



**INTERNATIONAL SOCIETY FOR HEART AND LUNG TRANSPLANTATION
(ISHLT)**

**MECHANICAL CIRCULATORY SUPPORT
CORE COMPETENCY CURRICULUM
(ISHLT MCS CCC)**

FORTH EDITION

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**THE EDUCATIONAL WORKFORCE OF THE
ISHLT MECHANICAL CIRCULATORY SUPPORT COUNCIL**

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ISHLT MCS CCC: LIST OF CONTENTS

**I. INTRODUCTION AND OVERALL GOALS
LEARNING OBJECTIVES
MCS GUIDELINES**

**II. REVIEW OF THE CURRENT STATE OF MCS
LEARNING OBJECTIVES
SELECTED REFERENCES**

**III. PATIENT SELECTION
LEARNING OBJECTIVES
SELECTED REFERENCES**

**IV. SURGICAL CONSIDERATIONS
LEARNING OBJECTIVES
SELECTED REFERENCES**

**V. POST-OPERATIVE CARE
LEARNING OBJECTIVES**

**VI. TRANSITION TO HOME
LEARNING OBJECTIVES
SELECTED REFERENCES**

**VII. LONG-TERM MANAGEMENT
LEARNING OBJECTIVES
SELECTED REFERENCES**

I. INTRODUCTION AND OVERALL GOALS

The purpose of this compendium is to provide a curriculum of core competencies in mechanical circulatory support. The ISHLT Academy provides a concise synopsis of clinical *knowledge* and associated essential professional *skills* to facilitate the mastery of all surgical, medical and nursing aspects involved in the care of patients receiving mechanical circulatory support devices.

This compendium does not replace a textbook, but intends to provide an outline of essential topics and aims to assist with detailed review. This should be of benefit for both seasoned clinicians and current trainees. The former may find selective revision of complimentary areas in mechanical circulatory support useful, whereas the latter may benefit from a more complete review of all topics during fellowship or other subspecialty training in mechanical circulatory support.

Inevitably, some overlap of clinically related aspects may have occurred. Extensive referencing should assist selective review of published evidence for each topic.

The core curriculum should also serve programs providing mechanical circulatory support with a tool to review their standards of care, develop protocols and implement guidelines established in mechanical circulatory support systems.

Wherever possible, specific learning objectives have been defined.

The educational workforce of the Mechanical Circulatory Support Council of ISHLT hopes that this compendium will prove to be useful. We would welcome constructive feedback to further develop its scope and accuracy.

Overall Learning Objectives

To assist practitioners in developing improved competence and professional performance in their ability to:

1. Risk stratify patient with advanced heart failure in order to assess MCS surgical and medical risks and optimally time mechanical circulatory support (MCS) implantation.
2. Recognize the medical and social factors which impact patient outcomes during short- and long-term MCS.
3. Recognize the various types of MCS support available for patients with advanced single or biventricular heart failure and the technological differences that may impact pump selection and patient/device management.
4. Optimize MCS implantation techniques and patient/pump management during the index admission intensive care unit and inpatient general care periods.
5. Manage patients and the MCS during outpatient long-term support with an understanding of interventions that can reduce patient- and device-related adverse events during MCS.
6. Diagnose and manage common clinical dilemmas and adverse encountered after MCS.

Learning objectives covered in this document complement the MCS portion of the curriculum of an ACGME accredited advanced heart failure and transplant fellowship in the U.S., which is required for American Board of Internal Medicine sub-specialty certification. As fellows gain experience and demonstrate growth in their ability to care for patients, they will assume roles that permit graded and progressive responsibility for patients with MCS.

MCS Guidelines

The executive summary of the 2013 International Society for Heart and Lung Transplantation Guidelines for Mechanical Circulatory Support was released electronically in January 2013 with publication of the Executive Summary in the February Journal of Heart and Lung Transplantation (Feldman DA, Pamboukian SV, Teuteberg JJ, et al J Heart Lung Transplant 2013; 32:157-187..

