

Implantabilní oběhové srdeční podpory v léčbě srdečního selhání

doc. MUDr. Ivan Netuka, Ph.D.

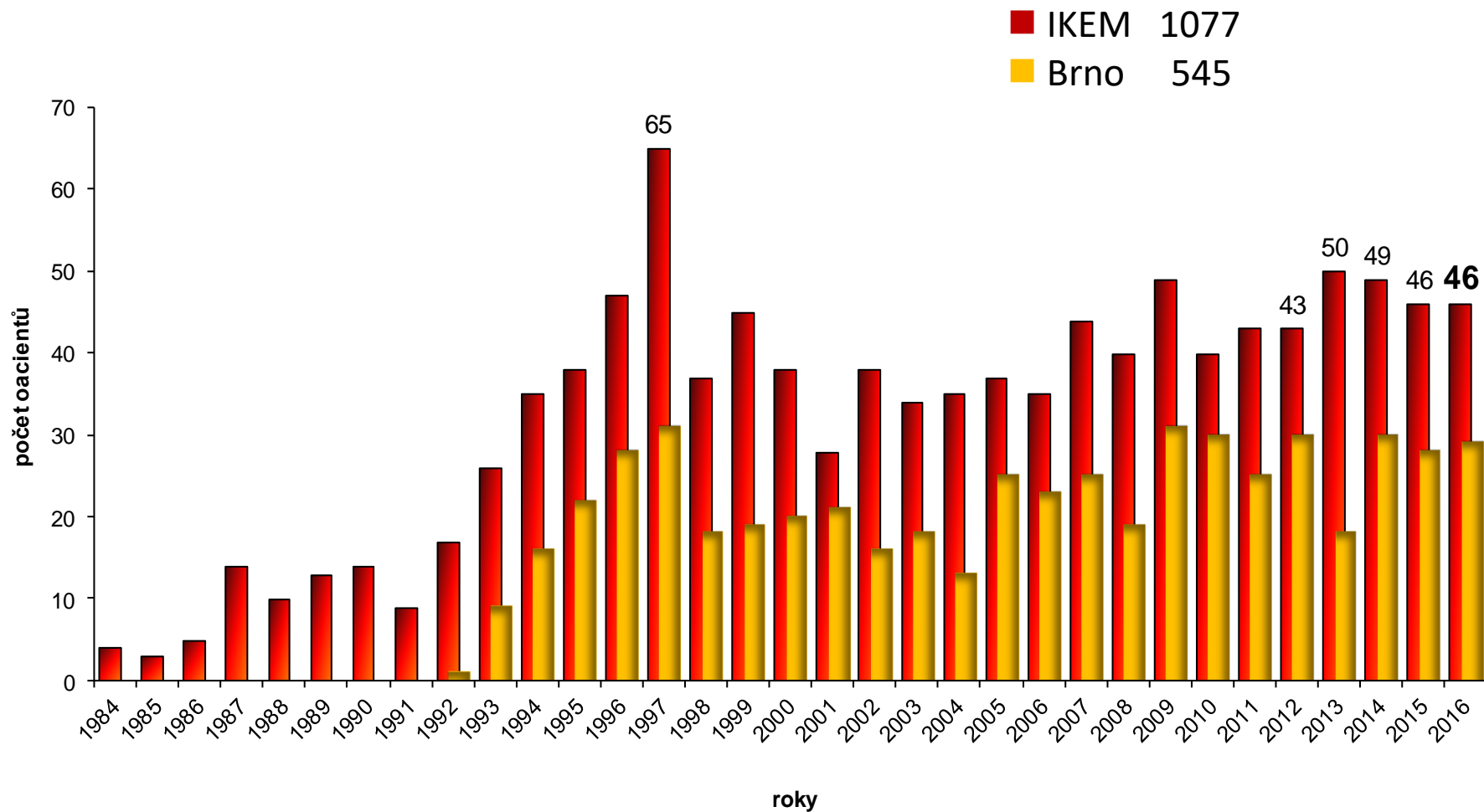
**Klinika kardiovaskulární chirurgie
Institut klinické a experimentální medicíny, Praha**



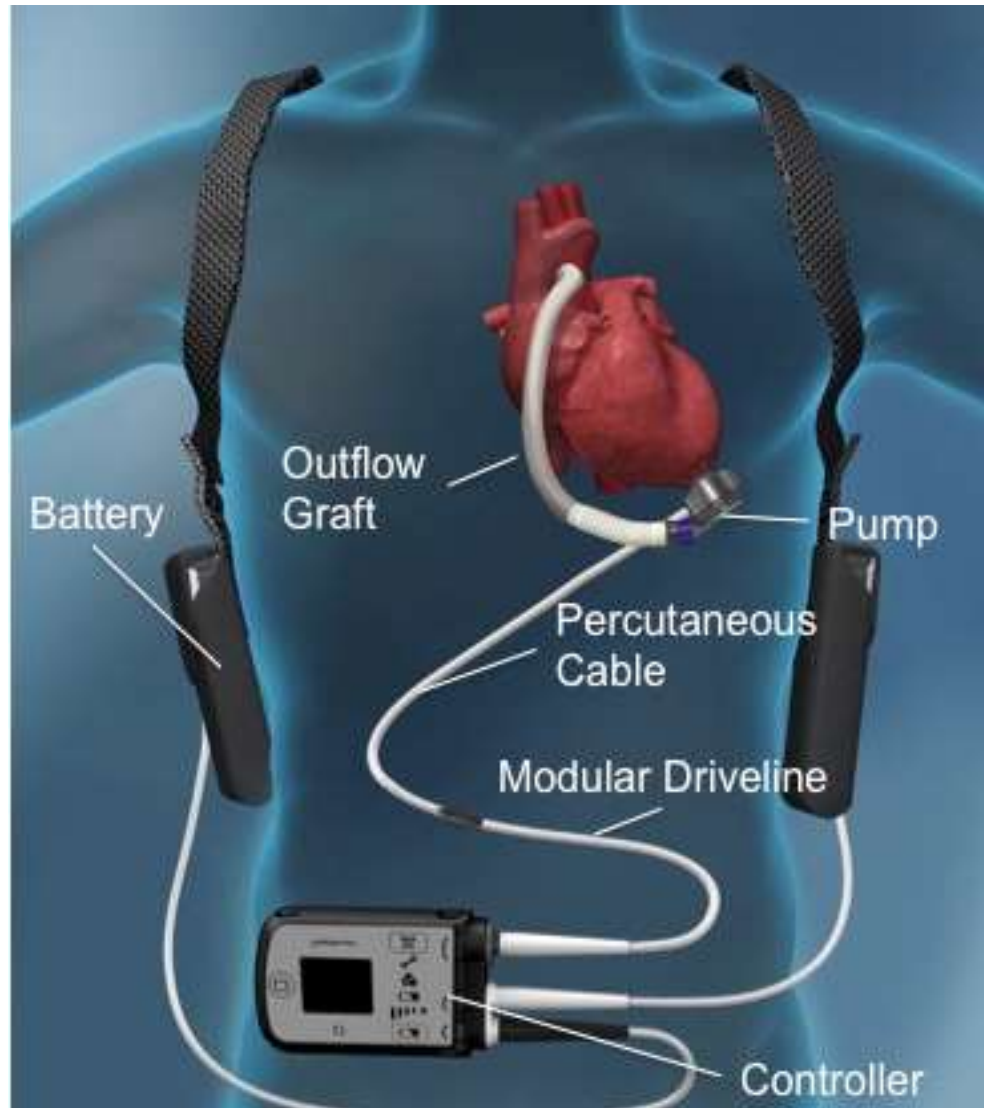
Úvod

- Chronické srdeční selhání: 1–2% evropské populace⁽¹⁾
- Faktory: demografické, životní styl, pokroky moderní komplexní kardiovaskulární léčby
- Vyčerpání možností konvenčních léčebných postupů
- → terminální srdeční selhání
- Transplantace srdce – prokazatelný přínos

