

**Title: PATIENTS WITH MECHANICAL CIRCULATORY SUPPORT(MCSD): IS IMPLANT STRATEGY STATIC OR DYNAMIC?**

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**Purpose:** CMS allows 3 strategies for MCSD use: 1)post-cardiotomy(BTR), 2)bridge to transplant(BTT), or 3)destination therapy(DT).It is not clear that these strategies describe distinct outcomes or that they remain static through the patient course but they constrain trial design and use of certain approved MCSDs.We sought to evaluate the outcome of patients registered prospectively in INTERMACs (June 23, 2006-August 31, 2007) according to initial implant strategy.

**Methods and Materials:** 74 centers registered 261 patients with the reason for MCSD implant as: BTR, DT, or BTT. BTT was further delineated as: listed, likely to list, moderate likely to list or unlikely to list. Patients were 76% male, 73% Caucasian, aged 50 years (range 4.5 to 78) and received left ventricular(LV)-MCSD in 196(75%), 52 (20%) Bi-MCSDs, and 11(4%) total artificial hearts.Centers updated patient status at 3, 6, and 12 months.Strategy change includes changes within the BTT categories.

**Results:** Three month data show similar survival regardless of initial intent, with substantial change noted in MCSD strategy after implant. The figure depicts outcome according to implant strategy.

**Conclusions:** MCS is a dynamic state during which recipients undergo frequent re-evaluation. Newer indications for MCSD might include "long term mechanical support" rather than the premature assignment to transplant with uncertain eligibility.

Prospective patients with 3 month follow-up.					
Implant Strategy	#	Death	Transplant	Recover	Status change
Bridge to Recovery	11	7	1	1	1(9%)
Bridge to transplant					
BTT:listed	105	19	35	2	8(8%)
BTT:likely	33	5	12	1	8(24%)
BTT:moderate	21	6	5	0	7(33%)
BTT:unlikely	13	0	2	0	4(31%)
DT(never to be listed)	38	9	2	1	6(16%)
<b>Total</b>	221	46(21%)	57(26%)	5(2%)	34(15%)

# INTERMACS: Jun 23, 2006 – Aug 31, 2007

## Device Strategy at Implant