The complete Guidelines consist of 5 separate Task Forces:

- Task force 1: Patient selection
- Task force 2: Pre-operative optimization
- Task force 3: Intra- and post-operative management
- Task force 4: Inpatient management
- Task force 5: Outpatient management

II. REVIEW OF THE CURRENT STATE OF MCS AND DEVICES FOR TEMPORARY AND PERMANENT CIRCULATORY SUPPORT

Learning Objectives for the Current State of MCS

1. Understand the indications for temporary and permanent MCS and the different types of devices available for support.
2. Distinguish the basic technological differences between different temporary and permanent MCS systems and the levels of support provided by each. Review the MCS technology in development
3. Understand the differences between bridge to transplant, bridge to recovery and destination therapy
4. Understand the application and prognostication of INTERMACS Patient Profiles
5. Summarize outcomes and adverse events for current devices among the various implant strategies
6. Understand the mortality associated with cardiogenic shock (INTERMACS profile 1-2) and the device strategies available for single and biventricular failure with shock.
7. Review the components and operation of extracorporeal membrane oxygenation
8. Understand the outcomes and adverse events for patients who require support with ECMO
9. Understand the outcomes and adverse events for patients who require support with TAH

Selected References for the Current State of MCS

1. Miller, Pagani, Russell et al NEJM 2007; 357:885-896.
2. Pagani, Miller, Russell et al JACC 2009;54:312-321.
3. Starling, Naka, Boyle et al JACC 2011;57:1890-8.
4. Slaughter et al. New Engl J Med 2009;361:2241-51.
5. Aaronson, Slaughter, Miller, et al. Circulation 2012;125:3191-3200.
6. Kirklin, Naftel, Kormos, et al. J Heart Lung Transplant 2012;31:117-26.
7. Genovese, Dew, Teuteberg, et al. J Heart Lung Transplant 2010;29:981-9.
8. Rastan et al. J Thorac Cardiovasc Surg 2010;139:302-311.
9. Brogan, Thiagarajan, Rycus, et al. Intensive Care Med 2009;35:2105-14.
10. Beurtheret, Mordant, Paoletti, et al. Eur Heart J 2012; epublished.
11. Kirsch, Mazzucotelli, Roussel, et al. J Heart Lung Transplant 2012;31:501-8.
12. Hasin T, et al. J Am Coll Cardiol. 2013 Jan 15;61(2):153-63.
13. Cowger J et al. J Am Coll Cardiol. 2013 Jan 22;61(3):313-21
14. Uriel N et al. J Am Coll Cardiol. 2012 Oct 30;60(18):1764-75.
15. Garan R et al. J Am Coll Cardiol. 2013 Jun 25;61(25):2542-50.
16. Slaughter MS et al. J Heart Lung Transplant. 2013 Jul;32(7):675-83.
17. Kirklin et al. 8th INTERMACS report J Heart Lung Transplant 2017;36:1080–1086.
18. Uriel N et al. J Am Coll Cardiol. Vol 66:23; Dec. 2015

19. Adamo L et al. JACC HF 2015, Vol 3:4
20. Mehra MR et al. N Engl J Med. 2018 Apr 12;378(15):1386-1395. (Momentum)
21. Roggers JG et al. NEJM 2017 Feb 2;376(5):451-460 CA et al.
22. Milano CA et al. The Endurance supplemental Trial. JACC Heart Fail. 2018
23. Kirklin JK et al. Second annual report from the ISHLT Mechanically Assisted Circulatory Support Registry. J Heart Lung Transplant. 2018 Jun;37(6):685-691.
24. Arabia FA et al. Interagency registry for mechanically assisted circulatory support report on the total artificial heart. J Heart Lung Transplant. 2018 Apr 26. pii: S1053-2498(18)31434-7.

III. PATIENT SELECTION

Learning Objectives for Patient Selection

1. Understand the variability in short- and long-term patient survival following MCS support and the importance of a multidisciplinary assessment of preoperative patient risk.
2. Understand the difficulties in prognostication of end-stage heart failure and survival on MCS.
3. Identify several means of estimating prognosis in end-stage heart failure and operative risk with MCS.
4. Understand the preop, intraop, and postoperative contributors to RV dysfunction
5. Apply risk modeling and imaging techniques to assess the possibility of RV dysfunction
6. Recognize the limitations to current imaging and risk prediction models of RV failure
7. Understand the importance of improving RV function in the preoperative setting
8. Identify other comorbidities and patient characteristics that may impact short- and long-term survival after MCS implant
9. Learn the importance of identifying and addressing renal and hepatic dysfunction prior to MCS
10. Understanding important preoperative optimization interventions to minimize MCS operative risks
11. Identify the triggers for MCS referral

