

## **MCS Council Meeting at ISHLT 2009: Minutes of the meeting**

The council meeting took place at 0745 am on 24th April and the standards and guidelines and education workforces also met during the ISHLT meeting.

The Chair (Emma Birks) and Vice Chair (Frank Pagani) of the council chaired the council meeting. Emma Birks gave an update on the following and the following discussions took place:

Each work force has been chosen to contain at least one US surgeon and cardiologist and at least one European surgeon and cardiologist. The concept in forming the committees was also to have the younger members as the leaders who may have more time for organisation with the experienced members of the field on the committees to provide their expertise and experience in delivering what is needed in education, standards and guidelines and registries and databases for MCS.

Registries and databases – The workforce formed consists of leader Jaap Lahpor with members: Bob Kormos, Jim Kirklin, Joe Rogers, George Wieselthaler, Emma Birks, Takeshi Nakatani, Pascal Leprince and Gerry O'Driscoll. The workforce was composed in this way so that European members are well represented as the aim of this workforce will be to work towards an international database in the future and the most important next step is to start a database of European data. Hence several members of EUROVAD have been included along with US surgeons and cardiologists that have played a key role in INTERMACs and representatives of Australia and the Far East with an aim to truly collect International data in the future. EUROVAD is a self formed organization consisting of representatives from most of the leading European centres who have now met several times with an aim to start collecting European Data. The feeling in their first meeting was that the amount of data in INTERMACs would probably be too extensive to practically collect for Europe and a smaller subset of data should be collected that could then be combined with the INTERMACs data. It was decided that every data point should be exactly the same as INTERMACs and nothing changed to make the datasets compactable in the future. Over the next few meetings the group went through and through the INTERMACs dataset and came up with around 120 datapoints to be collected. There was very good commitment towards this from a large number of European centres including the larger centres such as Berlin and Bad Oeyenhausen. The other points to be decided were who should host the database and how it would be funded. It was felt the host should be an independent body and no particular centre. In terms of funding the cost will depend on whether the data goes first into a European database and then is downloaded into INTERMACs (preferred) or goes to INTERMACs online directly (probably cheaper). In total meetings have taken place in Paris, Amsterdam, Vienna, Zurich and Berlin to discuss the issues above.

G Wieselthaler commented that attendance at the last meeting was small but others commented that it was just difficult for people to go to so many meetings and the commitment was there.

Through the ISHLT council the ISHLT Board have been asked if there would be any money available from the ISHLT, but there would not be at present. The next move will be to cost the process and then approach the device companies and also to initiate a European grant application. Discussions and correspondence have also taken place with Eurotransplant as a potential host for the data. A next step is likely to be to create “EUROMACS” using the same company that collect INTERMACs data for the European data so that they can be combined later. This option also needs costing.

Standards and Guidelines - Workforce Leader Stephanie Moore, members: David Feldman, Leslie Miller, Matthias Loebe, Frank Pagani, James Long, Emma Birks, Michiel Morshuis, Martin Strueber, Katherine Lietz. This workforce met during the Paris ISHLT meeting and felt that in general the standards and guidelines required in MCS would fall into the following categories:

- 1) Patient Selection – incl risk scoring
- 2) Optimisation/ Timing (incl the use of short term devices)
- 3) Intraoperative Standards and Guidelines - RV management, bleeding, infection, renal failure, pump management and placement

- 4) Best practice Inpatient management – anticoagulation, infection, rehabilitation and training and
- 5) Best Practice Outpatient Management – infection, late bleeding issues & anticoagulation, community care

Workforce members will start working on these areas and will start with conference calls following the ISHLT meeting. The leader of the standards and guidelines overall committee reminded members that any new standards and guidelines would need to be approved by the standards and guidelines committee.

Education - Workforce Leader Roberta Bogaev, members: Mark Slaughter OH Frazier, Asghar Khaghani, Rocky Daly, Paul Mohacsi, Thomas Krabatsch, Bill Holman, Karl Nelson, Wayne Richenbacher, Michael Petty.

The Education workforce aims to establish fellowships for surgeons and possibly in the future for cardiologists and VAD coordinators to receive specialised experience and training. The first of these has been set up this year. It will be called the Branislav Radovancevic Mechanical Circulatory Support Annual Fellowship, in honour of Branislav Radovancevic, and will be for surgeons who are fully trained in cardiac surgery who want to do a period of superspeciality training in VADs with the expectation that these individuals will remain in the field and lead the field in the future. Candidates will be able to apply from all over the world and those from underprivileged countries will be favoured in the application process. This has been generously funded from Thoratec for 5 one year fellowships. The first candidate is from Belgrade and will spend 1 year at the Texas Heart Institute. There will be an application form online.

The Branislav Radovancevic Best Paper Award has also been set up, this will be a prestigious award awarded to abstracts scored highly by the ISHLT to fund the first author's travel to the ISHLT meeting. There will be an application box on next years abstract application form.

The International Consortium of Circulatory Assist Clinicians (ICCAC) has contacted us and we plan a partnership between the ISHLT MCS Education committee and the ICCAC certification committee for the advancement of MCS education and to plan a future certification process for coordinators, engineers and nurses. The technical advisory groups (TAG) of the ICCAC certification committee is comprised of 38 current VAD coordinators, bioengineers and perfusionist. The TAGs are in 10 areas of focus; Heart Failure, Engineering, Patient Selection, OR/Peri operative Management, Discharge Planning, Out-Patient Management, Education, Anti-coagulation, VAD Physiology and Historical Perspective. Michael Petty has been selected to be the representative from ICCAC to ISHLT and will join the Education committee.

Communications Workforce Leader Evgenij Potapov, Members: Bob Higgins, Salpy Pamboukian, Ranjit John, Mariano Feccia, Soon Park, Randall Starling, Bobby Robbins. This workforce will contribute to the ISHLT news letter every 3 months. It was agreed better involvement of the workforce members is needed.

It was suggested that further suggestions to the council from members are very welcome along with more people wanting to join the workforces as they expand.