



Please indicate any MCS topics you will be seeking information on in the next 12 months.

- New technologies. **(18 responses)**
- New devices. **(12 responses)**
- Driveline care and infection. **(9 responses)**
- Cardiogenic Shock. **(8 responses)**
- Temporary MCS, with case studies and faculty discussion. **(8 responses)**
- Impella 5.5. **(7 responses)**
- More education and discussion focused on temporary MCS. **(6 responses)**
- MCS in Pediatrics. **(5 responses)**
- Results from ARIES trial. **(5 responses)**
- ACHD and MCS. **(4 responses)**
- Anticoagulation protocols. **(4 responses)**
- Infection control. **(4 responses)**
- ECMO. **(4 responses)**
- New pump designs and improvements. **(4 responses)**
- Right heart failure. **(4 responses)**
- Short term MCS management. **(4 responses)**
- Antithrombotic management. **(3 responses)**
- Berlin Heart. **(3 responses)**
- Biventricular support **(3 responses)**
- LVAD technology advances. **(3 responses)**
- Minimally invasive MCS. **(3 responses)**
- Patient selection for MCS. **(3 responses)**
- Pediatric MCS newer devices. **(3 responses)**
- New VAD technologies. **(3 responses)**
- Anticoagulation in HM3. **(2 responses)**
- Bridging. **(2 responses)**
- Caring for and implanting total artificial heart. **(2 responses)**
- Data and new insights around EvaHeart pilot. **(2 responses)**
- LVAD. **(2 responses)**
- MCS and renal failure. **(2 responses)**
- Myocardial recovery. **(2 responses)**
- Pediatric VAD support options. **(2 responses)**
- Recovery. **(2 responses)**
- Right ventricular assist devices. **(2 responses)**
- Right ventricular failure post LVAD implant. **(2 responses)**
- Selection criteria and post op management. **(2 responses)**
- Single ventricle MCS. **(2 responses)**
- Single ventricle VAD support in children. **(2 responses)**
- VAD Coordinator related courses. **(2 responses)**
- Acute shock related new emerging technologies.



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- AEs and predictors of AEs after implantation; comparison of Outcomes and AEs after LVAD implantation in Asia vs Europe vs Americas.
- Alternative surgical procedures of implantation.
- Anticoagulation and stroke prevention.
- Anticoagulation for pediatric VAD patients.
- Anticoagulation on LVAD.
- Anticoagulation Regimes in VAD patients.
- Anticoagulation strategies & trials (apixaban). Remote monitoring tools. *Cardiology, CT Surgery, MCS, Allied Health*
- Anticoagulation therapy in tMCS and VAD, anticoagulation therapy for HIT patient while on MCS. GI bleed, desensitization for patients on MCS prior to transplant, when is it good time to think about heart and kidney transplants while patient is on MCS.
- Application in underserved populations.
- Approach to MCS in complex congenital heart disease.
- Artificial heart.
- BiVACOR and TAH newcomers.
- Bleeding, echocardiography.
- Business and reimbursement education.
- Care for VAD patients w/ Heartware devices.
- Changes in management of complications with these patients with more and more use of HM3
- Comparison of LVAD survival outcomes with those of direct heart transplantation (*Cardiothoracic Surgery*).
- Complications with MCS.
- Continue to re-evaluate GI bleed strategies as well as management of cardiogenic shock.
- DCD in peds. Impella in pediatrics.
- DCD.
- Dealing with bleeding on ECMO.
- Destination therapy. MCS.
- Dialysis in LVAD patients. PD vs HD. Perhaps a session about how much is too much when discussing pushing the envelope on MCS candidacy. Something entitled: “Peg tubes, drivelines, and dialysis, oh my” seems relevant.
- Did not attend MCS sessions but plan to when available virtually at the end of the month.
- Different surgical approaches.
- Durable MCS.
- EACTS assist devices meeting.
- Early referral, management with PA pressure, AHP.
- ECMO and Impella management. AKI in acute HF. Neuro complications of MCS.
- ECMO management or biventricular failure. Risk scores.
- ECMO weaning.
- Ethics and day to day management.