Selected References for Patient Selection

1. Stevenson LW et al. INTERMACS profiles of advanced heart failure: the current picture. J Heart Lung Transplant 2009; 28: 535-41
2. Kirklin JK et al. Fifth INTERMACS annual report: risk factor analysis from more than 6,000 mechanical circulatory support patients. J Heart Lung Transplant 2013; 32:141-56.
3. Peura et al. Recommendations for the use of mechanical circulatory support: Device strategies and patient selection. Circulation 2012; 126: 2648-2667.
4. Ronco C. Cardio-renal syndromes: from foggy bottom to sunny hills. Heart Fail Rev 2011; 16: 509-17
5. Soloman SD et al. Influence of nonfatal hospitalization for heart failure on subsequent mortality in patients with chronic heart failure. Circulation 2007; 116: 1482-87
6. Furukawa, et al. Right ventricular failure after left ventricular device implantation: the need for an implantable right ventricular assist device. Artif Organs 2005;29;369-377.
7. Matthews et al. The right ventricular risk score: a predictive tool for assessing the risk of right ventricular failure in left ventricular assist device patients. J Am Coll Cardiol 2008;51;2163-72
8. Fitzpatrick et al. Risk score derived from pre-operative data analysis predicts the need for biventricular mechanical support. J Heart Lung Transplant 2008;27:1286-92
9. Kormos et al. Right ventricular failure in patients with the HeartMateII continuous-flow left ventricular assist device: incidence, risk factors, and effect on outcomes. J Thorac Cardiovasc Surg 2010;139:1316-24.

11. Bellavia D et al. Prediction of right ventricular failure after ventricular assist device implant: systematic review and meta-analysis of observational studies. *European Journal of Heart Failure* (2017) 19, 926–946
11. Ronco, C. et al. Cardiorenal syndrome. *J Am Coll Cardiol* 2008;52:1527-1539
12. Macaron C, Hanouneh IA, Suman A, Lopez R, Johnston D, Carey WW. Safety of Cardiac Surgery for Patients With Cirrhosis and Child–Pugh Scores Less Than 8, *Clinical Gastroenterology and Hepatology*, December 28, 2011
13. Patlolla, V, et. al. Outcomes of patients with symptomatic cerebrovascular disease undergoing heart transplantation. *J Am Coll Cardiol* 2011;58:1036–41
14. Teuteberg et al. Characteristics of patients who die with heart failure and a low ejection fraction in the new millennium. *J Card Fail* 2006;12:47
15. Boyle AJ et al. Clinical outcomes for continuous-flow left ventricular assist device patients stratified by per-operative INTERMACS classification. *J Heart Lung Transplant* 2011; 30: 402
16. Russell SD, Miller LW, Pagani FD. Advanced heart failure: a call to action. *Congest Heart Fail.* 2008;14:316-321
17. Cowger J, Sundareswaran K, Rogers J, et al. The HeartMate II Risk Score: Predicting survival in candidates for left ventricular assist device support. *J Am Coll Cardiol* 2013; 61:313-21.
18. Cameli M, Matteo L. Speckle tracking echocardiography as a new technique to evaluate right ventricular function in patients with left ventricular assist device therapy. *J Heart Lung Transplant* 2013; 32:424-30.
19. Cogswell R, Substance abuse and adverse events after VAD. *J Heart Lung Transplant.* 2014; 33:1048
20. Baumwol J. *J Heart Lung Transplant* 36(5): 593-4. 2017
21. Starling RC et al. Risk Assessment and Comparative Effectiveness of Left Ventricular Assist Device and Medical Management in Ambulatory Heart Failure Patients: The ROADMAP Study 2-Year Results. *JACC Heart Fail.* 2017 Jul;5(7):518-527.

IV. SURGICAL CONSIDERATIONS

Learning Objectives for Surgical Considerations

1. Understand criteria used to determine best patient-pump match - role of body habitus, prior surgery, right heart function and end-organ among others.
2. Determine optimal pump placement, outflow graft anastomosis creation and tunneling of driveline
3. Learn standard and minimally invasive /off-pump techniques for VAD implantation
4. Learn alternative techniques for VAD implantation in challenging clinical scenarios
5. Learn different techniques for intraoperative hemodynamic support (CPB vs. ECMO vs. off-pump)
6. Recognize intra-operative hemodynamic and ventilatory goals
7. Learn optimal technique for separation from cardiopulmonary bypass - role of TEE and hemodynamics in determining best use of inotropic, pressor and pulmonary vasodilator therapies.
8. Learn to identify patients that will benefit from temporary mechanical right heart support.
9. Learn techniques for temporary mechanical right heart support (temporary RVAD, ECMO).
10. Understand indications for concomitant surgical procedures with particular attention to the tricuspid and aortic valves and patent foramen ovale. Learn to balance risk and benefit of concomitant surgical procedures.
11. Determine the risk and utility associated with concomitant operative procedures
12. Understand the potential risks associated with untreated aortic valve insufficiency at the time of VAD implantation
13. Learn to understand strengths and weaknesses of current devices. Optimize device selection for particular patient characteristics.