Transplantace srdce v ČR

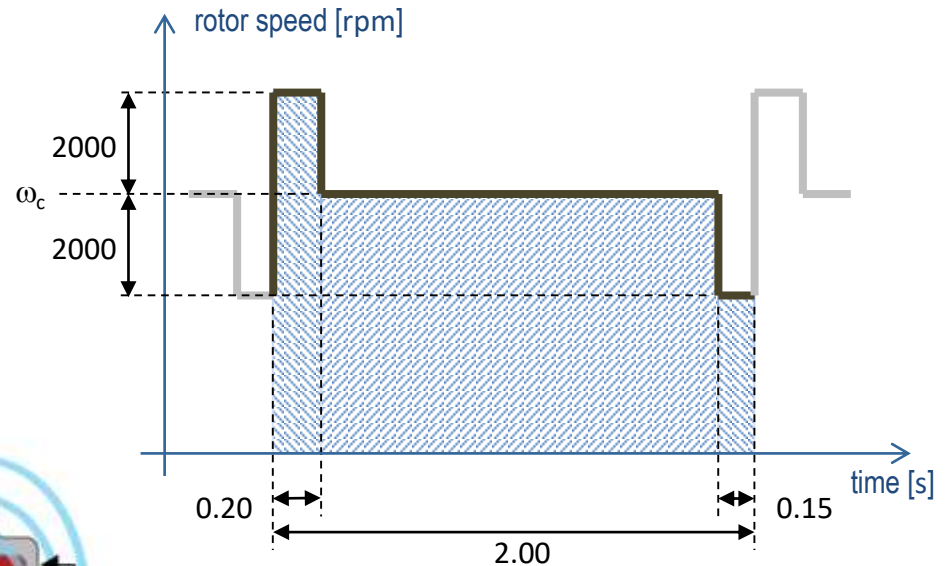
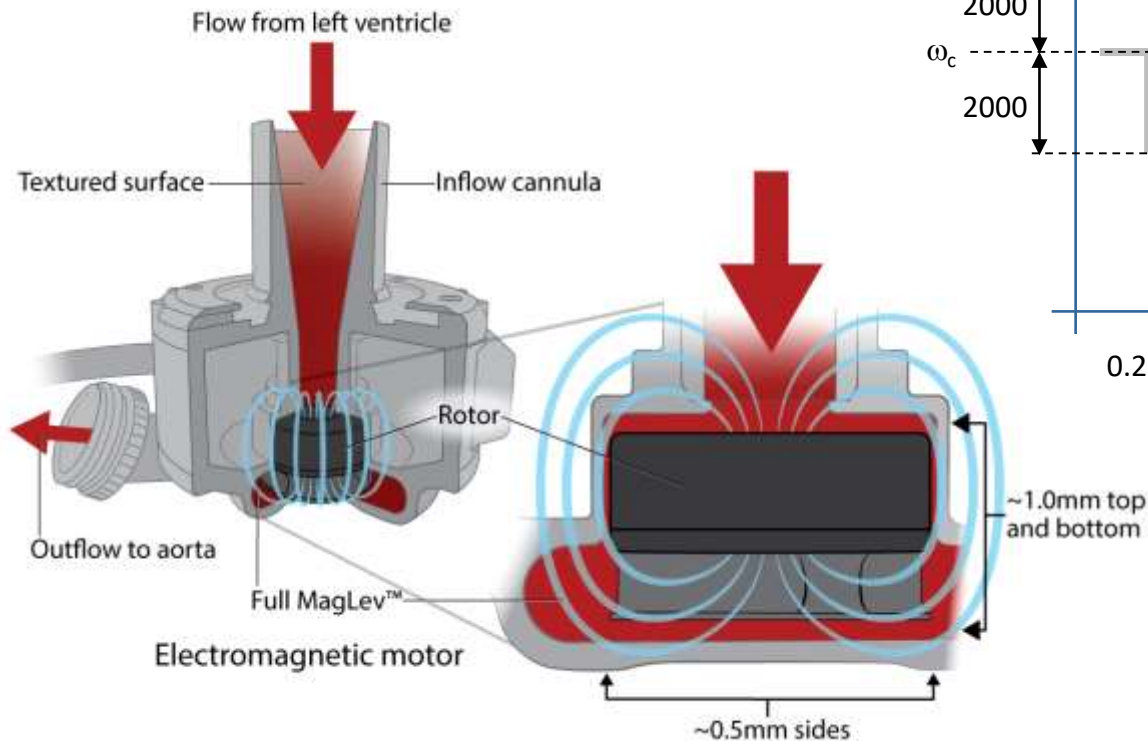


