
**STUDY HIGHLIGHTS**

**Hypothesis:** Bevacizumab (monoclonal antibody against VEGF) effective and safe in refractory GI bleeding due to GI angiodysplasia in LVAD patients

**Design:** Single center retrospective pilot study for off label use of bevacizumab

**Patients:** 5 male patients with HMII as DT

**Results:** Significant ↓↓ in blood transfusions, hospitalizations and endoscopies, improvement in iron deficiency!

**Safety:** In two patients with epistaxis pre infusion, had additional epistaxis post infusion requiring blood and cauterization

**CENTRAL FIGURE**

**Changes pre (red) and post (blue) bevacizumab**

- **A:** Blood transfusion requirements (RBC/year)
- **B:** Hospitalizations per year
- **C:** Number of endoscopies per year

**REVIEWER’S COMMENTS**

- Impressive results in a difficult to manage population
- Limited safety outcome reporting due to small patient size
- Provocative question: Will this be covered by insurances moving forward?

**Limitations:**

- Very small pilot study
- HM2 patients only, none with newer devices
- Several infusions required, no guidance on when to repeat dosing
**STUDY HIGHLIGHTS**

**Hypothesis:** There is paucity of data regarding outcomes following LVAD implantation in older adults (≥75 years).

**Design:** Retrospective review of INTERMACS database

**Inclusion:**
Adult patients in INTERMACS database who received durable continuous-flow MCS - 2008 through 2017.

Patients stratified by 4 age groups: <55 years of age, 55 to 64 years of age, and >75 years of age.

- 4.9% of LVAD patients were 75yrs or older
- Older adults had significantly worse survival
- Older adults had significantly higher hazards of GI bleeding
- Device thrombosis hazards were lower in the older adults
- Study provides useful information on the clinical characteristics and outcomes of older adult LVAD patients

**Limitations:**
- Retrospective design
- Authors did not report on outcomes such as stroke, infections, arrhythmia etc.