support that are not approved
- Discuss medical approaches that may complement mechanical support
a) Smaller pumps
   1) Heartware MVAD
   2) Thoratec Heartmate X
   3) Circulite
b) Wireless energy transfer - no more drive line
   1) Thoratec with Wi-Tricity
   2) Heartware with other technology
c) Intermittent Aortic Valve opening
d) Biventricular support
   1) Frazier’s Thoratec Heartmate 2 BIVAD
   2) Heartware BIVAD’s
   3) Better drivers for Total artificial heart Cardiowest
      (1) Smaller Cardiowest ventricles
e) Adjunctive therapies
   1) Recovery protocols to allow device removal
   2) Stem cells at time of VAD placement?
   3) Gene therapy?

Selected references for Mechanical Circulatory Support


HYPERLINKS AT A GLANCE

ACC / AHA Guidelines
2013 ACC/AHA Heart Failure Guidelines

Executive Summary 2013 ACC/AHA Heart Failure Guidelines

ACC/AHA Guideline for the Diagnosis and Treatment of Hypertrophic Cardiomyopathy
http://content.onlinejacc.org/article.aspx?articleid=1147838

Executive Summary ACC/AHA Guideline for the Diagnosis and Treatment of Hypertrophic Cardiomyopathy
http://content.onlinejacc.org/article.aspx?articleid=1147858

ISHLT Guidelines

2013 ISHLT Guidelines for Mechanical Circulatory Support
http://download.journals.elsevierhealth.com/pdfs/journals/1053-2498/PIIS1053249812012946.pdf

http://download.journals.elsevierhealth.com/pdfs/journals/1053-2498/PIIS1053249811007315.pdf

http://download.journals.elsevierhealth.com/pdfs/journals/1053-2498/PIIS1053249811007571.pdf

The ISHLT Guidelines For The Care Of Heart Transplant Recipients
http://www.jhltonline.org/article/S1053-2498(10)00358-X/abstract

ACCF / AHA / ACP / HFSA / ISHLT 2010 Clinical Competence Statement on Management of Patients With Advanced Heart Failure and Cardiac Transplant
http://content.onlinejacc.org/cgi/content/full/56/5/424

ISHLT working formulation of a standardized nomenclature for cardiac allograft vasculopathy
http://www.jhltonline.org/article/S1053-2498(10)00312-8/abstract

Optimal Pharmacologic and Non-pharmacologic Management of Cardiac Transplant Candidates: Approaches to Be Considered Prior to Transplant Evaluation
http://www.jhltonline.org/article/PIIS1053249806004578/fulltext
Listing Criteria for Heart Transplantation
http://www.jhltonline.org/article/S1053-2498(06)00460-8/fulltext

Heart Rhythm Considerations in Heart Transplant Candidates and Considerations for Ventricular Assist Devices
http://www.jhltonline.org/article/S1053-2498(06)00457-8/fulltext

Other Professional Society Guidelines Documents

Heart Failure Society of America Heart Failure Practice Guideline

European Society of Cardiology Heart Failure Guideline
http://www.escardio.org/guidelines-surveys/esc-guidelines/Pages/acute-chronic-heart-failure.aspx

2009 ESC / ERS Guidelines on the Diagnosis and Treatment of Pulmonary Hypertension