Selected References for Surgical Considerations

1. Slaughter et al. Clinical management of continuous-flow left ventricular assist devices in advanced heart failure. *J Heart Lung Transplant* 2010;29: S1-S39.
2. Dranishnikov et al., Simultaneous aortic valve replacement in left ventricular assist device recipients: Single-center experience. *Int J Artif Org* 2012
3. John et al. Aortic valve pathophysiology during left ventricular assist device support. *J Heart Lung Transplant* 2010; 29:1321-9.
4. Krishan et al. Liberal use of tricuspid-valve annuloplasty during left ventricular assist device implantation.
5. Saeed et al. Tricuspid valve repair with left ventricular assist device implantation: is it warranted? *J Heart Lung Transplant* 2011; 30: 530-5.
6. Haberl et al. Viennese approach to minimize the invasiveness ventricular assist device implantation. *Eur J Cardiothorac Surg*. 2014 Dec;46(6):991-6
7. Noly et al. Temporary right ventricular support following left ventricle assist device implantation: a comparison of two techniques. *Interactive cardiovascular and thoracic surgery* 2014; 19:49-55.
8. Jorde et al. Prevalence, significance, and management of aortic insufficiency in continuous flow left ventricular assist device recipients. *Circ Heart Fail*. 2014 Mar 1; 7:310-9.
9. Robertson et al. Concomitant aortic valve procedures in patients undergoing implantation of continuousflow left ventricular assist devices: An INTERMACS database analysis. *J Heart Lung Transplant*. 2015 Jun; 34 (6):797-805.
10. Robertson JO. Concomitant tricuspid valve surgery during implantation of continuous-flow left ventricular assist devices: a Society of Thoracic Surgeons database analysis. *J Heart Lung Transplant*. 2014 Jun; 33 (6):609-17.
11. Abdein MS et al. Implanting permanent left ventricular assist devices in patients on veno-arterial extracorporeal membrane oxygenation support: do we really need a cardiopulmonary bypass machine? *Eur J Cardiothorac Surg*. 2016 Sep;50(3):542-7.
12. Saeed et al. Minimally invasive off-pump implantation of HeartMate 3 left ventricular assist device. *J Thorac Cardiovasc Surg*. 2016 Nov;152(5):1446-1447.
13. Maltais et al. Left Lateral Thoracotomy for Centrifugal Continuous-Flow Left Ventricular Assist Device Placement: An Analysis from the Mechanical Circulatory Support Research Network. *Maltais et al. ASAIO J*. 2017
14. Song HK et al. Limited Utility of Tricuspid Valve Repair at the Time of Left Ventricular Assist Device Implantation. *Ann Thorac Surg*. 2016 Jun;101(6):2168-74.

V. POST-OPERATIVE CARE

Learning Objectives for Post-operative Care

1. How to assess the “fitness” of the right ventricle after surgery. This will include physiologic, anatomical and bedside clinical assessments.
2. Determine when to initiate anticoagulation, what type and how much after surgery. Adjustments in anticoagulation related to special considerations in unique patient populations and types of pumps will be covered.
3. Develop a deeper understanding of the advantages and limitations of the common imaging modalities and their clinical applications in postoperative VAD patients.
4. Development of a global treatment strategy to prevent, or consequently treat right ventricular dysfunction and failure after implantation of a left ventricular assist device.

VI. TRANSITION TO HOME

Learning Objectives for Transition to Home

Teaching/patient assessment:

1. Outline an approach to teaching MCS-related skills to patient, caregiver(s) and community
2. Learn methods to evaluate effectiveness of training

Outpatient management

1. Outline approaches to clinic structure
2. Summarize approach to outpatient visits
3. Highlight and review approaches to relevant long-term medical issues faced by MCS patients
4. Describe shared care models and discuss collaborative patient management between implanting and supporting centers in the community
5. Overview of pediatric management strategies

Quality of Life, functional capacity and end of life

1. Summarize measures of quality of life and functional capacity relevant to the MCS patient
2. Outline approaches to end-of-life discussion and care of the MCS patient
3. Describe pediatric quality of life with MCS.
4. Discuss quality of life of caregivers.