HeartMate 3

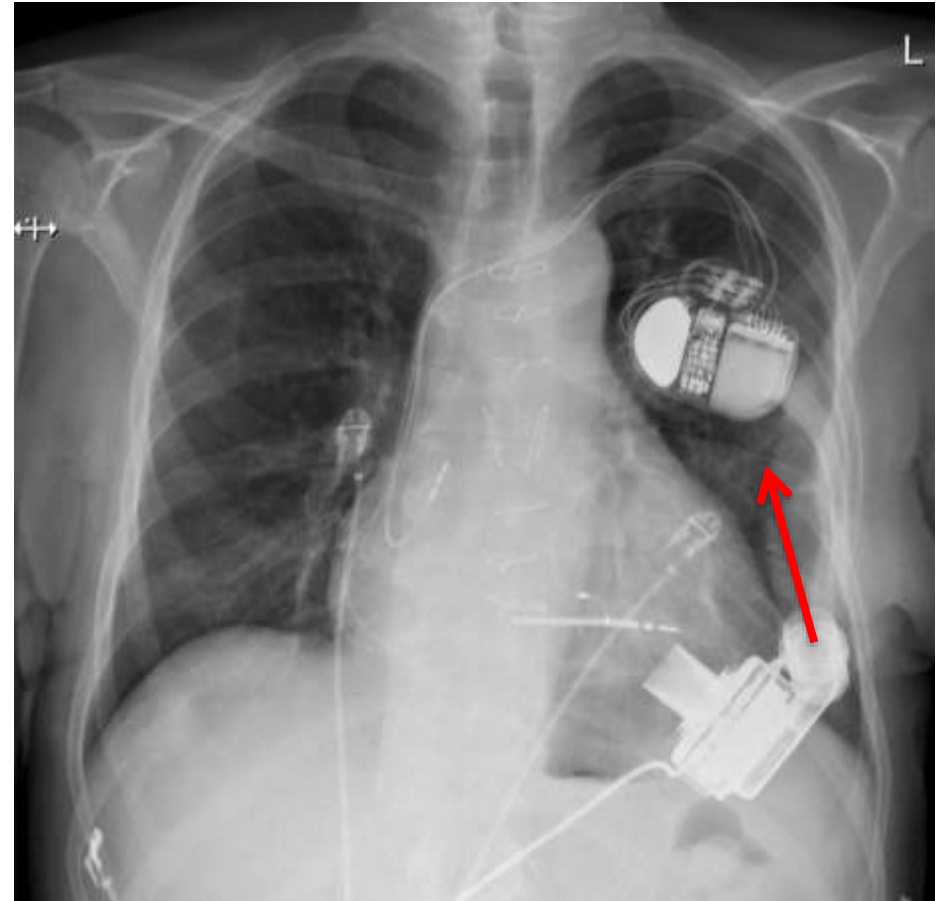
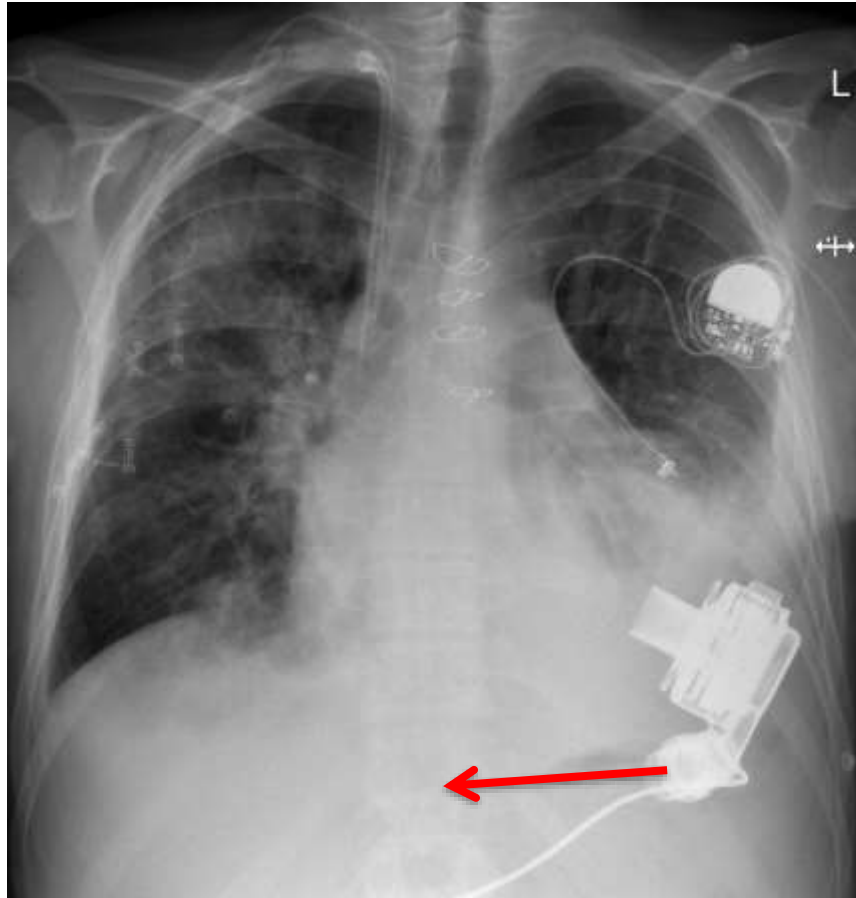


Magneticky levitující rotor

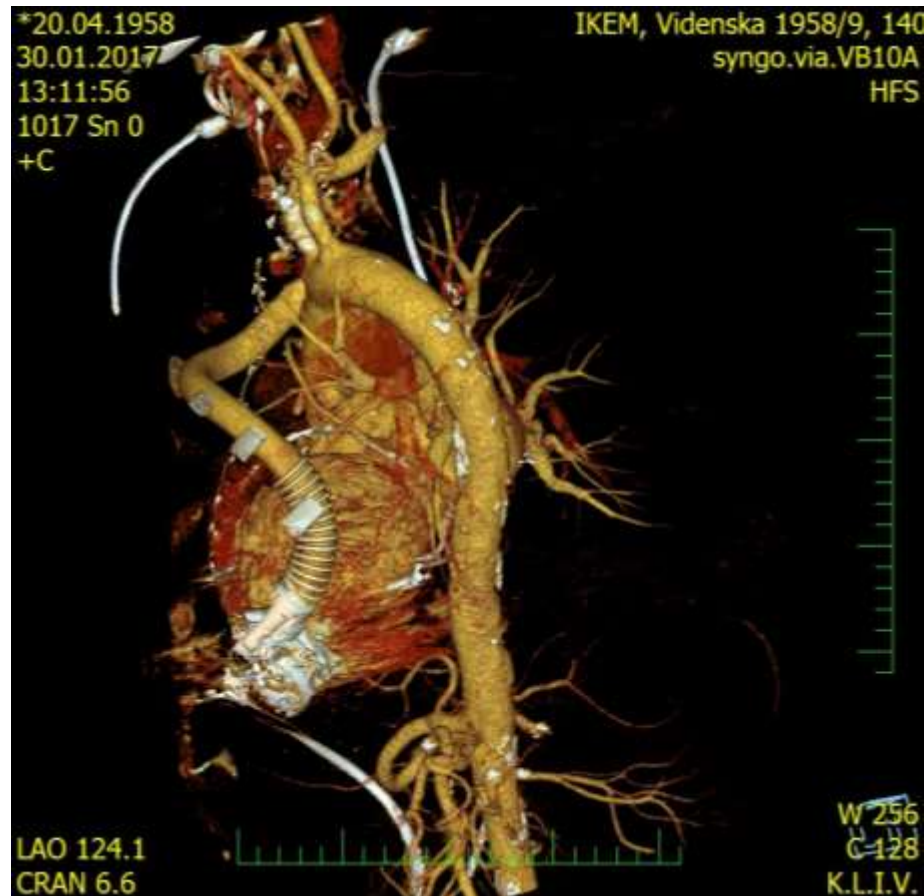
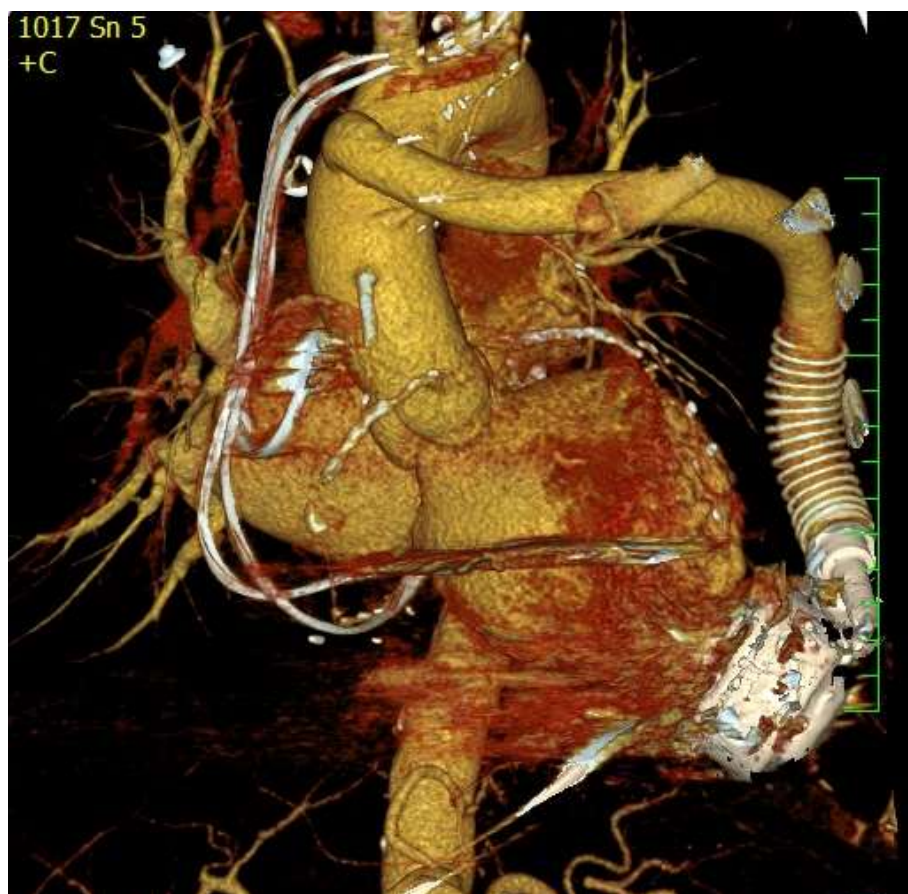
- Konzistentní šířka krevní cesty
- Umělá pulsatilita



