

# DECIDING WHO IS A CANDIDATE AND WHEN TO INITIATE MECHANICAL CIRCULATORY SUPPORT

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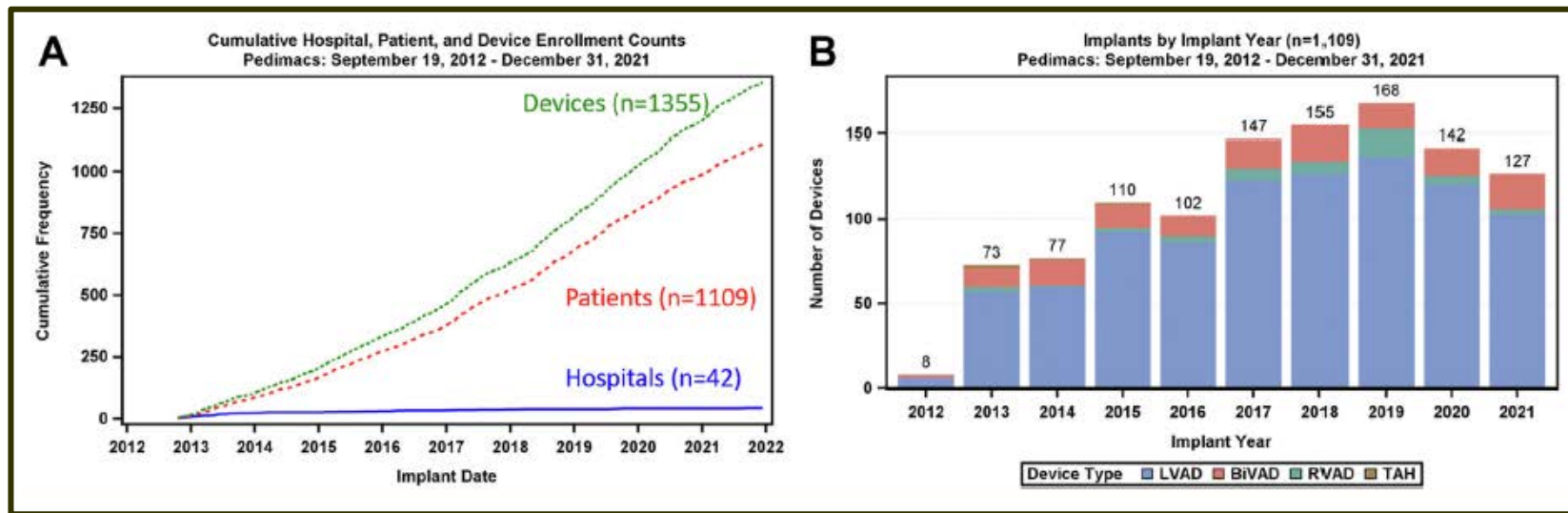
Children's Hospital of Philadelphia/Perelman School of  
Medicine

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# THE EVOLUTION OF MCS IN CHILDREN

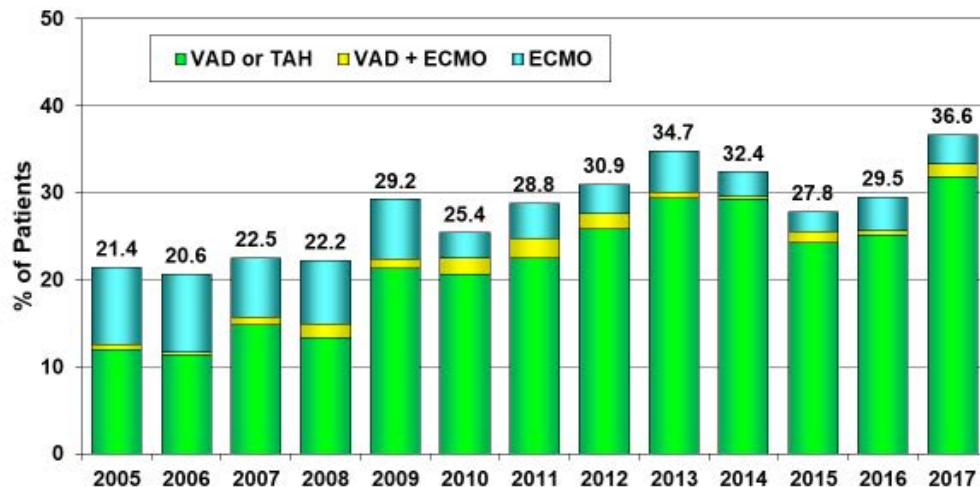
- The Pediatric Interagency Registry for Mechanical Circulatory Support (Pedimacs) began in 2012