Selected References for Transition to Home

1. Pamboukian SV, Tallaj JA, Brown RN et al. Improvement in 2-year survival for ventricular assist device patients after implementation of an intensive surveillance protocol. *J Heart Lung Transplant*. 2011;30(8):879-887.
2. Wilson SR, Givertz MM, Stewart GC, Mudge GH, Jr. Ventricular assist devices the challenges of outpatient management. *J Am Coll Cardiol*. 2009;54(18):1647-1659
3. Grady, K et al. Beyond Survival: Recommendations from INTERMACS for Assessing Function and Quality of Life with Mechanical Circulatory Support. *J Heart and Lung Transplant* 2012 Nov;31(11):1158-64.
4. Swetz K et al. Palliative care and end of life issues in patients treated with left ventricular assist devices as destination therapy. *Curr Heart Fail Rep*. 2011; 8: 212-218.
5. Levenson JW et al. The last six months of life for patients with congestive heart failure. *J Am Geriatr Soc*. 2000 May;48(5 Suppl):S101-9.
6. Epstep, JD et al. Continuous Flow Left Ventricular Assist Devices: Shared Care Goals of Monitoring and Treating Patients. *Methodist Debaque Cardiovasc J*. 2015;11: 33-44.
7. Schweiger, M et al. Outpatient Management of Intra-corporeal Left Ventricular Assist Device System in Children: a Multi-Center Experience. *Am J Transplant*. 2015;15:453-60
8. Miller, JR et al. Pediatric Quality of Life while Supported with a Ventricular Assist Device. *Congenit Heart Dis*. 2015.
9. Kirkpatrick, JN et al. Caregivers and Left Ventricular Assist Devices as a Destination, Not a Journey. *J Card Fail*. 2015;15:S1071-9164.

VII. LONG-TERM MANAGEMENT OF PATIENTS AND COMPLICATIONS

Learning Objectives for Long-term Management

The Outpatient Clinic: Critical Clinical Assessments for Success

1. Understand the importance of echo, laboratory, and clinical follow-up during long term MCS support.
2. Understand the challenges of measuring blood pressure in the outpatient setting and risks associated with hypertension during VAD support.

3. Identify and respond appropriately to common alarms encountered on Device interrogations.

LVAD Infections

1. Understand the impact of infectious complications on the long term outcome of implantable VAD therapies.
2. Understand diagnostic strategies available for diagnosis of device related infections.
3. Become familiar with latest definitions of device-related and device-associated infections included in the guidelines of infection management
4. Learn the common pathogens involved in device-related infections
5. Understand medical and surgical therapies available for the prevention and management of devicerelated infections

Bleeding Complications after VAD Support

1. Understand the frequency, timing, and etiologies of bleeding complications after MCS implant
2. Understand the frequency and etiology gastrointestinal bleeding in recipients of continuous flow VADs
3. Understand the entity “acquired von Willebrand’s disease” and its potential role in the genesis of occult gastrointestinal bleeding
4. Understand new algorithms for the diagnosis and management of recurrent gastrointestinal bleeding as it relates to imaging (nuclear, endoscopy), antiplatelet and anticoagulation therapies and role of adjuvant therapies like estrogen, octreotide and dDAVP for patients with occult (non-upper, non-lower) gastrointestinal bleeding.

Pump Thrombosis

1. Learn what is known regarding blood-device surface interactions
2. Comprehend the reported incidence of VAD thrombosis in major clinical trials
3. Understand medical and surgical factors that can predispose to the development of VAD thrombus
4. Understand options for the diagnosis of VAD-related thrombus vis-à-vis thrombus location
5. Learn the utility of rump test in identifying pump related issues
6. Understand options for management from anti-thrombotics to thrombolytics, pump exchange and transplantation
7. Acquaint themselves with a working algorithm for the diagnosis and management of pump thrombus