Miniinvazivní implantace

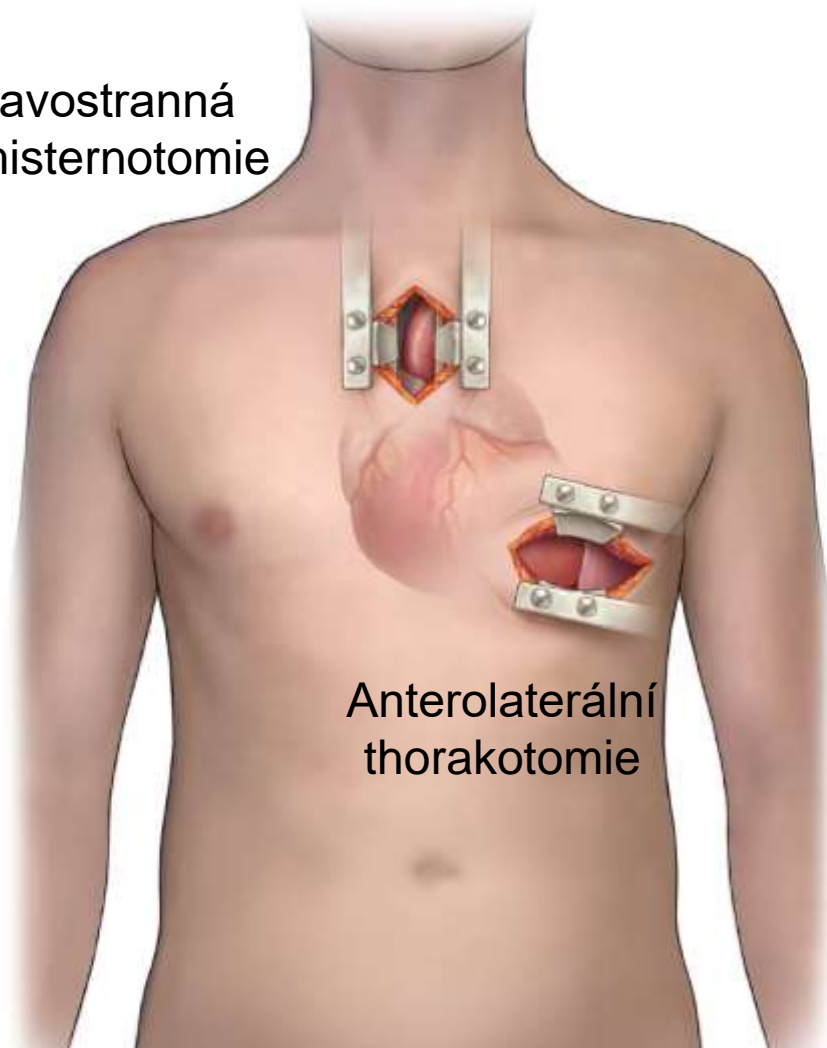


Implantace u komplexních reoperací



Miniinvazivní implantace

Pravostranná
hemisternotomie



ESC Guidelines for the diagnosis and treatment of acute and chronic heart failure 2012

The Task Force for the Diagnosis and Treatment of Acute and Chronic Heart Failure 2012 of the European Society of Cardiology. Developed in collaboration with the Heart Failure Association (HFA) of the ESC

Třída	Stupeň
I	B

Pacienti s výraznými symptomy srdečního selhání > 2 měsíce navzdory optimalizované medikamentózní terapii s >1 z následujících příznaků:

EF LK < 25%

> 2 hospitalizace pro srdeční selhání během 1 roku bez jiné vyvolávající příčiny

závislost na i.v. inotropní podpoře

progresivní orgánové selhávání pro sníženou perfúzi a systolickým TK < 80-90 mmHg nebo SI < 2,0 l/min/m²)