Adachi et al., Pedimacs Sixth Annual Report, 2022

# MCS AS A BRIDGE TO TRANSPLANT

**Pediatric Heart Transplants**  
**% of Patients Bridged with Mechanical Circulatory Support\***  
**by Year (Transplants: January 2005 – December 2017)**

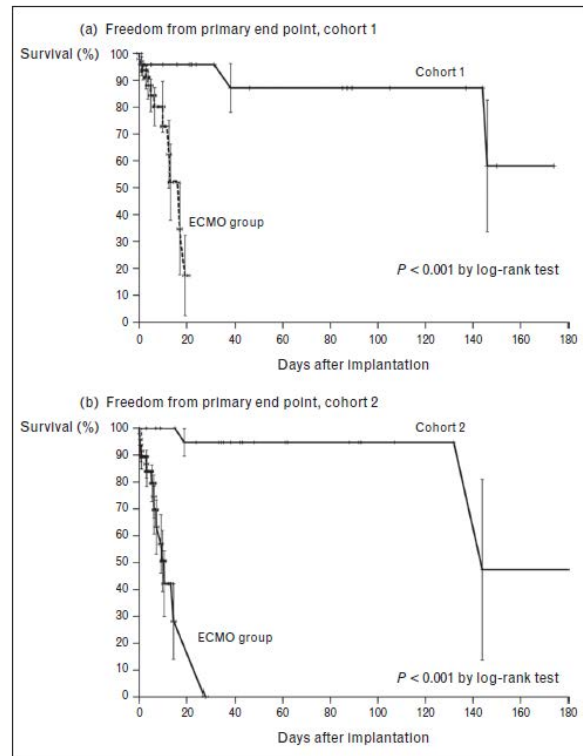


**ISHLT** 2019  
ISHLT • INTERNATIONAL SOCIETY FOR HEART AND LUNG TRANSPLANTATION  
JHLT. 2019 Oct; 38(10): 1015-1066

\* LVAD, RVAD, TAH, ECMO

# WHY HAS VAD USE IN CHILDREN INCREASED?

- **Berlin Heart EXCOR VAD Trial** (Fraser et al., 2012, *NEJM*)
  - Prospective → Berlin vs. ECMO (historical group)
  - 2 cohorts
    - Cohort 1 (N=24) BSA <0.7m<sup>2</sup>
    - Cohort 2 (N=24) BSA >0.7 m<sup>2</sup> - <1.5 m<sup>2</sup>
  - Combined end-point of death or discontinuation of device because of poor neurologic outcome



# WHY HAS VAD USE IN CHILDREN INCREASED?

- **Outcomes of Children Bridged to Heart Transplant with VAD** (Blume et al., 2006, *Circulation*)
  - Analysis of PHTS database
- VAD support in children successfully bridged 77% of patients to transplant
  - Post-transplant outcomes comparable to those not requiring VAD

