ISHLT CT SURGERY AND HEART TRANSPLANTATION. Feb '21
JOURNAL WATCH

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Benjamens S, et al. **Gender Disparities in Authorships and Citations in Transplantation Research.**

Transplant Direct. 2020 Nov; 6(11): e614.

STUDY HIGHLIGHTS

Is there difference in the proportion of publications, citations, and funding of female researchers in the transplantation field?

Bibliometric analysis [1999 – 2018]
High impact scientific publications, citations and funding in the transplantation field.

First author
15.498 publications

5.605 [36.2%]
9.893 [63.8%]

Last author
13.345 publications

4.032 [30.2%]
9.313 [69.8%]

in the percentage of female authors with the years.

According to **countries**:

55.1%
44.9%

13.1%
86.9%

CENTRAL FIGURE

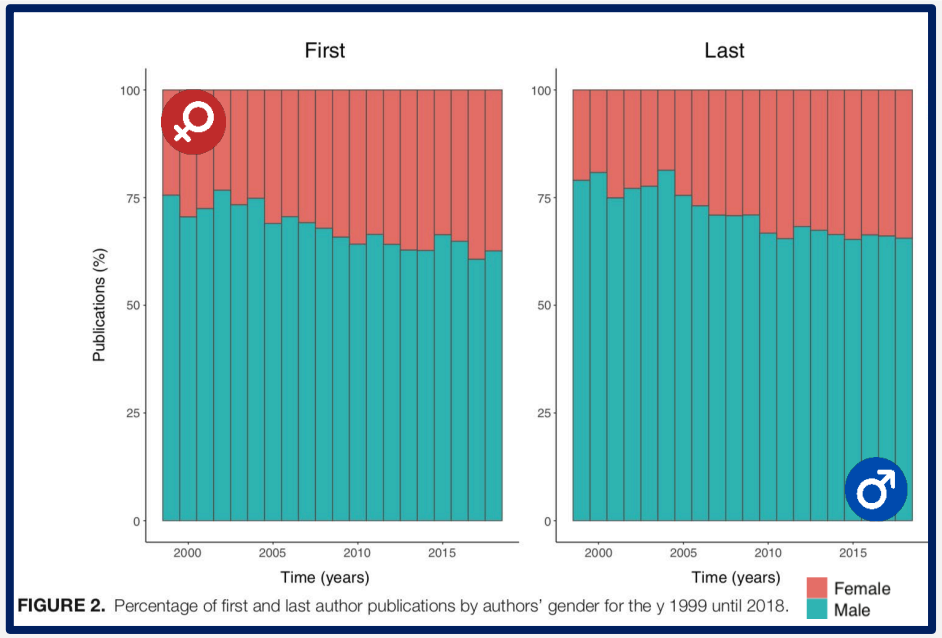

FIGURE 2. Percentage of first and last author publications by authors' gender for the y 1999 until 2018.

Citations

First author	Last author
13 [IQR 6,29]	14 [IQR 6,29]
14 [IQR 6,32]	16 [IQR 6,32]
p <0,001	p = 0,002

Funding

External	Pharmaceutical companies
2.732 [41.6%]	292 [35.5%]
3.842 [58.4%]	531 [64.5%]
p<0,001	p = 0,701

REVIEWER'S COMMENTS

The representation of female researchers has increased over the time, but women remain underrepresented in our academic field.

We have an opportunity to actively help in narrowing the gap.

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Vieira JL, et al. Cocaine use in organ donors and long-term outcome after heart transplantation An International Society for Heart and Lung Transplantation registry analysis.

JHLT 2020 Dec;39(12):1341-1350

STUDY HIGHLIGHTS

Do heart transplanted patients with *DHCU have worse outcomes?