zhoršující se funkce pravé komory srdeční

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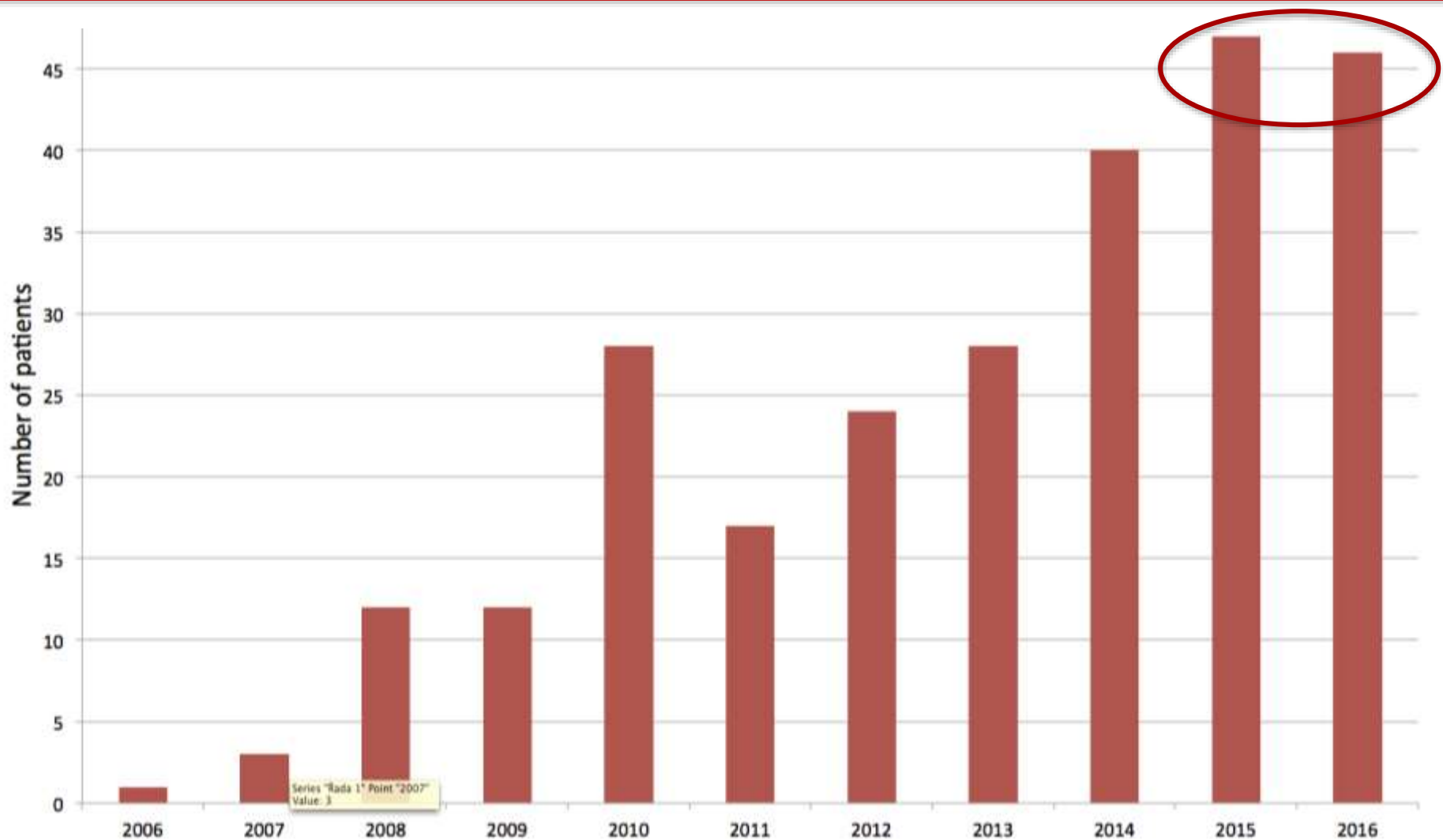
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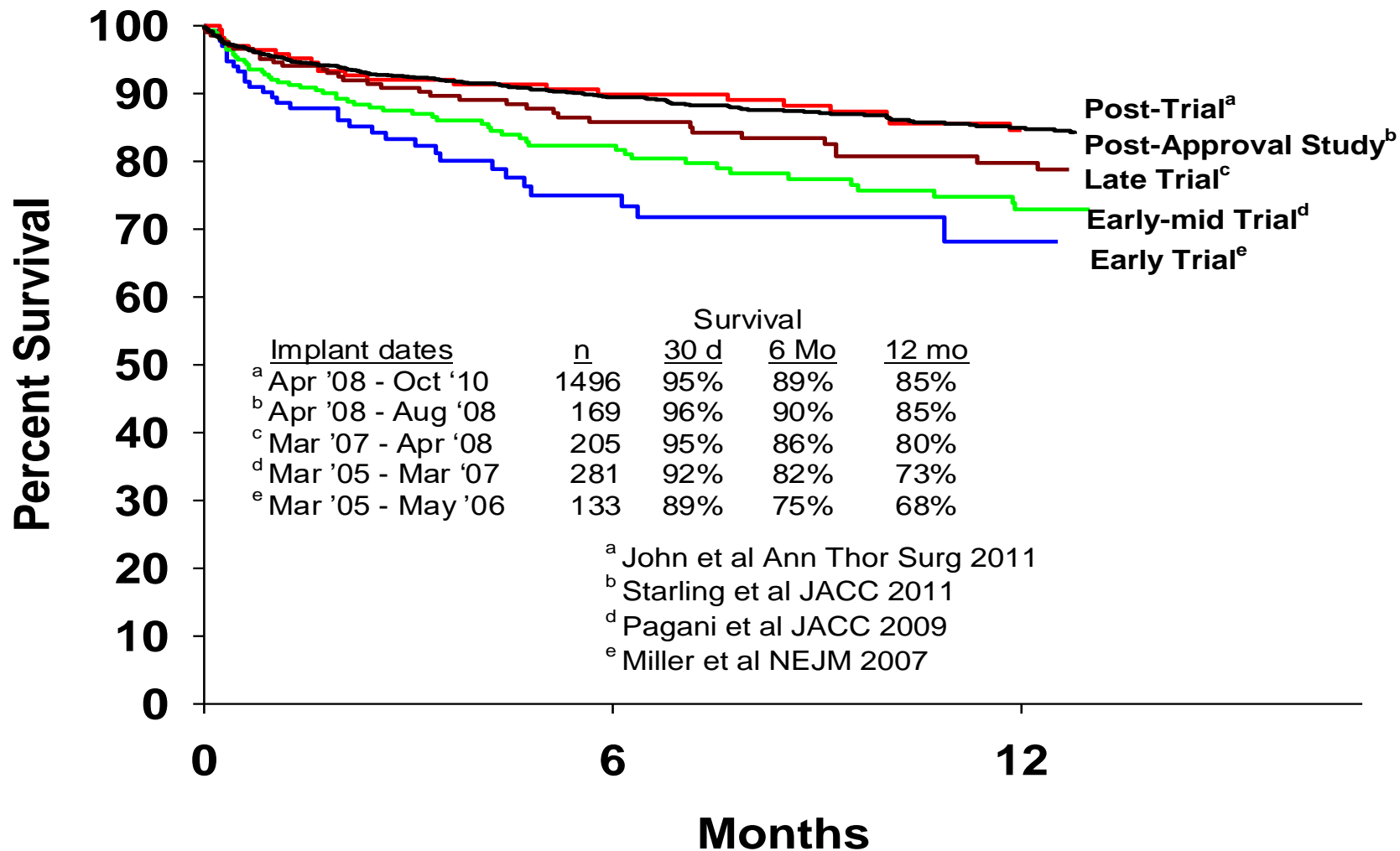
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Dlouhodobé MSP v IKEM