Stroke

1. Understand the frequency, timing, and etiologies of stroke complications after MCS implant
2. Understand the risk factors associated with strokes in recipients of continuous flow VADs.
3. Understand the importance of adequate blood pressure management in stroke prevention
4. Learn the importance of adequate postoperative anticoagulation management in preventing stroke events.
5. Understand algorithms for managing various types of strokes (ischemic vs. bleeding).
6. Learn optimal anticoagulation strategies in patients with various types of stroke

Aortic Insufficiency in LVAD Recipients

1. Gain an understanding of the high-flow/low perfusion constellation of LVAD associated aortic insufficiency
2. Understand the prevalence and impact of de novo aortic insufficiency in continuous flow VAD recipients.
3. Acquaint themselves with the potential etiologic factors involved in the development of aortic insufficiency including pre-existing AI, outflow conduit placement, aortic valve fusion and lack of pulsatility and valve opening

4. Understand important patient management strategies that may impact AI development
5. Understand surgical options for the treatment of pre-existing AI at the time of LVAD implantation.
6. Understand indications and medical and surgical options for the management of de novo aortic insufficiency after MCS implant including blood pressure control, percutaneous devices and TAVR, and reoperation.

Arrhythmia and LVAD

1. Understanding the prevalence of atrial and ventricular tachyarrhythmias in LVAD patients,
2. Learning the risks associated with atrial and ventricular tachyarrhythmias
3. Therapeutic options, and the role of ICD, CRT in these patients.
4. The role of ablation in LVAD patients

Myocardial recovery during LBVAD support

Suggested References for Long-term Management

The Outpatient Clinic: Critical Clinical Assessments for Success

1. Nassif et al JHLT 2015; 34:503-08 (washU SBP >100 lead to CVA)
2. Saeed et al Circ Heart Fail. 2015 May;8(3):551-6.
3. Lamper Ann thorac Surg 2014; 97:139-46
4. Pagani et al ISHLT 2015- ENDURANCE and MAP >90
5. Jajjar et al JHLT 2014; 33:23-34. ADVANCE and MAP >90
5. ISHLT MCS guidelines (BP section) JHLT 2013; 32:157
6. Lanier Circ HF 2013; 6: 1005-12. How Aline, Terumo, Doppler differ
7. Dew MA et al. The 2018 ISHLT/APM/AST/ICCAC/STSW recommendations for the psychosocial evaluation of adult cardiothoracic transplant candidates and candidates for long-term mechanical circulatory support. J Heart Lung Transplant. 2018 Jul;37(7):803-823.

LVAD infections

1. Califano S et al. Left ventricular assist device associated infections. Infect Dis Clin North Am 2012;26:77- 87
2. Hannan MM et al. Working formulations for the standardization of definitions of infections in patients using ventricular assist devices. J Heart Lung Transpl 2011;30:375-84.
3. Spelman D et al. Ventricular assist device infections. Curr Infect Dis Rep 2012; 14:359-66.
4. Stulak JM. Prevention of percutaneous driveline infections. *ASAIO* 2013; 59:570-74
5. Trachtenberg BH. Persistent blood stream infection in patients supported with a continuous-flow left ventricular assist device is associated with an increased risk of cerebrovascular accidents. J Card Fail. 2015; 21:119-25.
6. Brewer et al. Extremes of BMI after VAD. JHLT 2012; 31:167-72.
7. Tarzia V, et al. Occult gastrointestinal bleeding in patients with a ventricular assist device axial flow pump: diagnostic tools and therapeutic algorithm. J Thorac Cardiovasc Surg 2012; 143: e28-31.
8. Aggarwal A, et al. incidence and management of gastrointestinal bleeding with continuous flow assist devices. Ann Thorac Surg 2012; 93:1534-40.
9. Crow S, et al. Acquired von Willenbrand's syndrome in continuous flow ventricular assist device recipients. Ann Thorac Surg 2010; 90:1263-9
10. Stulak et al Gastrointestinal bleeding and subsequent thromboembolic events during support with a left ventricular assist device. *J Heart Lung Transplant* 2014; 33: 60-64.
11. Bunte, Major bleeding during HM2. JACC 2013; 62: 2188
12. Boyle 880 Preop Risks for Bleeding and Stroke JACC 2014; 63

13. Kusne S et al. An ISHLT consensus document for prevention and management strategies for mechanical circulatory support infection. *J Heart Lung Transplant*. 2017 Oct;36(10):1137-1153

