



Ventricular Assist Devices: Present & Future

Brian Lima, M.D.
 Director of Clinical Research in Heart Transplantation & Mechanical Circulatory Support
 Baylor University Medical Center

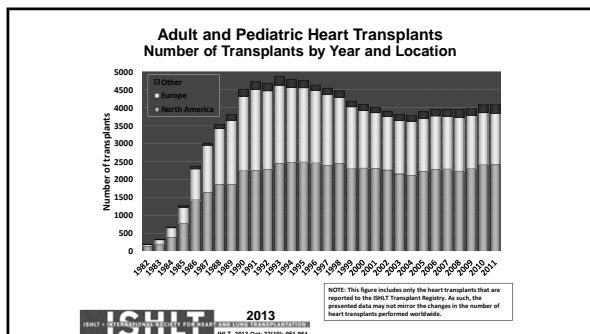


Heart Failure: A Growing Global Epidemic

- By 2030 → 10 million Americans
- Limited donor organ availability
- Myriad device options for mechanical circulatory support (MCS):
 - Short-Term
 - Long-Term (implantable)

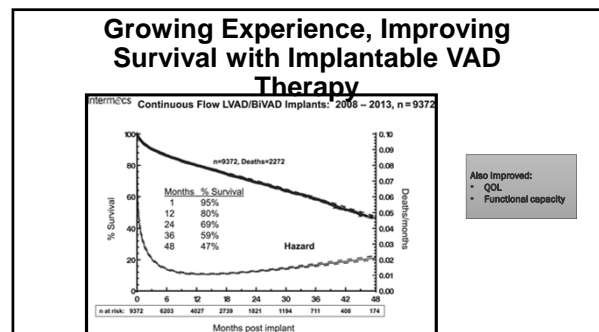
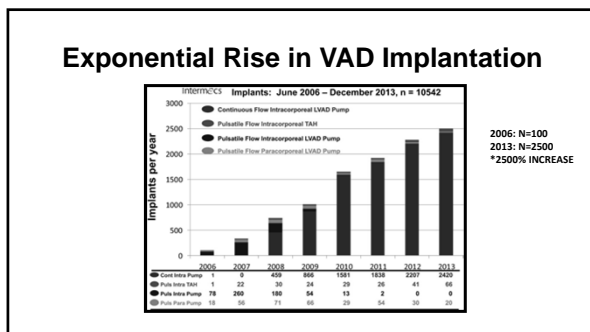


*Lima B, Mack M, and Gonzalez-Stawinski GV. Ventricular Assist Devices: The Future is Now. *Trends in Cardiovascular Medicine* 2014 (In Press)



Strategies for VAD Therapy

- Bridge to Transplant (BTT)
- Destination Therapy (DT)
- Bridge to Decision (BTD)



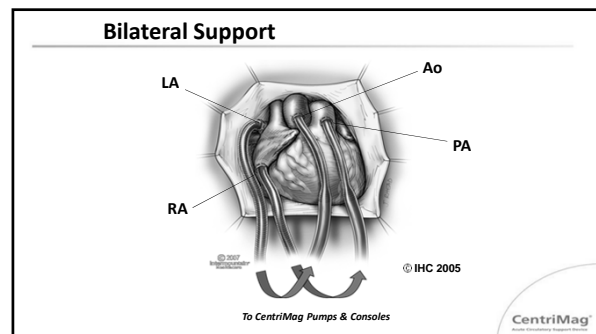
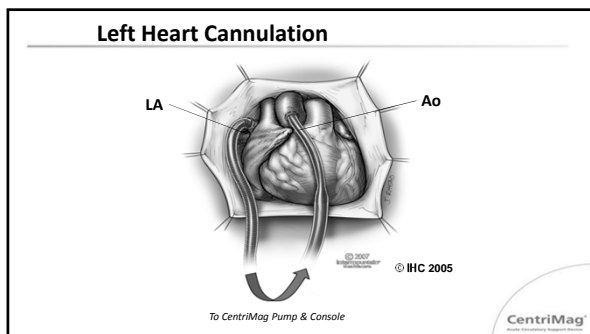
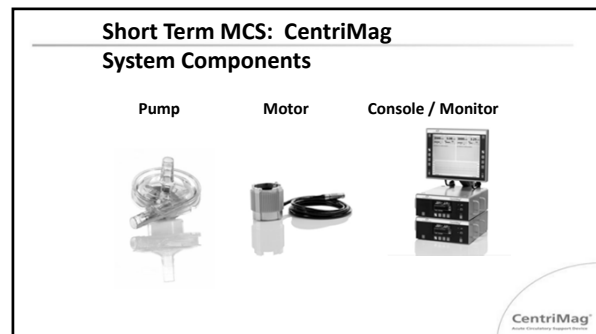
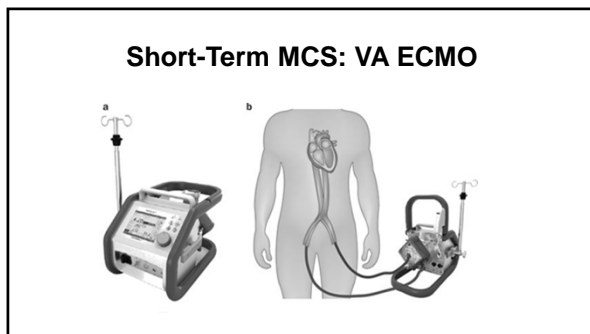
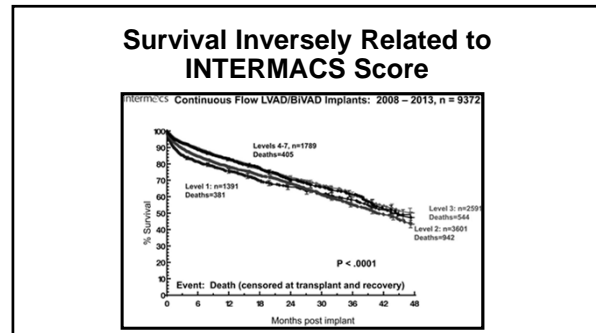
Patient Selection is Key