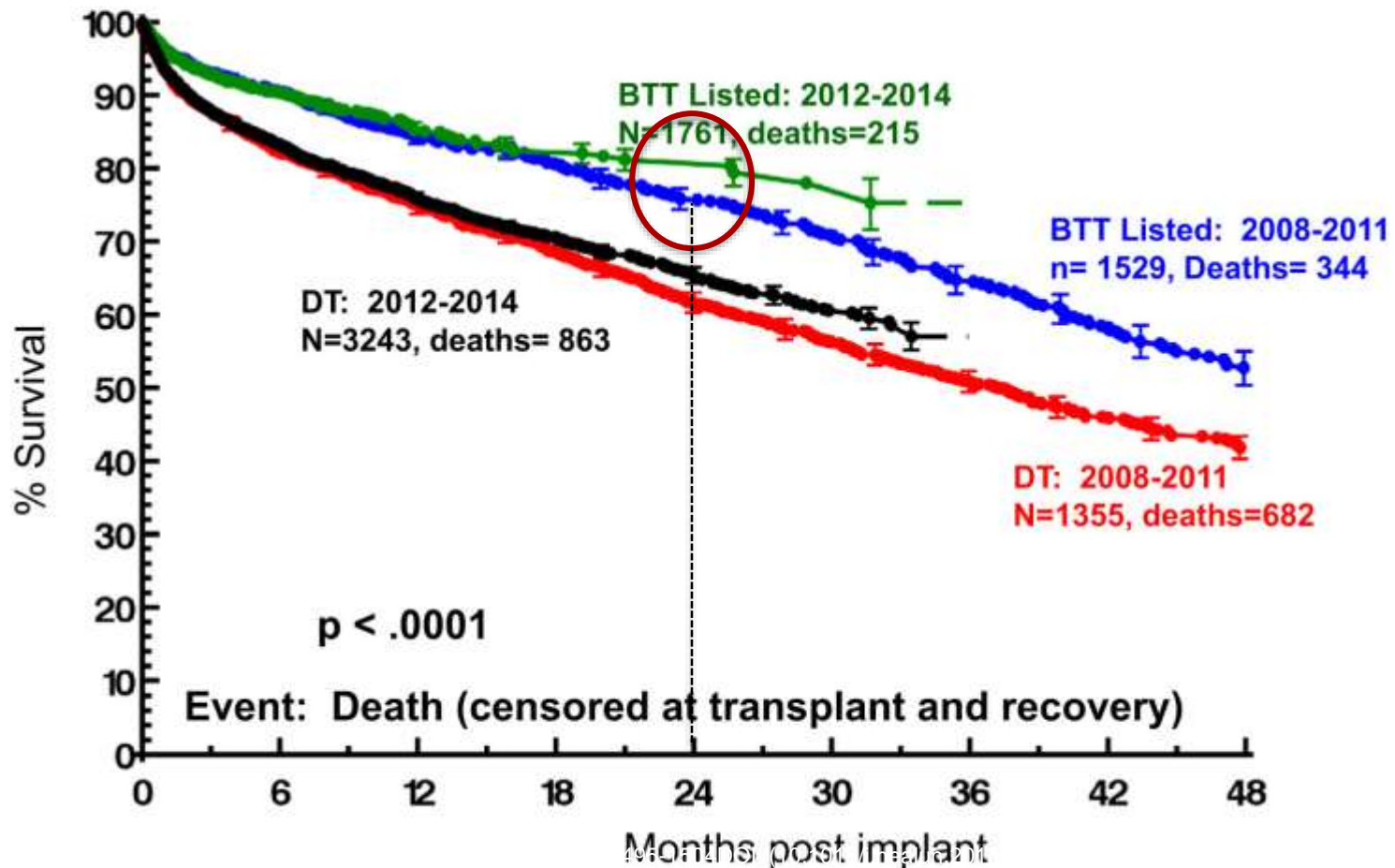
MSP - přemostění k transplantaci



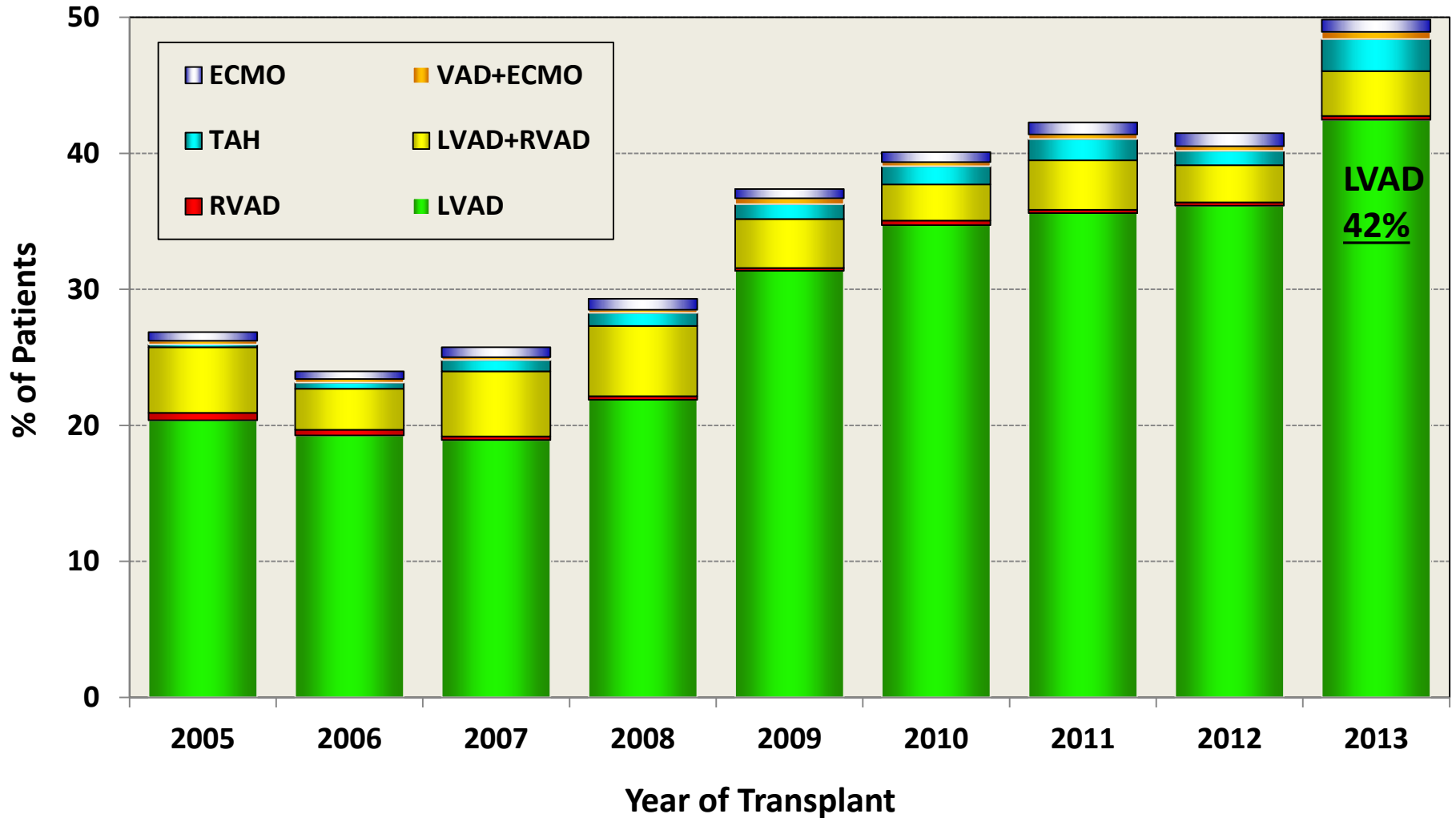
Registr INTERMACS

Intermacs Continuous Flow LVAD/BiVAD Implants: 2008 – 2014, n=12030

Bridge to Transplant Listed and Destination Therapy by Era

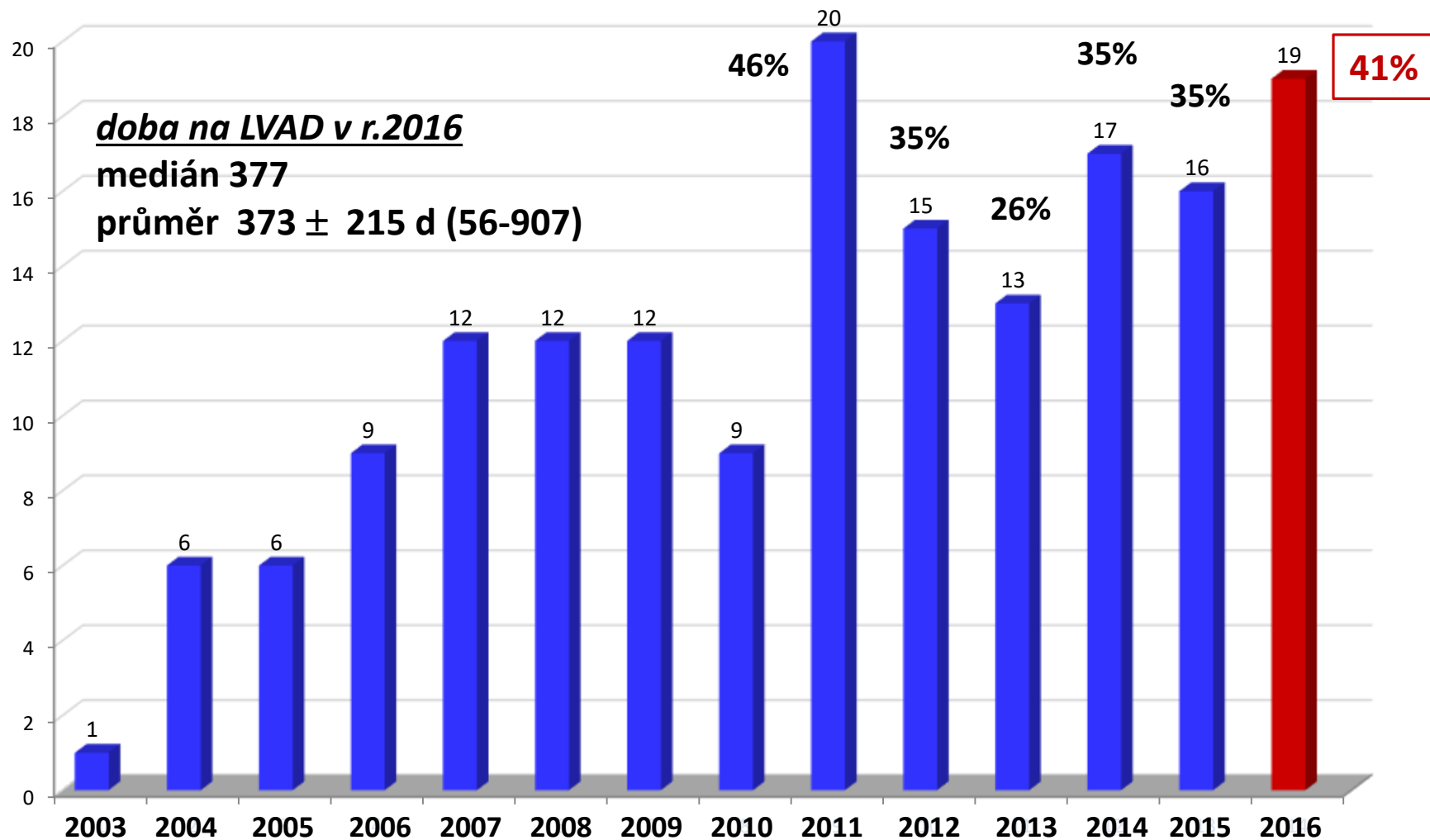


Mechanická podpora v přemostění k TxS



Mechanická srdeční podpora v přemostění k TxS

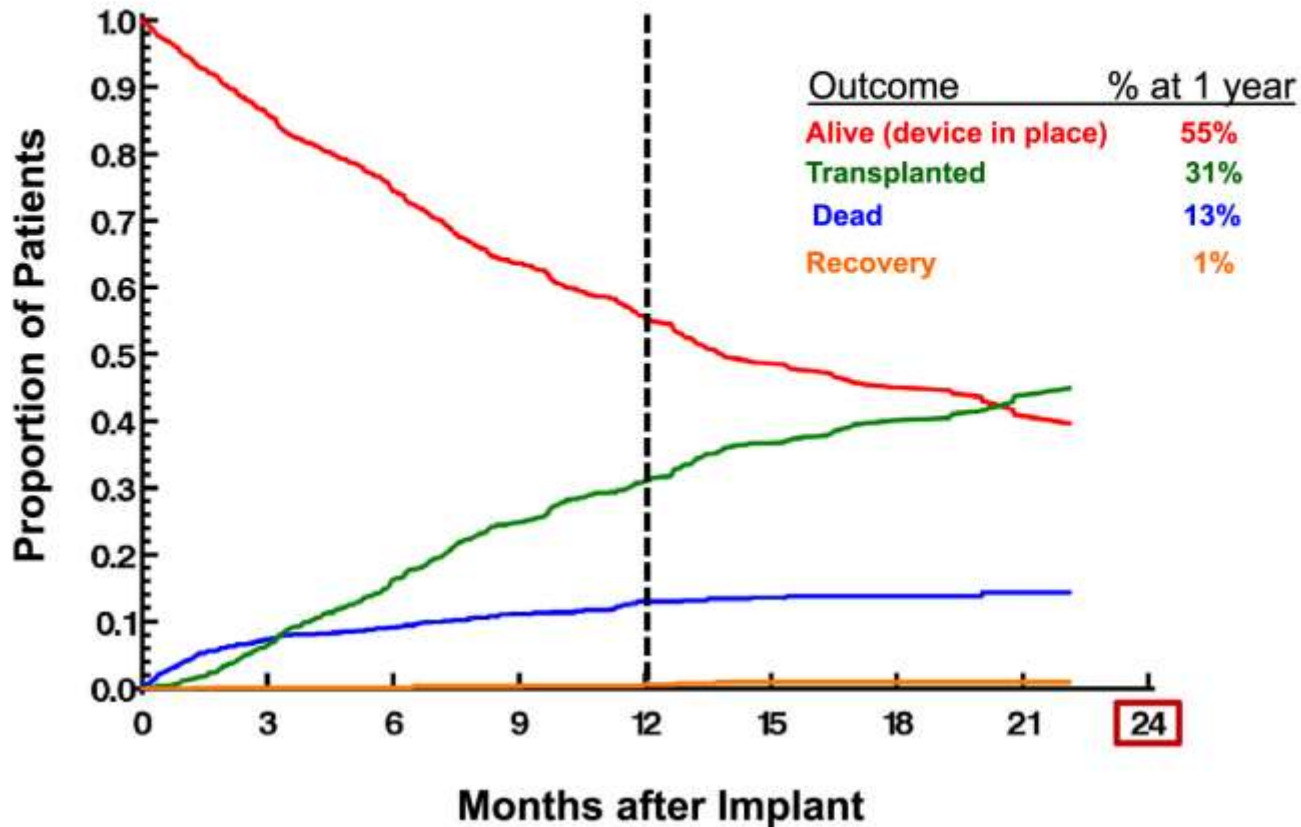
IKEM (2003 – 2016) n=167



Registr INTERMACS

