

Status 1A Utilization for Heart Transplant Candidates with Ventricular Assist Devices

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I have no financial relationships to disclose within the past 12 months relevant to my presentation.

AND

My presentation does not include discussion of off-label or investigational use.

I do not intend to reference unlabeled/unapproved uses of drugs or products in my presentation.

OPTN Policy 3.7.3a(i)

“Mechanical circulatory support for acute hemodynamic decompensation that includes at least one of the following: (i) left and/or right ventricular assist device implanted. Candidates listed under this criterion, may be listed for 30 days at any point after being implanted as Status 1A once the treating physician determines that they are clinically stable. Admittance to the listing transplant center hospital is not required.”

Background

- Current devices have improved durability and survival
- Continued use of 30 day 1A time is controversial
- **Goal:** To evaluate current utilization of Status 1A time under OPTN policy 3.7.3a(i)

Methods

- Scientific Registry of Transplant Recipients standard analysis files
- Adults with prior VAD actively awaiting heart transplant 7/1/09-6/30/11
- Follow-up through 10/31/11
- Multiple implantations excluded (n=274)

Results

Utilization of Status 1A VAD Time

1A VAD Days Used	% (N=2549)
0	40
1-29	30
30	30

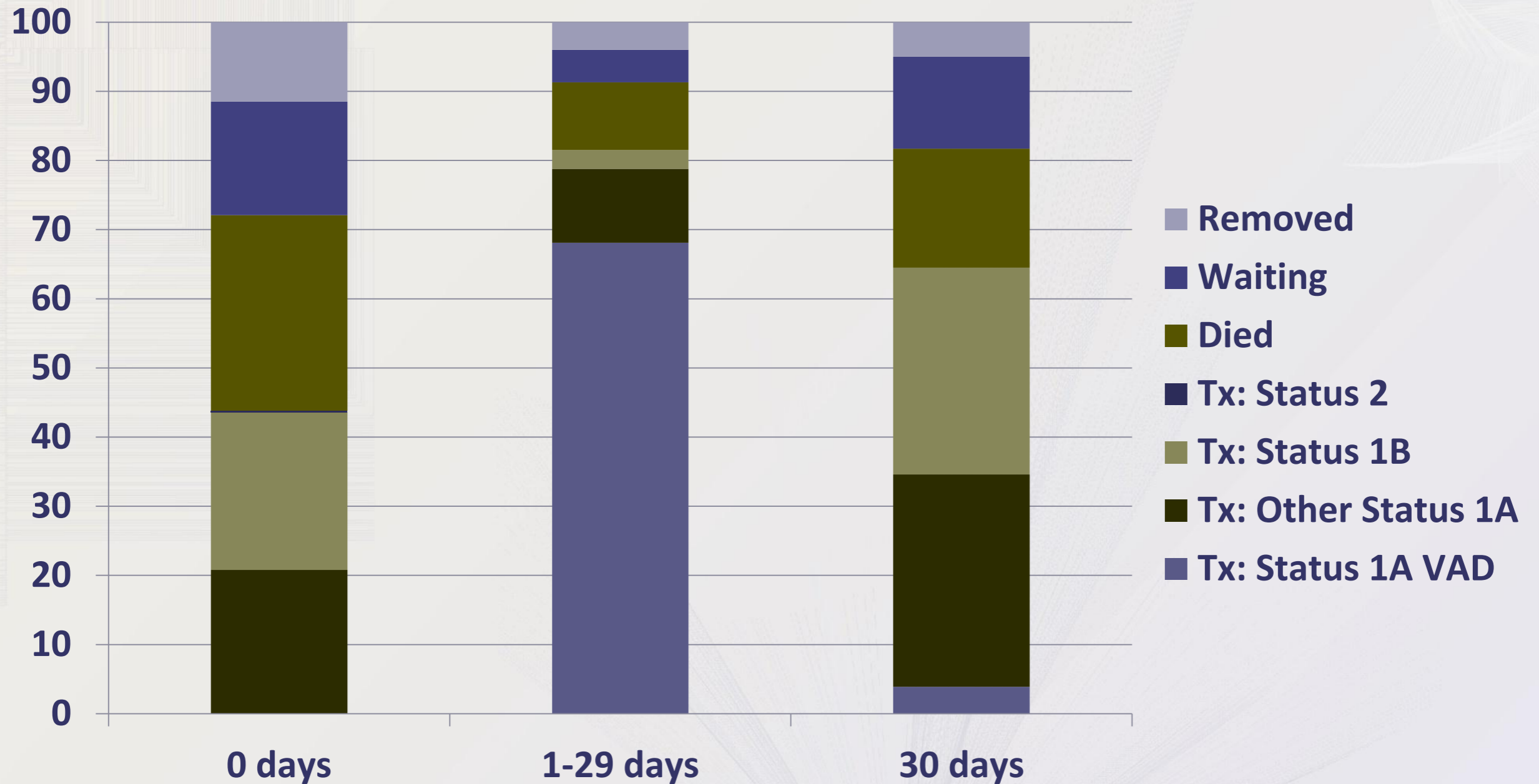
Of 7230 candidates, 35% had VAD at any time while listed.

Recipients with LVAD: Status at Transplant

Status at transplant	% (N=2549)
1A VAD	22
1A Other	21
1B	19
Status 2	<1
Not transplanted	38

Of 7230 candidates, 35% had VAD at any time while listed.

Waitlist outcomes of patients with VAD, by days of 1A VAD time used



Limitations

- VAD status is not always known. VAD status indicated at listing and updated only if VAD is reason for status
- Due to variations in practice, unable to determine why some candidates with VADs are not listed as Status 1A VAD
- Analysis included all VADs, so it is possible that only non-durables are listed under alternate status

Summary

- Despite an allocation policy that prioritizes VADs, less than 1/3 of candidates with VADs are transplanted as Status 1A VAD
- Differences between candidates who used Status 1A VAD
- High rate of wait list death among those who exhausted 1A time
- Better risk stratification of candidates with VADs needed