

Defining LVAD Success: A Nationwide Survey of LVAD Program Team Members

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Relevant Financial Relationship Disclosure Statement

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I will not discuss off label use and/or investigational use of any drugs/devices.

The following relevant financial relationships exist related to this presentation:

Jessica Schultz, MD: No relationships to disclose

Susan Joseph MD: No relationships to disclose

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Jennifer Cowger, MD/PhD: No relationships to disclose

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Rebecca Cogswell, MD: Abbott: Speakers bureau and consultant. Medtronic: Advisory board, consultant, and husband's employer

Purpose

To determine how LVAD success is defined by LVAD team members across the United States

Methods

Online, anonymous survey, 32 LVAD programs across the country

6 case vignettes provided

- 1) young active drug user
- 2) demanding patient
- 3) medically complicated patient
- 4) socially isolated patient
- 5) patient with financial barriers
- 6) a very non-compliant patient

Methods

Individual respondents were asked:

- 1) Would your program implant a patient like this?
- 2) Would you vote to implant a patient like this?
- 3) Do you think this LVAD will be successful?

Clinical follow-up was provided and respondents were asked:

- 4) Was this LVAD successful?

Results

90 survey responses

- 22 (24%) LVAD APPs
- 29 (32%) CHF cardiologists
- 28 (31%) LVAD coordinators
- 8 (9%) surgeons
- 3 social workers (3%)
- Average of 6.5 years of advanced heart failure experience

	Percent of all responders (n=88) who agree or strongly agree				This LVAD was successful by team members					This LVAD was successful by years of experience			
	Q1. My program would implant	Q2. I would implant	Q3. I think it will be successful	Q4. This LVAD was successful	LVAD APP (n=18)	LVAD coordinator (n=27)	CHF cardiologist (n=28)	Cardiothoracic surgeon (n=8)	Social worker (n=3)	<1 – 3 years (n=18)	3-5 years (n=16)	5-10 years (n=26)	>10 years (n=28)
<i>Case Vignettes</i>													
1. Active drug user	58%	38%	21%	48%	41%	44%	57%	63%	0%	39%	44%	58%	46%
2. Financial barriers	92%	89%	68%	73% ^o	59%	70%	89%	75%	33%	50%	81%	81%	75%
3. Medically complicated	52%	57%	48% ^o	89%	86%	81%	96%	88%	100%	89%	88%	96%	82%
4. Demanding patient	65%	48%	34%	91% [*]	91%	93%	89%	100%	67%	95%	94%	88%	89%
5. Socially isolated	56%	50%	N/A	92%	86%	85%	100%	100%	100%	94%	88%	92%	93%
6. Non complaint	64%	47%	31%	38%	36%	37%	39%	38%	33%	28%	38%	38%	39%

Using person chi-square there was statistically significant difference among groups *P<0.05 by team members, ^oP<0.05 by years of experience

Conclusion

- Implantation practices: differences between individuals, programs
- Definition of LVAD success: varied by years of experience and professional role
- These data quantify the lack of consensus around “LVAD success”
- Society guidelines regarding patient selection will continue to face challenges due to disagreement in the community