Pump Thrombosis

1. Kiernan MS, et al. Management of Heartware LVAD thrombosis using intracavitary thrombolytics. *J Thorac Cardiovasc Surg* 2011;142:712-14.
2. Al-Quthami AH, et al. Eptifibatide for the treatment of HeartMate II LVAD thrombosis. *Circ Heart Fail* 2012;5:e68-70.
3. Kanouh A, et al. Successful treatment of early thrombosis of the Heartware LVAD with intracavitary thrombolytics. *Ann Thorac Surg* 2012;94:281-3
4. Uriel N, Morrison KA, Garan AR, Kato TS, Yuzefpolskaya M, Latif F, Restaino SW, Mancini DM, Flannery M, Takayama H, John R, Colombo PC, Naka Y, Jorde UP. *Development of a Novel Echocardiography Ramp Test for Speed Optimization and Diagnosis of Device Thrombosis in Continuous-Flow Left Ventricular Assist Devices: The Columbia Ramp Study*. *J Am Coll Cardiol*. 2012 Oct 30;60(18):1764-1775.
5. Najjar J Analysis of pump thrombosis events in patients in the Heartware ADVANCE bridge to transplant and continued access protocol trial. *Heart Lung Transplant* 2014; 33: 23-34.
6. Goldstein DJ, John R, Salerno C, Silvestry S, Mozami N, Horstmanshof D, Admason R, Boyle A, Zucker M, Rogers J, Russell S, Long J, Pagani F, Jorde U. Algorithm for the Diagnosis and Management of Pump Thrombus *JHLT* 2013 Jul;32(7):667-70
7. Starling et al Unexpected abrupt increase in left ventricular assist device thrombosis. *NEJM* 2014 370:33-40.
8. Kirklin et al Interagency Registry for Mechanically Assisted Circulatory Support (INTERMACS) analysis of pump thrombosis in the Heartmate II left ventricular left ventricular assist device. *JHLT* 2014; 33:12-22.
9. Uriel et al. *JHLT* 2014;33:51-59
10. Cowger Hemolysis: A harbinger of adverse outcome after left ventricular assist device implant. *JHLT* 2014;33:35-43
11. Pagani et al. *JHLT* 2015 . Heartware HVAD for the treatment of patients with advanced heart failure ineligible for cardiac transplant. Results of the ENDURANCE destination therapy trial.
12. Jorde UP, Aaronson KD, Najjar SS, Pagani FD, Hayward C, Zimpfer D, Schlöglhofer T, Pham DT., Goldstein DJ, Leadley K, Chow MJ, Brown MC, Uriel N. *Identification and Management of Pump Thrombus in the HeartWare Left Ventricular Assist Device System: A Novel Approach Using Log File Analysis*. *JACC HF* 2015
13. Uriel N et al. Hemodynamic Ramp Tests in Patients With Left Ventricular Assist Devices. *JACC Heart Fail*. 2016 Mar;4(3):208-17

Stroke

1. Kirklin JK et al. Second annual report from the ISHLT Mechanically Assisted Circulatory Support Registry. *J Heart Lung Transplant*. 2018 Jun;37(6):685-691.
2. Teuteberg et al. *J Am Coll Cardiol HF* 2015;3:818-828
3. Jorde et al. *J Am Coll Cardiol* 2014;63:1751-1757
4. Rogers et al., *N Engl J Med* 2017; 376:451-460
5. Mehra et al., *N Engl J Med* 2017; 376:440-450
6. Willey et al. *J Heart Lung Transplant* 2014;33:878-887
7. Milano CA et al. HVAD: The ENDURANCE Supplemental Trial *JACC Heart Fail*. 2018 Jul 6. pii: S2213-1779(18)30389-5.