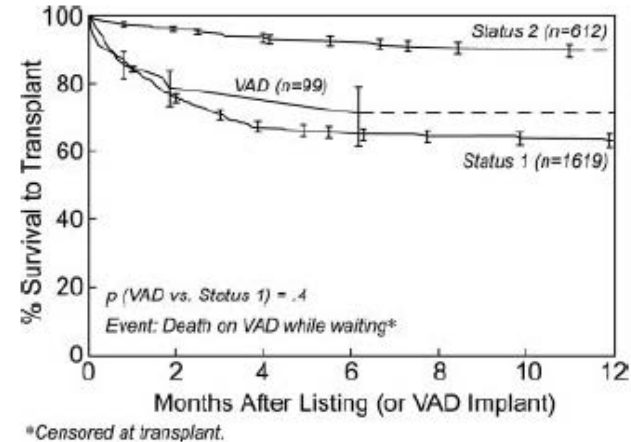


Figure 4. Survival to transplantation of patients bridged to transplantation with VAD support versus other status 1 patients is not significantly different. Survival for status 2 patients also is shown.



# THE PATH TO MCS

**Patient in heart failure**

**Poor perfusion despite inotropic support**

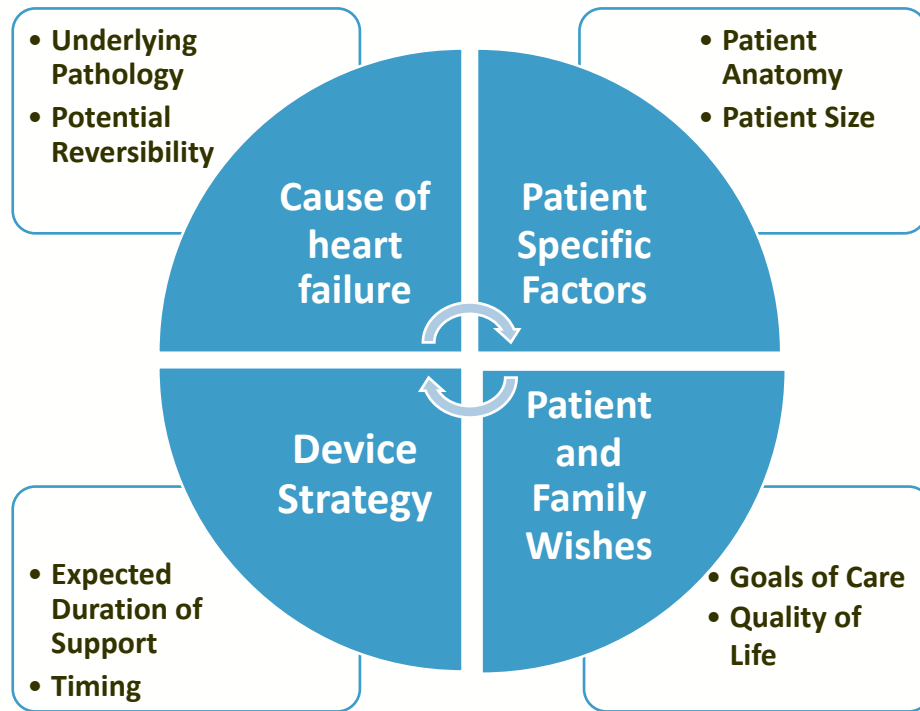
**Inability to tolerate enteral feeds**

**End organ dysfunction**

**Need for increasing respiratory support**



# WHAT DO WE FACTOR INTO THE DISCUSSION REGARDING MCS?

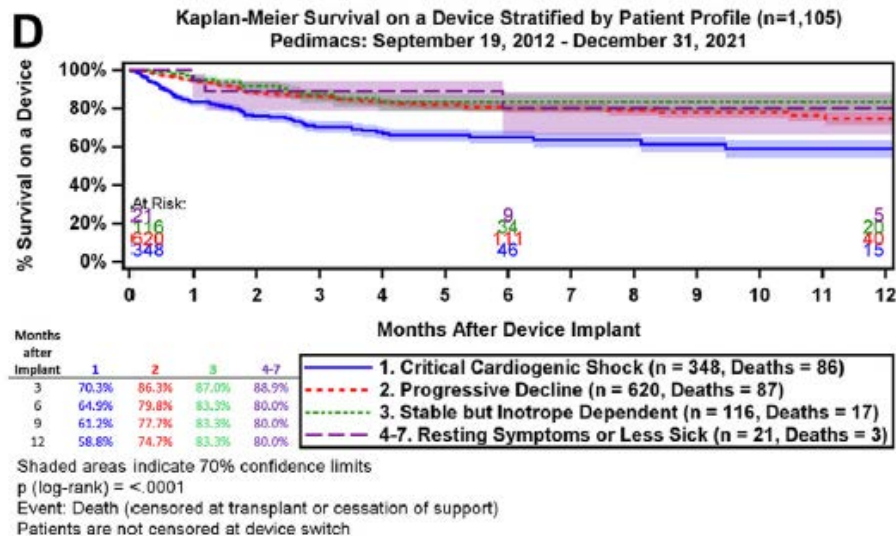


# 'WHEN' IS THE RIGHT TIME FOR MCS?

Table 4: INTERMACS Profiles

Profiles	Brief Description	Details
INTERMACS 1	Critical cardiogenic shock (Crash and burn)	Life-threatening hypotension despite rapidly escalating inotropic support.
INTERMACS 2	Progressive decline (Sliding fast on inotropes)	Declining function despite intravenous inotropic support.
INTERMACS 3	Stable but inotrope dependent (Dependent stability)	Stable on continuous intravenous inotropic support.
INTERMACS 4	Resting symptoms on oral therapy at home	Patient experiences daily symptoms of congestion at rest or during activities of daily living.
INTERMACS 5	Exertion intolerant	Patient is comfortable at rest and with activities of daily living but unable to engage in any other activity.
INTERMACS 6	Exertion limited (Walking wounded)	Patient has fatigue after the first few minutes of any meaningful activity.
INTERMACS 7	Advanced NYHA class III (Placeholder)	Patients living comfortably with meaningful activity limited to mild physical exertion.

INTERMACS: Interagency Registry for Mechanically Assisted Circulatory Support;  
NYHA = New York Heart Association. Adapted from: Stevenson LW, et al.<sup>25</sup>





# WHO IS A CANDIDATE FOR MCS?

- There are few **absolute** contraindications to VAD support
  - Irreversible end-organ dysfunction
  - Recent stroke or significant life-limiting neurologic disability
  - Active systemic infection
  - Incurable cancer

Rosenthal et al., analyzed adverse events in children implanted with VAD in the US (Pedimacs, 2016)

- **70%** of patients with pulsatile-flow devices and **55%** of patients with continuous flow devices had adverse events
  - *Infection, device malfunction, major bleeding, and neurologic dysfunction*

