

Rationale and Process: International Society for Heart and Lung Transplantation Guidelines for the Care of Cardiac Transplant Candidates—2006

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In April 2005, the International Society for Heart and Lung Transplantation (ISHLT) board sanctioned the development of a comprehensive set of guidelines for the pre-transplant management of cardiac transplant candidates. This mandate resulted from the recognition that current guidelines were either too old, lacked detailed attention to the care of the cardiac transplant candidate, or were not broad enough to be applicable to the international community of cardiac transplant physicians and surgeons. To address these issues, three task forces were assembled.

TASK FORCES

Task Force I: Listing Criteria for Heart Transplantation.

Task Force II: Optimal Pharmacologic and Non-pharmacologic Management of Cardiac Transplant Candidates: Approaches to Be Considered Before Transplant Evaluation.

Task Force III: Heart Rhythm Considerations in Heart Transplant Candidates and Considerations for Ventricular Assist Devices.

Each task force consisted of an international mix of members, charged by their respective group chairs to review and deliberate specific issues of importance to this population. A 1-day-long workshop format meeting was held in April 2005, during which the guidelines were debated and consensus achieved. A summary of the key highlighted recommendations that evolved from this meeting were presented at the closing plenary of the ISHLT meeting in 2005. The comprehensive guidelines were collated and edited to conform to a standard classification and strength of evidence.

From the International Society for Heart and Lung Transplantation, Addison, Texas.

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CLASSES OF RECOMMENDATION

Class I: Conditions for which there is evidence and/or general agreement that a given procedure or treatment is beneficial, useful and effective.

Class II: Conditions for which there is conflicting evidence and/or divergence of opinion about the usefulness/efficacy of a procedure or treatment.

Class IIa: Weight of evidence/opinion is in favor of usefulness/efficacy.

Class IIb: Usefulness/efficacy is less well established by evidence/opinion.

Class III: Conditions for which there is evidence and/or general agreement that a procedure/treatment is not useful/effective and in some cases may be harmful.

LEVEL OF EVIDENCE

Level of Evidence A: Data derived from multiple randomized clinical trials or meta-analyses.

Level of Evidence B: Data derived from a single randomized trial, or non-randomized studies.

Level of Evidence C: Only consensus opinion of experts, case studies or standard-of-care.

Once completed, the entire document was rigorously reviewed by an independent international editorial committee (see Appendix) and changes made in accordance with the reviews. The editorial oversight committee composition was blinded to the task force chairs and members. The revised final document was subsequently submitted to the ISHLT board for review and approval.

It is our earnest hope that the rigor and multinational nature of this guidelines document will be of use to the clinician caring for the cardiac transplant candidate.

APPENDIX

I. Task Force Members

(a) *Task Force I*—Listing Criteria for Heart Transplantation: Mandeep R. Mehra—Chair (USA), Jon Kobashigawa (USA), Randall Starling (USA), Stuart Russell (USA), Patricia A. Uber (USA), Jayan Parameshwar (UK), Paul Mohacsi (Switzerland), Sharon Augustine (USA), Keith Aaronson (USA), Mark Barr (USA).

(b) *Task Force II*—Optimal Pharmacologic and Non-pharmacologic Management of Cardiac Transplant Candidates: Approaches to Be Considered Before Transplant Evaluation: Mariell Jessup—Chair (USA), Nicholas Banner (UK), Susan Brozena (USA), Carlo Campana (Italy), Angelika Costard-Jäckle (Germany), Thomas Dengler (Germany), Sharon Hunt (USA), Marco Metra (Italy), Axel Rahmel (Germany), Dale Renlund (USA), Heather Ross (Canada), Lynne Warner Stevenson (USA).

(c) *Task Force III*—Heart Rhythm Considerations in Heart Transplant Candidates and Considerations for Ventricular Assist Devices: Edoardo Gronda—Chair (Italy), Robert Bouge (USA), Maria Rosa Costanzo (USA), Mario Deng (USA), Donna Mancini (USA), Luigi Martinelli (Italy), Guillermo Torre-Amione (USA).

II. Editorial Oversight Committee Members

Maria Rosa Costanzo—Chair (USA), Alessandro Barbone (Italy), Ugo Livi (Italy), Manfred Hummel (Germany), Daniela Pini (Italy), Salpy Pamboukian (USA), Maryl Johnson (USA), David Feldman (USA), David Taylor (USA).

III. Conflict of Interest Disclosures

Each writing group member and editorial oversight committee member completed a disclosure form that is maintained on file at the ISHLT headquarters. The conflict of interest disclosures of the task force and editorial committee chairs are as follows:

Mandeep R. Mehra, MD, has reported research support, consulting fees, or is a scientific advisory board member for Astellas, Roche, Xdx, Inc., Novartis, Scios, Medtronic, Orqis, GSK and Cardiodynamics.

Mariell Jessup, MD, has reported that she is on the speaker's bureau or has served as a consultant or is on the scientific advisory board of GSK, Medtronic, ACORN and Ventracor.

Edoardo Gronda, MD, has reported that he is on the speaker's bureau or has served on the scientific advisory board of Guidant, Medtronic and Thoratec.

Maria Rosa Costanzo, MD, has reported that she is on the speaker's bureau or has served on the scientific advisory board of Medtronic, Scios and CHF Solutions. In addition, she has reported that she is a shareholder and holds stock in CHF Solutions.