24.430 adult recipients of primary, HTx alone
ISHLT Thoracic Organ Transplant Registry

3.246 [13.3%] DHCU

45.5% current user

21.184 [86.7%] Non-users

DHCU organ at **HIGHER** sequence number **VS** Non-users

REJECTED

16.1 ± 55.6 VS 11.5 ± 38.2

p < 0.001

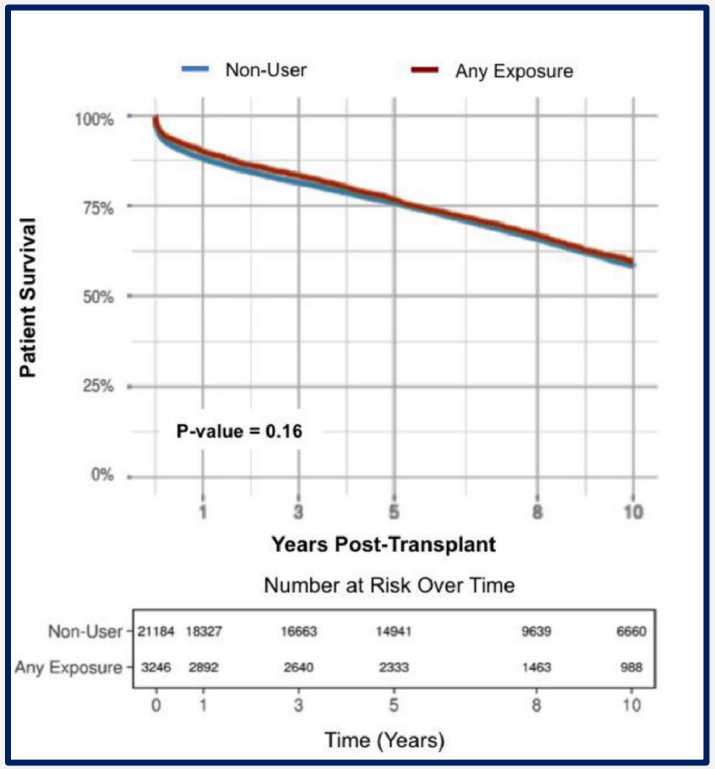
Survival estimates

NO different between the users & non-users at 1-year, 5-years & 10-years [p = 0.16]

No difference in:
- CAV at 10 years [HR 1.02; p = 0.56]
- Allograft rejection at 5 years [HR 0.98; p = 0.61]

* DHCU: donors with a history of cocaine use

CENTRAL FIGURE



MYTH

Myths are associated with poor outcomes in utilizing extended-criteria donors, like DHCU.

REVIEWER'S COMMENTS

Is *reasonable* to accept hearts from DHCU to expand the donor pool and to reduce mortality in patients that are on the waiting list for extended periods of time.

FACT

The non-use of extended-criteria donors consequently leads to fewer transplantations

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Cell-Free DNA to Detect Heart Allograft Acute Rejection

Sean Agbor-Enoh and Palak Shah et al.