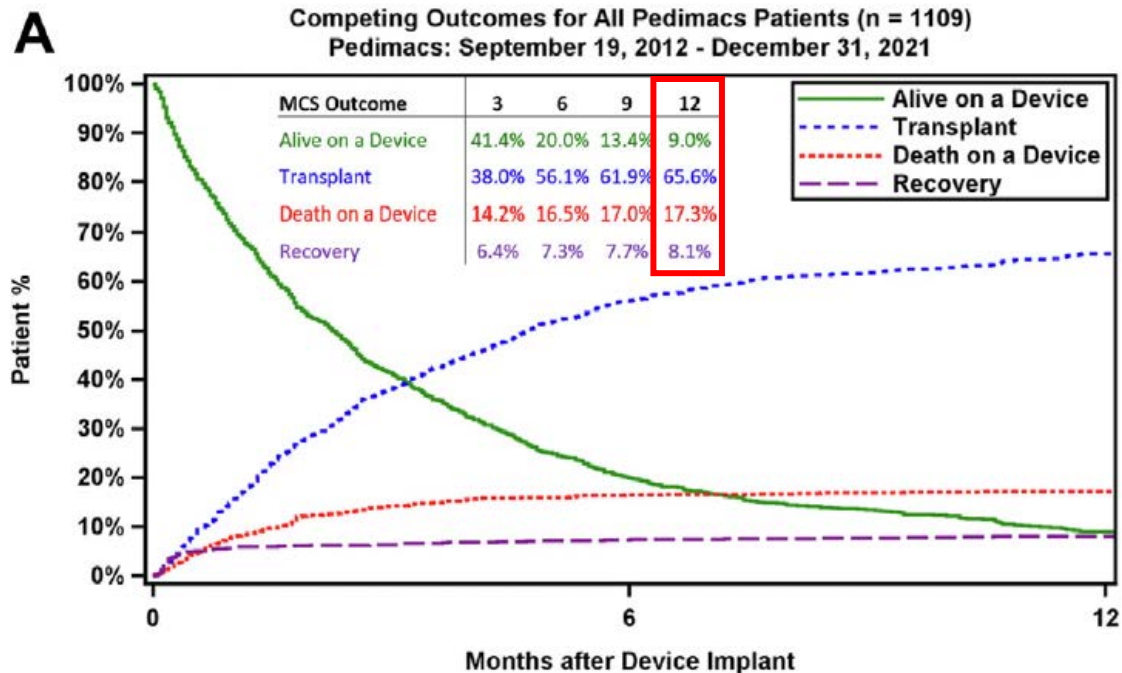
# A BRIDGE TO...

- Transplant (50%)
- Candidacy, ie 'decision' (36%)
- Recovery/Explant (9%)
- Destination (1.8%)



*Adachi et al., Pedimacs Sixth Annual Report. 2022*

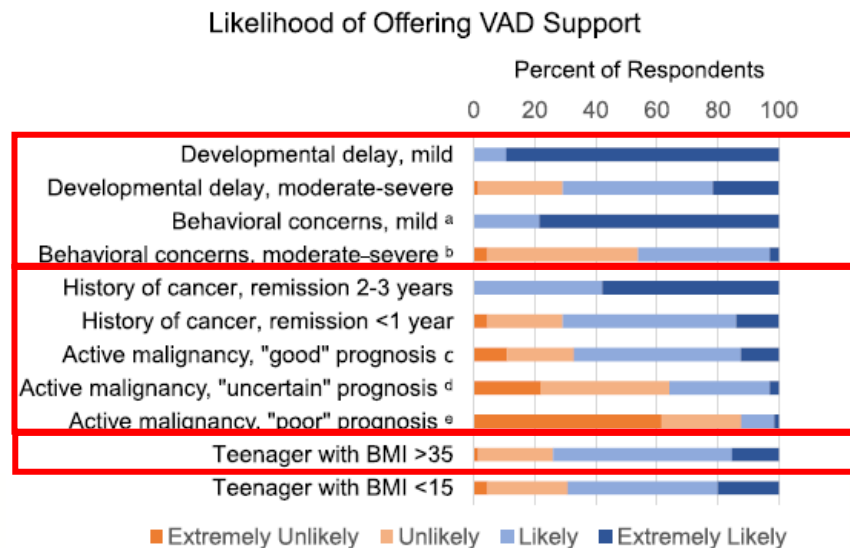
# A BRIDGE TO...



