



Letter to Editor

Does left ventricular assist device implantation really worsen prognosis in status 2 listed patients?



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To the Editor

The recent article by Morris et al. [1] stated that left ventricular assist device (LVAD) patients in status 2 patients listed for heart transplantation (HT) was associated with higher mortality.

Recent results of The Risk Assessment and Comparative Effectiveness of Left Ventricular Assist Device and Medical Management in Ambulatory Heart Failure Patients (ROADMAP) study demonstrated that LVAD implantation had benefit especially in patients with INTERMACS level 4, but not level 5–7, despite increased adverse events [2]. What makes this discrepancy between these studies?

The indication of LVAD implantation was different: bridge to transplantation in this study whereas destination therapy in the ROADMAP study. Patient cohort in this study might be less sick considering the surgical invasiveness of LVAD therapy. Second, despite a propensity score matching, patients who received LVAD implantation might still be sicker than the control group. Detailed indication of LVAD implantation might have improved the quality of background matching.

Furthermore, the device type affects the outcomes. Recently-developed HeartMate 3 LVAD has lower mortality and morbidity compared with the HeartMate II pump [3]. Considering that the study period was relatively old, older type devices might have been used. Device type information would clarify the applicability of this study.

Current INTERMACS profile and donor heart allocation tiers (especially status 2) still depend on many subjective clinical factors and may include variable population. Although new heart allocation policy is being revised now in USA, more objective criteria may be warranted.

Conflict of interest

The authors report no relationships that could be construed as a conflict of interest.

References

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