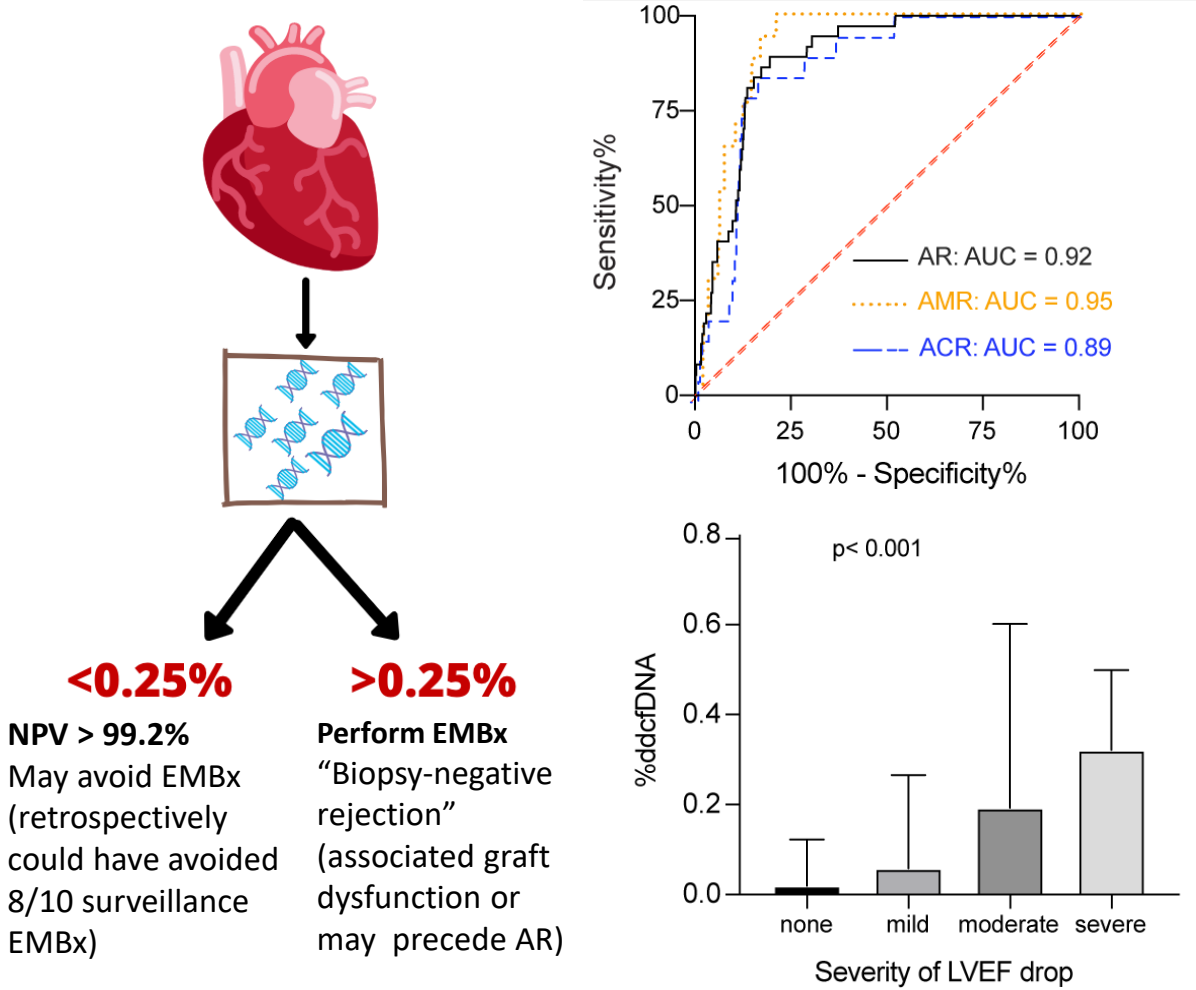
Circulation Feb 2021

STUDY HIGHLIGHTS

Multicenter (GRAfT) prospective study of HTx recipients to assess the performance characteristics of donor derived cell-free DNA (dd-cfDNA) as a biomarker of graft injury from acute rejection (AR). 165 patients were included and 1,867 dd-cfDNA measures.

- AUROC using a threshold of ≥0.25% after day 28 is 0.92
- %dd-cfDNA correlates with severity of rejection and graft dysfunction
- Higher %dd-cfDNA with AMR than ACR
- AUROC higher in AMR than ACR
- %dd-cfDNA rise commonly detected before AMR diagnosis, not ACR
- Fragment length and genomic compositions of dd-cfDNA in AMR varied from ACR
- Using dd-cfDNA as the new gold standard to detect allograft injury, EMBx had limited sensitivity (19%)

CENTRAL FIGURE



REVIEWER'S COMMENTS

This is an important study that evaluates test characteristics of dd-cfDNA for surveillance monitoring of AR. This test may also help differentiate AMR and ACR. The incidence of treated rejection was significantly lower than national rates in this study. While this test could ultimately replace surveillance biopsies, there is a need for further validation of these findings and longer-term outcomes.

LIMITATIONS

- Shortcomings of EMBx make it a suboptimal "gold standard"
- Currently dd-cfDNA cannot distinguish higher detection levels related to other causes of injury (ie. CAV, reperfusion, injury, etc)