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- Ex - Vivo strategies.
- Exclusion criteria for MCS. Dealing with the morbidly obese patient while considering MCS. Long term results from larger groups of patients supported with MCS. Can we as a society continue this practice in the absence of additional selection restrictions?
- Exercise hemodynamics in LVADs.
- Fontan MCS.
- GI bleeding. *Heart Failure professional community.*
- Guidelines.
- Heart Recovery.
- Hemocompatibility.
- High intensity exercise for the patient on durable and temporary MCS.
- Hm3 implant is small cavities technical skills.
- How centers are dealing with additions with DT.
- How to grow DT VAD volume.
- How to overcome falling VAD volumes.
- I keep up with new information coming out of ACTION.
- ICCAC is surging. Their content and engagement is impressive. Would like to see more about how patient factors and their education prevents/reduces adverse events.
- ICCAC will be developing a VAD certification which I am interested in pursuing.
- ICD in LVAD patients, bleeding, right ventricular dysfunction, indications.
- Implantation/management of VADs in Fontan patients.
- Implanting without caregivers. DT considerations for implant.
- Implications of structural intervention in heart failure patients prior to durable MCS concomitant valvular surgeries in LVAD patients.
- Journey home for peds patients, education for nursing staff, creating a program.
- Limits in bridging patients with IPF to Transplantation.
- Long term management.
- Long term percutaneous options.
- LVAD complications, LVAD indication / selection.
- LVAD decommissioning / explant.
- LVAD Destination Therapy.
- LVAD infections.
- LVAD psychosocial challenges.
- LVAD quality of life.
- Management of LVAD patients, for the MCS community. Look for certain clinical situations and teach how to approach to them and how to manage them (like edema after surgery, timelines to adjust medications... etc.)
- Management of Psychosocial issues.
- Management of RVF, refractory.
- Managing the Heartware/HVAD patient during multiple recalls and complications.



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- MCS - EC Pella.
- Medical therapy in MCS.
- Microbiome assessment pre and post MCS. Frailty and nutritional assessment and management in pediatrics.
- MORE DATA ON THE OCS
- More data regarding DT versus medical management.
- Need an expanded focus on heart recovery and the challenges in technology and implementation.
- New information about the follow-up of patients with MCS.
- New post LVAD medical care improvements.
- Novel biomarkers, anticoagulation strategies, translational science, remote monitoring and new generation devices. Also new TCS platforms.
- Novel support approaches including percutaneous options for pediatric patients.
- NRP (TA or A).
- Nutrition in ECMO patients. Hemodynamic and ramp study in durable LVAD.
- Nutritional assessment and prehabilitation
- Ongoing management of antibiotic resistance.
- Optimization of aftercare.
- Optimization with cardio memes results.
- Orthostatic hypotension
- Really want to see if evidence could help guide the "save the hardware" conversations.
- Patient protocols.
- Pediatric and female MCS (temporary or durable).
- Pediatric MCS - increased use of novel anticoagulants in durable MCS therapy.
- Perioperative echocardiography for durable and temporary MCS - *Anaesth/Critical Care / Cardiology / Surgery*
- Possible creation of centralized MCS services to cover underserved areas and maximize resources and outcomes. Applies to all larger centers with biggest experience.
- Prevention of bleeding and thromboembolism.
- Prevention of complications.
- Protek DUO as a MCS bridge in lung transplant.
- Pulmonary Vascular Disease.
- QoL. Social support.
- Quality control, long term treatment.
- Quality improvement in device management.
- Recovery of heart function in patients on cf-VAD and underlining cellular and molecular mechanism.
- Reducing admissions.
- Reduction of anti-coagulation. Percutaneous energy transmission in MCS. Use of alternative anticoagulation.



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- Reimbursement for MCS.
- Rejection.
- Renal assessment. Adopting devices to suit pediatric population.
- Renal failure and obesity with LVADs . LVADs and associated gender.
- Research beyond the "pump" itself. Health/human behaviors are critical factors for patient outcomes. They don't have to be research or data-based; theories and concepts are fine to guide practice.
- Risk assessment.
- Role of reverse remodeling after MCS implantation.
- RV evaluation.
- RVF, patient selection, adult congenital heart disease. *CT surgery and cardiology*
- Sex differences in MCS response.
- Social support for MCS patients.
- Staffing models, frailty.
- Telemedicine
- TET.
- The latest and greatest multidisciplinary team approaches.
- Timing of intervention.
- TMCS bridge to LVAD.
- Total artificial heart for small children.
- Transition to biventricular support needs.
- Treatment strategies.
- Treatments of infected VADS.
- Unbiased evaluation of different modalities of MCS as a bridge to organ transplant (e.g., protekduo in lung transplant).
- Use of ambulatory balloon pump systems
- Use of axillary support (limited to no discussion at ISHLT).
- Use of MCS as BTT for ACHD patients as above.
- Utility of LVAD in ward.
- VA ECMO (CT sg, cardiology, critical care, anesthesia)
- VAD, MCS for cardiogenic shock.
- VADs in congenital heart disease.
- Valvular interventions.
- Waiting new pump development and marketing.
- Well-rounded from MCS perspective.
- What happened to ROADMAP and implanting patients sooner. Practice, Covid and unos changes have led to increase # of INTERMACS 1 and 2.
- Women are underestimated.