Aortic Insufficiency

1. Hatano M, et al. Less frequent opening of aortic valve and a continuous flow pump are risk factors for postoperative onset of aortic insufficiency in patients with a left ventricular assist device. *Circ J* 2011;75:1147-55.
2. Adamson RM, et al. Aortic valve closure associated with HMII LVAD support: technical considerations and long term results. *J Heart Lung Transpl* 2011;30:576-82.
3. Cowger J, et al. Development of aortic insufficiency in LVAD supported patients. *Circ Heart Fail* 2010;3:668-71
4. Pak SW, et al. Prevalence of de novo AI during long-term support with a LVAD. *J Heart Lung Transpl* 2010;29:1172-6.
5. Cowger J, et al. Consequences of Aortic Insufficiency During Long Term Axial Continuous Flow LVAD Support. *J Heart Lung Transplant* 2014; 33; 1233-40
6. Comprehensive review and suggested management strategies for the detection and management of aortic insufficiency in patients with continuous flow left ventricular assist devices. *J Heart Lung Transplant* 2015; 34:149-57.
7. Jorde UP, et al. Prevalence, significance, and management of aortic insufficiency in continuous flow left ventricular assist recipients. *Circ HF* 2014; 7; 310-19.
8. Grinstein J, Kruse E, Sayer GT, Fedson S, Kim GH, Jorde UP, Juricek C, Ota T, Jeevanandam V, Lang RM, Uriel N. *Accurate Quantification Methods for Aortic Insufficiency Severity in Left Ventricular Assist Device Patients: The Role of Diastolic Flow Acceleration and Systolic to Diastolic Peak velocity Ratio of the LVAD Outflow Cannula*. *JACC Cardiovascular Imaging* Dec 2015.
9. Grinstein J, Kruse E, Sayer G, Fedson S, Kim GH, Sarswat N, Adaty S, Ota T, Jeevanandam V, Mor-Avi V, Lang RM, Uriel N. *Novel echocardiographic parameters of aortic insufficiency in continuous-flow left ventricular assist devices and clinical outcome*. *J Heart Lung Transplant*. 2016 May 20.
10. Sayer G, Sarswat N, Kim GH, Adaty S, Medvedofsky D, Rodgers D, Kruse E(1), Ota T(2), Jeevanandam V, Lang R, Uriel N. The Hemodynamic Effects of Aortic Insufficiency in Patients Supported with Continuous-Flow Left Ventricular Assist Devices. *J Card Fail*. 2017 Apr 20

Arrhythmia and LVAD

1. Garan AR, Yuzefpolskaya M, Colombo PC, Morrow JP, Te-Frey R, Dano D, Takayama H, Naka Y, Garan H, Jorde UP, Uriel N. *Ventricular Arrhythmias and ICD therapy in Patients with Continuous Flow Left Ventricular Assist Devices: Need for Primary Prevention?*, *J Am Coll Cardiol*. 2013 May 2. pii: S0735-1097(13)01746-4
2. Garan AR, Iyer V, Whang W, Mody KP, Yuzefpolskaya M, Colombo PC, Te-Frey R, Takayama H, Naka Y, Garan H, Jorde UP, Uriel N. *Catheter ablation for ventricular tachyarrhythmias in patients supported by continuous-flow left ventricular assist devices*. *ASAIO J*. 2014 May-Jun;60(3):311-6.
3. Moss JD, Flatley EE, Beaser AD, Shin JH, Nayak HM, Upadhyay GA, Burke MC, Jeevanandam V, Uriel N, Tung R. Characterization of Ventricular Tachycardia After Left Ventricular Assist Device Implantation as Destination Therapy: A Single-Center Ablation Experience. *JACC Clin Electrophysiol*. 2017 Dec 11;3(12):1412-1424.
4. Garan AR, Whang W, Mody KP, Yuzefpolskaya M, Colombo PC, Te-Frey R, Takayama H, Naka Y, Jorde UP, Uriel N. *Early Post-Operative Ventricular Arrhythmias in Patients with Continuous Flow Left Ventricular Assist Devices*. *J Heart Lung Transplant*. 2015, June 11.
5. Deshmukh A, Kim G, Burke M, Anyanwu E, Jeevanandam V, Uriel N, Tung R, Ozcan C. *Atrial Arrhythmias and Electroanatomical Remodeling in Patients With Left Ventricular Assist Devices*. *J Am Heart Assoc*. 2017 Mar 8;6(3). pii: e005340. doi: 10.1161/JAHA.116.005340
6. Deshmukh A, Bhatia A, Anyanwu E, Ota T, Jeevanandam V, Uriel N, Tung R, Ozcan C. *Incidence and Outcomes of Postoperative Atrial Fibrillation After Left Ventricular Assist Device*. *ASAIO J*. 2018 Feb 24. doi: 10.1097/MAT.0000000000000763
7. Tehrani DM, Adaty S, Grinstein J, Rodgers D, Sarswat N, Kim GH, Raikhelkar J, Sayer G, Uriel N. *Impact of cardiac resynchronization therapy on left ventricular unloading in patients with implanted left ventricular assist devices*. *ASAIO J*. 2018.