PROFILE-LEVEL	PRIMARY LVADs 12/09	Official shorthand (after Lyne Stewards)	NYHA CLASS	Modifier option
INTERMACS LEVEL 1	633	"Crash and burn"	IV	
INTERMACS LEVEL 2	841	"Sliding fast" on ice	IV	
INTERMACS LEVEL 3	284	Stable but not dependent can be kept at home	IV or III	CURRENT VAD INDICATIONS
INTERMACS LEVEL 4	185	Resolving symptoms on oral therapy at home	amb IV	-FF frequent flyer A for amblyopia
INTERMACS LEVEL 5		"Housebound" comfortable at rest, symptoms with minimum activity ADL	amb IV	-FF A
INTERMACS LEVEL 6		"Walking wounded" -ADL possible but overnight activity limited	III	-FF A
INTERMACS LEVEL 7	(S, B, F - 119)	Advanced Class II	III	A only

Fig. 24.4. INTERMACS patient profiles. ADL, activities of daily living; LVADs, left ventricular assist devices; NYHA, New York Heart Association.

© Copyright 2013, Elsevier, an imprint of Elsevier Inc.

INTERMACS, Interagency Registry for Mechanical Circulatory Support



Short-Term MCS: Impella

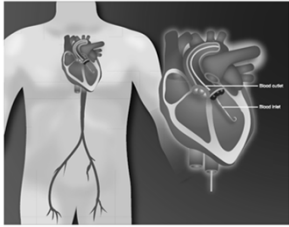


Figure 5. The Impella® CP 2.5 pump, which is inserted through the femoral artery into the aorta. The catheter then crosses the aortic valve into the aortic valve. The catheter is then inserted into the aortic valve, and the pump is placed in the ascending aorta.

Short-Term MCS: Tandem Heart

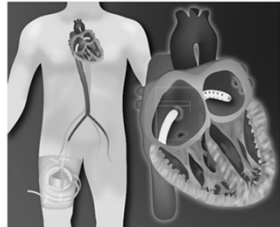
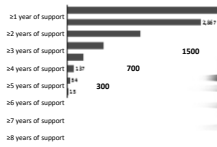


Figure 6. The TandemHeart® catheters are inserted into the aorta and pulmonary artery. The catheters are inserted into the aorta and pulmonary artery, and the pump is placed in the ascending aorta.

Worldwide HeartMate II® Clinical Experience

More than 18,000 patients worldwide have now been implanted with the HeartMate II LVAS.

Over 7,000 patients on ongoing support



Year of support	Number of patients
≥1 year of support	14,322
≥2 years of support	12,817
≥3 years of support	1,500
≥4 years of support	700
≥5 years of support	300
≥6 years of support	124
≥7 years of support	12
≥8 years of support	1

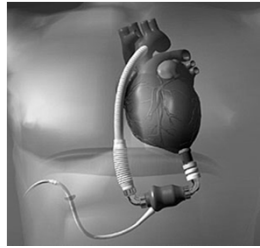
HeartMate II® System

There is now a patient from the Pivotal Trial who has been on support with HeartMate II for over a decade.