Adachi et al., Pedimacs Sixth Annual Report. 2022

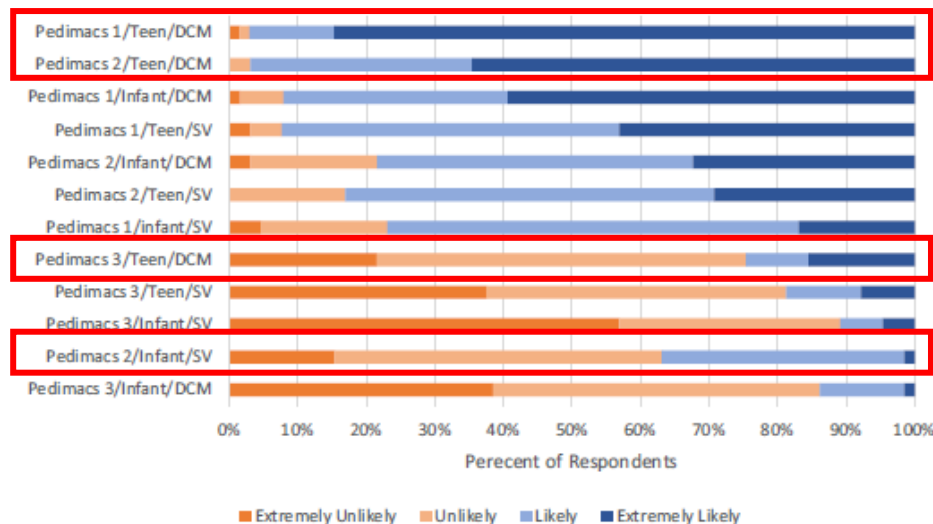
## Variability in clinical decision-making for ventricular assist device implantation in pediatrics

- Cross-sectional survey related to clinical decision making in pediatric patients being considered for VAD implant
  - 65 respondents (47 cardiologists/18 surgeons (~50% response rate))



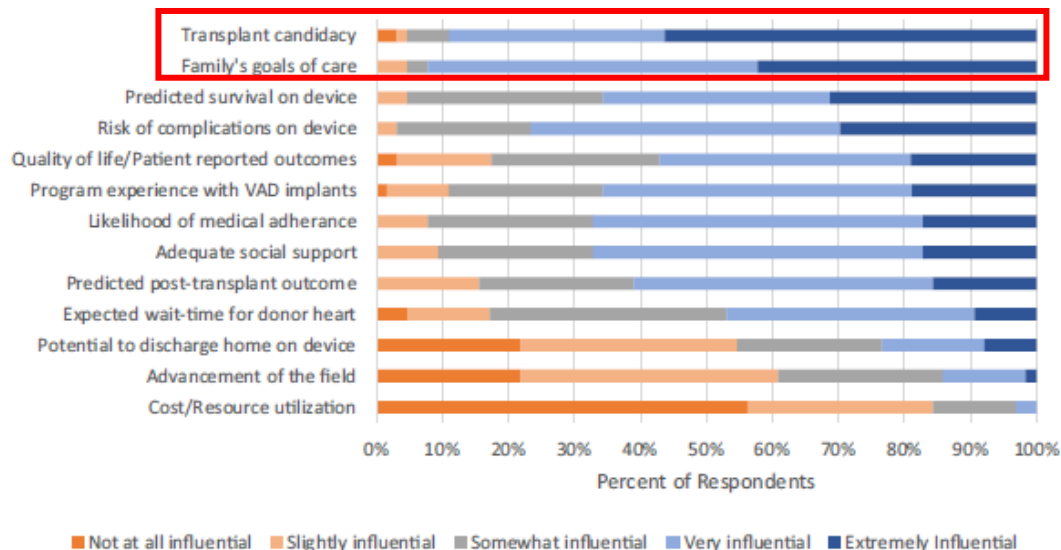
# Variability in clinical decision-making for ventricular assist device implantation in pediatrics

Clinical Vignettes: Likelihood of Offering VAD Support



# Variability in clinical decision-making for ventricular assist device implantation in pediatrics

Factors Affecting Clinical Decision-Making  
in Determining VAD Eligibility



# THE IMPORTANCE OF A MULTIDISCIPLINARY TEAM

- Cardiology (Heart Failure/Heart Transplant)
- CT Surgery
- Cardiac ICU
- Social Work
- Palliative Care
- Pharmacy
- Nutrition
- Physical and Occupational Therapy



# THANK YOU!



CARDIOLOGY  
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