
**STUDY HIGHLIGHTS**

**Question:** Is there a difference between usual dose (325 mg) and low dose (81 mg) ASA on hemocompatibility-related adverse events (HRAEs) in HM3 patients?

**Design:** Exploratory post-hoc analysis of MOMENTUM 3

**Inclusion:** 321 HM3 patients on warfarin (INR goal 2-3)

**Outcomes:** Survival free from HRAEs (non-surgical bleeding, pump thrombosis, stroke, and peripheral arterial thromboembolic events) at 2 years

**Results:** No difference in HRAEs (43.4% vs 45.3%, p=0.94). Similar rates of bleeding and thrombosis.

**Reviewers’ Comments**

- Comparable INR values at time of HRAE
- ASA regimen could be changed at discretion of treating physician
- Patients that received low dose ASA were older and destination therapy (DT)
- 13% of patients excluded due to no ASA at 7-days post implant

**Limitations:**

- Unplanned post-hoc exploratory analysis
- Not powered to detect differences in outcomes
- Selection bias as older and DT patients received low dose

**CENTRALFIGURES**

- No difference in hemorrhagic events
- No difference in thrombotic events

**ARIES trial** (RCT ASA vs. none in HM3) starting soon

**VAN-KHUE TON, M.D. Ph.D. EDITOR ISHLT.ORG**

**EVALUATION**

**DALLIL MASIC, PharmD**

Loyola University Medical Center, Maywood, IL, USA
Vieira JL et al. The impact of statin therapy on neurological events following left ventricular assist system implantation in advanced heart failure. *J Heart Lung Transplant.*

**Hypothesis:** Statins may ↓ rates of neurological events (i.e. stroke) following CF-LVAS

**Design:** Single-center, retrospective, observational

**Inclusion:** HMII (n=117), HVAD (n=45), HM3 (n=38); 2008-2018; index hospital survival

**Outcomes:** stroke (ischemic or hemorrhagic), TIA, delirium

**Results:** Statin assoc. with ↓ neuro events (particularly ischemic stroke if HM3 excluded)

<table>
<thead>
<tr>
<th>HMII + HVAD + HM3</th>
<th>Any neurological event</th>
</tr>
</thead>
<tbody>
<tr>
<td>No Statin</td>
<td>Statin</td>
</tr>
<tr>
<td>Age-adjusted HR 0.46 (95% CI, 0.24 to 0.88)</td>
<td><em>p</em> = 0.019</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>HM II + HVAD (excluding HM3)</th>
<th>Any neurological event: HR 0.43 (95% CI, 0.21 to 0.86), <em>p</em> = 0.018</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ischemic Stroke: HR 0.38 (95% CI, 0.15 to 0.99), <em>p</em> = 0.048</td>
<td></td>
</tr>
</tbody>
</table>

**Limitations:**
- Single center, retrospective
- HMII >50% of population
- Unknown cross-over of statin use

**Reviewers’ Comments**
- Statin use = filled ≥2 Rx within 6 months after index discharge
- Comparable aspirin/INR, BP between groups
- Statin group with less events despite higher CHAD2DS2-VASc score
- HM3 lack of effect due to lower numbers vs. less benefit (lower risk)?