ISHLT Issues New Guidelines for the Care of Heart Transplant Recipients
Published in The Journal of Heart and Lung Transplantation

New York, New York, July, 26, 2010 – Since the dawn of heart transplantation in the 1960s, medical care of heart transplant recipients has varied from center to center and been guided by the experience of individual clinicians. The International Society for Heart and Lung Transplantation (ISHLT) has made an unprecedented commitment by convening experts in all areas of heart transplantation to develop practice guidelines for the care of heart transplant recipients. The Executive Summary of those guidelines is being published as a special featured article in the August issue of The Journal of Heart and Lung Transplantation (www.jhltonline.org).

“These comprehensive guidelines bring consensus and critical analysis of four decades of scientific evidence to a unified platform that will assuredly improve long-term outcomes of the patient undergoing heart transplantation,” said Mandeep R. Mehra, MBBS, editor of The Journal of Heart and Lung Transplantation and past president of the ISHLT. “The development of these guidelines began during my tenure as ISHLT President in 2008, and we now see the painstaking culmination of three years of hard work from this group. We are proud of this final outcome which we believe will set the standard worldwide for care of these patients.”

Chaired by Maria Rosa Costanzo, MD, FACC, FAHA, Midwest Heart Foundation, Lombard, IL, and developed by 40 writers from 9 countries, “The International Society of Heart and Lung Transplantation Guidelines for the Care of Heart Transplant Recipients” provides a common framework for the care and treatment of heart transplant patients.
John Dark, President of the ISHLT, commented, “All of us working with Cardiac Transplant Recipients will welcome this new and definitive document. Dr Maria Rosa Constanza and her large and distinguished team are to be congratulated on combining science, art, and very considerable clinical experience. They have produced something with the truly international flavor of the ISHLT, which will be of benefit to our patients around the globe.”

Because of the limited number of heart transplant recipients worldwide, most of the recommendations are based on expert consensus rather than evidence-based randomized controlled clinical trials. A concerted effort was made to highlight numerous gaps in evidence pertaining to many aspects of the care of heart transplant recipients in order to increase awareness of these issues and spur further research in many important areas of heart transplantation.

“As a longstanding member of ISHLT and former Editor of The Journal of Heart and Lung Transplantation, it has been a great honor for me to lead this challenging and critically important effort,” stated Dr. Costanzo. “I owe a great debt of gratitude to Dr. Mandeep Mehra for entrusting me with the leadership of the Guidelines preparation, to my enormously talented Co-Chairs, Drs. Sharon Hunt and David Taylor, and to all the writers who have generously donated their time and expertise to bring the Guidelines to a successful completion. My greatest hopes are that the Guidelines will provide a common ground for the optimal care of heart transplant recipients worldwide and they will be an inspiration for young investigators to further our basic and clinical science knowledge of organ transplantation.”

The work was divided into three Task Forces, each of which was co-chaired by a pediatric heart transplant physician who was specially mandated to highlight issues unique to the pediatric heart transplant population and ensure their adequate representation.

Task Force 1 addressed the peri-operative care of heart transplant recipients, including the surgical issues affecting early post-operative care; monitoring and treatment of early hemodynamic, metabolic, and infectious issues; evaluation and treatment of allosensitization; evaluation and treatment of early coagulopathies; the organization of a multidisciplinary care team; management of ABO “incompatible” pediatric heart transplantation; and the use of extracorporeal membrane oxygenation (ECMO) for the hemodynamic support of pediatric recipients.

Task Force 2 discussed the mechanisms, diagnosis, and treatment of heart transplant rejection; the mechanisms of action, dosing, and drug level monitoring of immunosuppressive drugs as well
as their adverse effects and interactions with concomitantly used medications; and reviews the major clinical trials and the immunosuppressive strategies to be used in special clinical situations.

Task Force 3 covered the myriad of clinical issues occurring long-term after heart transplantation, including cardiac allograft vasculopathy, the chronic adverse effects of immunosuppression (neurotoxicity, renal insufficiency, hypertension, bone disease, diabetes and malignancy), as well as reproductive health, exercise, psychologic problems, return to work, and operation of motor vehicles after heart transplantation.


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NOTES FOR EDITORS
Full text of the article is available to journalists upon request. Contact Linda Gruner at jhltmedia@elsevier.com or 212-633-3923. It is also available at http://download.journals.elsevierhealth.com/pdfs/journals/1053-2498/PIIS105324981000358X.pdf.

To obtain additional information from the ISHLT regarding “The International Society of Heart and Lung Transplantation Guidelines for the Care of Heart Transplant Recipients” or to arrange an interview, please contact Amanda W. Rowe, Executive Director, International Society for Heart and Lung Transplantation, 804-873-2541, 817-912-1237 (fax), amanda.rowe@ishlt.org.

Task Force 1: Chair: Maria Rosa Costanzo, MD
Co-Chairs: Anne Dipchand, MD; Randall Starling, MD
Contributing Writers: Allen Anderson, MD; Michael Chan, MD; Shashank Desai, MD; Savitri Fedson, MD; Patrick Fischer, MD; Gonzalo Gonzales-Stawinski, MD; Luigi Martinelli, MD; David McGiffin, MD; Jon Smith, MD

Task Force 2: Chair: David Taylor, MD
Co-Chairs: Bruno Meiser, MD; Steven Webber, MD
Contributing Writers: David Baran, MD; Michael Carboni, MD; Thomas Dangler, MD; David Feldman, MD; Maria Frigerio, MD; Abdallah Kfoury, MD; Daniel Kim, MD; Jon Kobashigawa, MD;
ABOUT THE JOURNAL OF HEART AND LUNG TRANSPLANTATION

A forum that includes all aspects of pre-clinical and clinical science of the failing heart and lung

The Official Publication of the International Society for Heart and Lung Transplantation (www.ishlt.org), The Journal of Heart and Lung Transplantation (www.jhltonline.org) brings readers essential scholarly and timely information in the field of cardiopulmonary transplantation, mechanical and biological support of the failing heart, advanced lung disease (including pulmonary vascular disease) and cell replacement therapy; Importantly, the Journal also serves as a medium of communication of pre-clinical sciences in all these rapidly expanding areas.

ABOUT THE INTERNATIONAL SOCIETY FOR HEART AND LUNG TRANSPLANTATION (ISHLT)

The International Society for Heart and Lung Transplantation (www.ishlt.org) is a not-for-profit organization dedicated to the advancement of the science and treatment of end-stage heart and lung diseases. ISHLT was created in 1981 at a small gathering of about 15 cardiologists and cardiac surgeons. Today, ISHLT has over 2200 members from over 45 countries, representing over 10 different disciplines involved in the management and treatment of end-state heart and lung disease. Despite their differing specializations, all ISHLT members share a common dedication to the advancement of the science and treatment of end-stage heart and lung disease.

This multinational, multidisciplinary mix is one of the biggest strengths of the Society. It brings greater breadth and depth to ISHLT’s educational offerings and provides an exceptional environment for networking and exchanging information on an informal basis.
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