Intermacs Continuous Flow LVAD/BiVAD Implants: 2008 – 2014, n=12030

BTT: Listed CFLVADs implants 2013-2014, n=1357



24

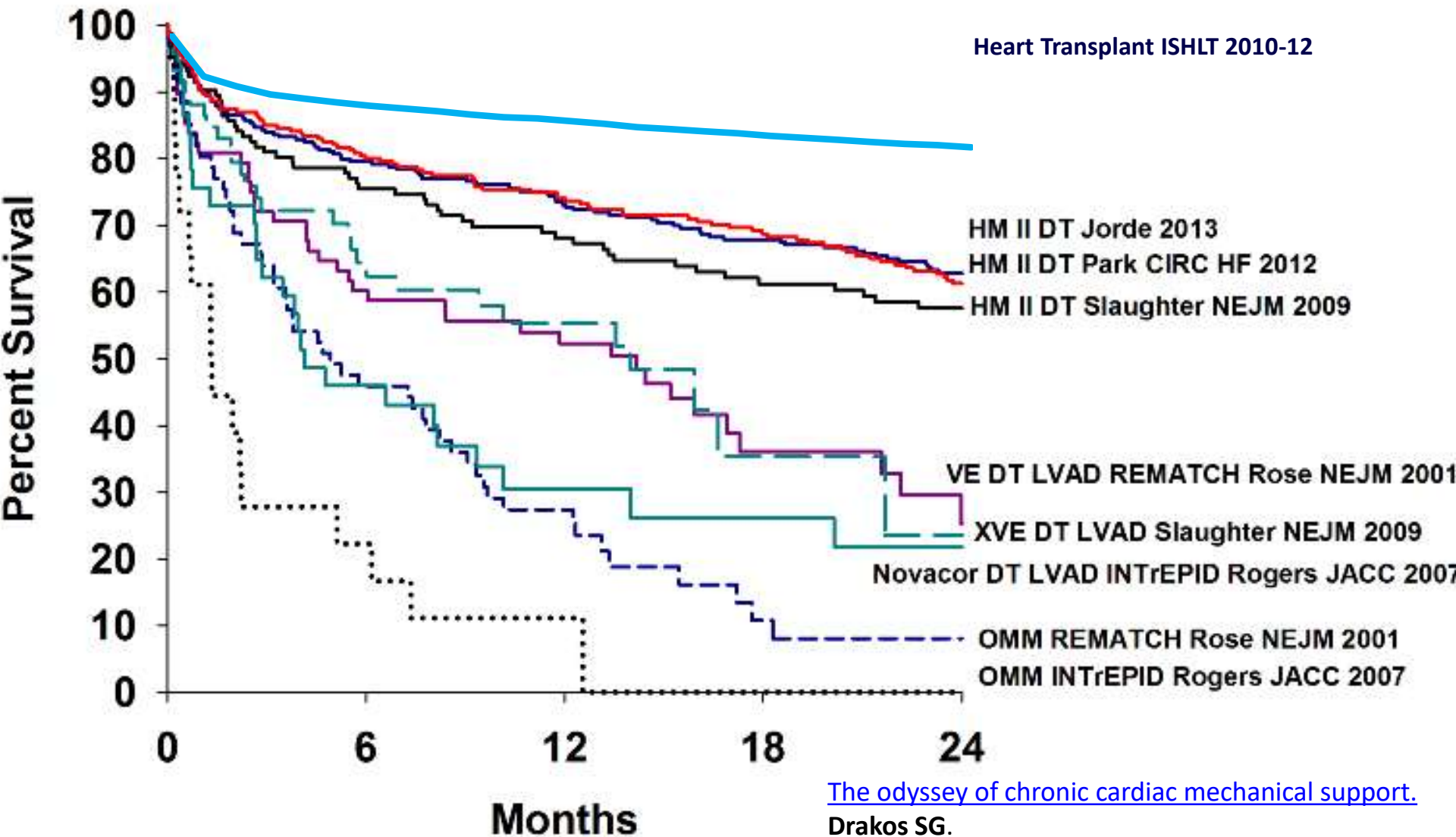
Destinační (permanentní) terapie



Indikace destinační terapie

- Věk pacienta (> 65 let)
- Diabetes mellitus s orgánovými komplikacemi
- Multietážová ateroskleróza
- Těžká obezita
- Excesivní imunosensitizace
- Interval vyléčené malignity < 5let

Pokroky permanentní terapie



[The odyssey of chronic cardiac mechanical support.](#)

Drakos SG.

J Am Coll Cardiol. 2014 May 6;63(17):1758-60.

