Left ventricular assist device implantation has become a routine treatment option for many patients suffering from end-stage heart failure. Still the concern about reduced quality of life—due to drugs (e.g., anti-coagulants), percutaneous drive-lines, and the dependence on a power connection or charged battery—remains, despite of all medical and technical progress and inventions.

In Friday’s session “Collaborating to Promote and Enhance QOL in End-Stage Organ Disease,” which Drs. Samantha J. Anthony and Michael G. Petty chaired, some interesting and valuable studies concerning VAD patients were presented.

Dr. C. Kugler from Hannover Medical School, Germany, discussed the importance of patient counseling following implantation of the assist device. In the German study, dietary intervention, physical conditioning and psychosocial support resulted in a strong positive effect on the patient’s weight management, exercise tolerance and on fighting anxiety when compared to a non-counseled patient cohort.

For many patients, driving a car is a major factor of quality of life. So far, no clear guidelines or recommendation have been stated to deal with this issue for LVAD patients. Dr. S. Emani, Ohio State University Medical Center, presented a retrospective study in which 24 LVAD patients with a valid driver’s license were interviewed and asked for their current driving habits. Only 5 of those admitted that their doctor told them not to drive, 19 are currently driving with an LVAD. During the accumulated 438 month of LVAD treatment, no accidents were reported by the study participants. Interestingly, 3 patients had to change the LVAD battery while driving in the car.

Yesterday’s session offered insightful perspective on the patient’s life after the patient leaves the hospital, which surgeons are not confronted with too often. It demonstrated the need for post-hospital-stay professional guidance and illustrated the benefit that a patient can gain from it to improve his personal quality of life and remain an active, content individual.
Mid-Day Symposium 11: Ethical Issues in Pediatric Cardiothoracic Transplant (Indigo 202)

Mid-Day Symposium 12: Quandary at the Lung Transplant Board Meeting (Aqua 306)

Mid-Day Symposium 13: Clinical Controversies in Pulmonary Hypertension: To Treat or Not To Treat? That Is The Question (Sapphire IM)

Mid-Day Symposium 14: What Is It? Intriguing Cases in Heart Transplant Pathology (Indigo 204)

11:45 am – 1:00 pm COUNCIL REPORTS TO THE BOARD AND MEMBERSHIP (Sapphire 400)

1:00 pm – 2:00 pm Concurrent Session 39: How Do VADs Impact Our Decisions on Transplant? (Sapphire D)

Concurrent Session 40: Lining Up Risks: Pre-transplant Priority and Risk Assessment: Cardiac (Sapphire AE)

Concurrent Session 41: Lung Transplantation – Surgical Issues (Sapphire IM)

Concurrent Session 42: Ischemia Reperfusion Injury (Aqua 306)

Concurrent Session 43: Junior Faculty Case Reports - Challenges in Heart Transplantation and Mechanical Circulatory Support (Indigo 202)

Concurrent Session 44: Pediatric Heart and Lung Transplant- Outcomes and Complications (Indigo 204)

2:15 pm – 4:40 pm CLOSING PLENARY SESSION (Sapphire D)

5:00 pm – 10:00 pm ISHLT BOARD OF DIRECTORS MEETING (Sapphire 400)

The Future of Thoracic Transplant Fast Approaching

Yesterday’s plenary session, “Gazing Into the Crystal Ball – Emerging Therapy in Thoracic Transplantation” was action-packed with five presentations looking into the future to predict emerging therapies in thoracic transplantation and allied technologies.

The first presentation was by Dr. David S. Wilkes, who emphasized that immunosuppression is not a “one size fits all,” especially since baseline graft status affects the future development of acute chronic rejection. He predicted that we will develop tools that will potentially increase tolerance and can be used in conjunction with ex-vivo lung perfusion.

Dr. Michael Huber then spoke about transplantation versus MCS as treatment for survivors of congenital heart disease. Although MCS is as successful as BTT, and likely to improve further in coming years, Dr. Huber stressed that currently transplantation is associated with the best outcomes.

The session continued with Dr. Eduardo Marban, who presented, “Cell Based Alternatives to MCS: Reconstruction Ahead?” He reported that although many other cell lines have not lived up to the hype, cardiosphere-derived cells are showing significant promise with early results from the CADUCES trial.

Potential ex-vivo therapies for organs were the topic of the next discussion by Dr. Shaf Keshavjee. He described how multiple etiologies of lung dysfunction could be corrected using this platform, and concluded his presentation with promising preclinical results for IL-10 gene therapy.

Dr. Joseph B. Zwischenberger finished out the session with review of how much better artificial pulmonary support has become, and predicted it will improve further in the near future based on simple predictable device improvements.

Drug Therapy for Pulmonary Hypertension in the Spotlight

Three presentation of particular interest were included in CONCURRENT SESSION 21: Drug Therapy in Pulmonary Hypertension yesterday. The first study, presented by Dr. Bourge, evaluated the safety of transitioning from iloprost to treprostinil. The study was an open-label, prospective, multicenter trial of 73 patients. He concluded that the switch was well tolerated and was associated with maintenance of exercise capacity and improved quality of life.

Quality of life was also the subject of Dr. Torres’s study, “COMPASS-3: Quality of Life in Patients with Pulmonary Arterial Hypertension.” The study was a prospective, open-label, multi-center trial investigating a bosentan-based stepped approach to therapy. He presented that an improvement in quality of life was seen after a 28 week Bosentan-based stepped therapy in patients with PAH.

“Perioperative Sildenafil Administration Decreases the Risk of Early Death Due to the Transplanted Heart Right Ventricle Failure,” presented by Dr. Maruszewski, concluded the session. This retrospective case-control study evaluated the effect of sildenafil on right ventricular failure-related mortality following heart transplantation. Although no difference in overall 30-day mortality or the incidence of right ventricular failure were seen between those who received or did not receive sildenafil, there was a statistically significant reduction in mortality associated with right ventricular failure.