As of July 2014
*Based on clinical trial and device tracking data

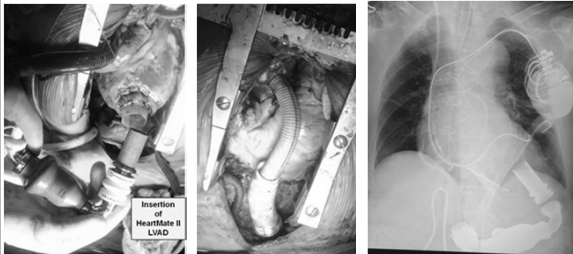
THORATEC for life

HeartMate II LVAD



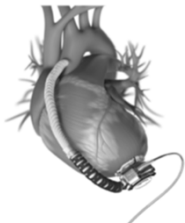
- 2nd generation, continuous flow rotary pump
- Can deliver 10L/min of flow
- Battery life up to 12 hours
- FDA approved
- BTT 2008
- DT 2010

HeartMate II LVAD Insertion



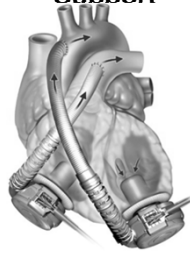
Insertion of HeartMate II LVAD

HeartWare HVAD



- 3rd generation, centrifugal continuous flow pump
- Hydromagnetically levitated rotor without bearings
- Can deliver 10L/min flow
- Only 140g, can be implanted within the pericardium
- Following ADVANCE trial, FDA approved for BTT in 2012
- ENDURANCE results pending

Bilateral HVADs for Biventricular Support



Limited Options for Durable Bi-V Support

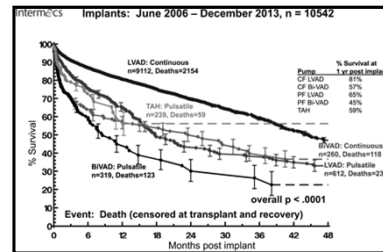
- Most extensive experience with SynCardia Total Artificial Heart (TAH)
- FDA approved for BTT in 2007
- Pneumatically driven, pulsatile pump
- Orthotopically replaces native ventricles and all 4 valves
 - Bilateral ventriculectomy, atrial cuffs
 - Each chamber houses 2 Metronic mechanical valves
- 2 tunneled drivelines
- Total output of 8 L/min

Total Artificial Heart: SynCardia CardioWest

- 2004 Study by Copeland et al
 - N=130 patients (1993-2002)
 - 79% bridged to transplant vs. 46% in control group
- Recently FDA approved for DT (Humanitarian Use Designation)
- Only ~30 TAHs implanted yearly



Outcomes: Survival by Device Type



Outcomes: Quality of Life

- “Severe Problems” with self-care
 - 50% pre-implant
 - < 5% at 3 months post-implant
- “Severe Problems with usual activities of daily living”
 - >80% pre-implant
 - 5% post-implant
- 20-40% pts report some problems with these indices



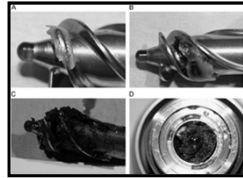
Outcomes: Hemorrhage

- Therapeutic anticoagulation: INR 2-2.5
- Acquired von Willebrand factor deficiency
- Gastrointestinal AVMs
- 0.7 bleeding events / patient year
 - 45% GI bleeding (HM II)
 - More common in HVAD
- 30% rate of GI bleeding overall
- Hospital readmissions



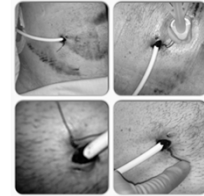
Outcomes: Thromboembolic Complications

- Pump Thrombosis
 - 8% for HMII & HVAD
- Power spikes on system controller
- Elevated serum levels
 - LDH
 - Plasma free hemoglobin
- Echocardiographic ramp study for diagnosis
- Pump exchange for treatment



Outcomes: Infection

- 3 categories
 - Device-specific (pump, cannulae, pocket, driveline)
 - Device-related (endocarditis, bacteremia, mediastinitis)
 - Non-device-related
- Continuous Flow VAD-specific infections
 - 0.48 events / patient-year
 - Down from 0.90 events / patient-year with 1st generation pulsatile pumps
- Meticulous wound care at driveline site is essential



The Future