ORIGINAL INVESTIGATIONS

Fully Magnetically Levitated Left Ventricular Assist System for Treating Advanced HF

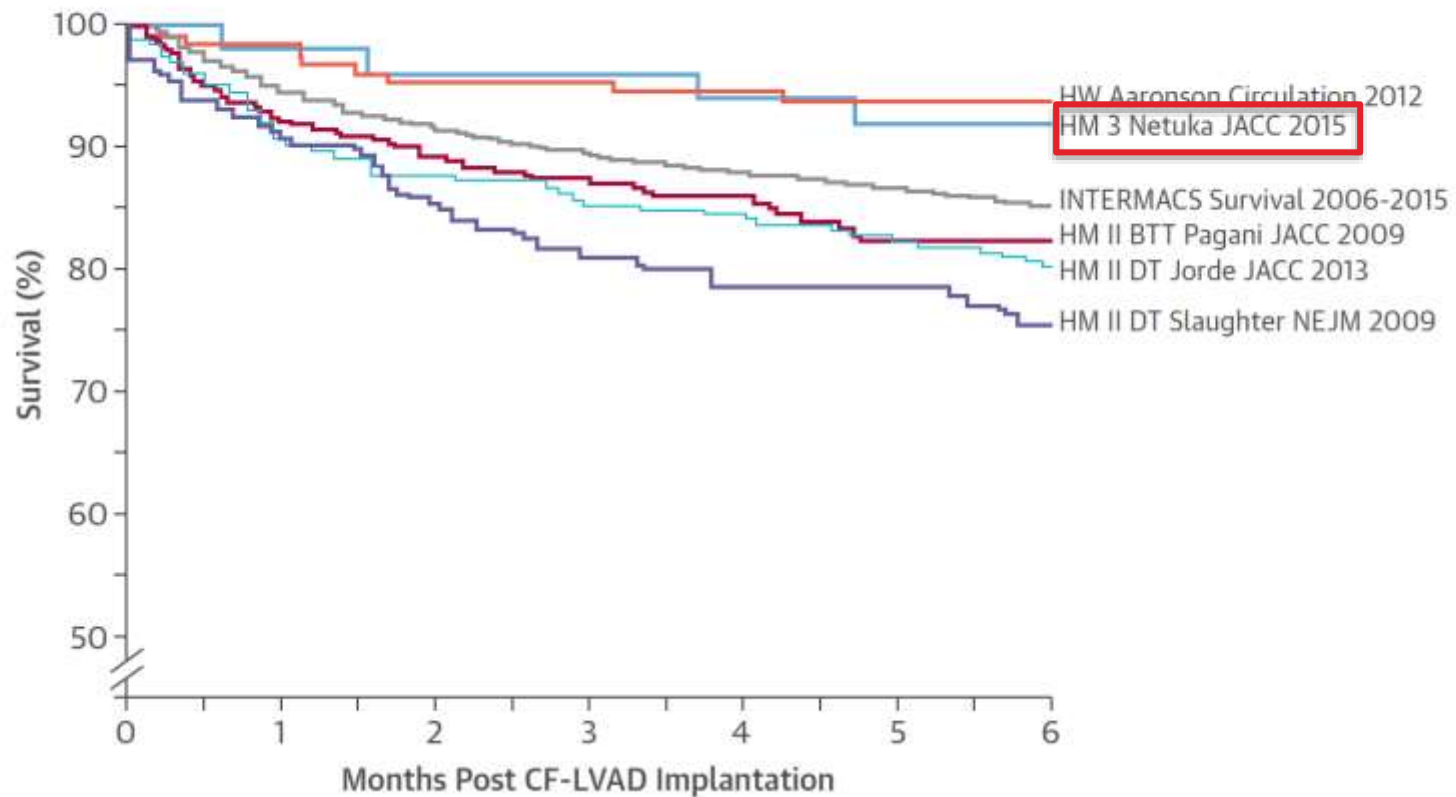
A Multicenter Study

Ivan Netuka, MD, PhD,*† Poomima Sood, MD, MBA,‡ Yuriy Pya, MD,§ Daniel Zimpfer, MD,||
Thomas Krabatsch, MD, PhD,¶ Jens Garbade, MD, PhD,# Vivek Rao, MD, PhD,** Michiel Morshuis, MD,††
Silvana Marasco, MBBS,‡‡ Friedhelm Beyersdorf, MD,§§ Laura Damme, RN, MPH,‡ Jan D. Schmitto, MD, PhD|||



Destinační terapie v IKEM

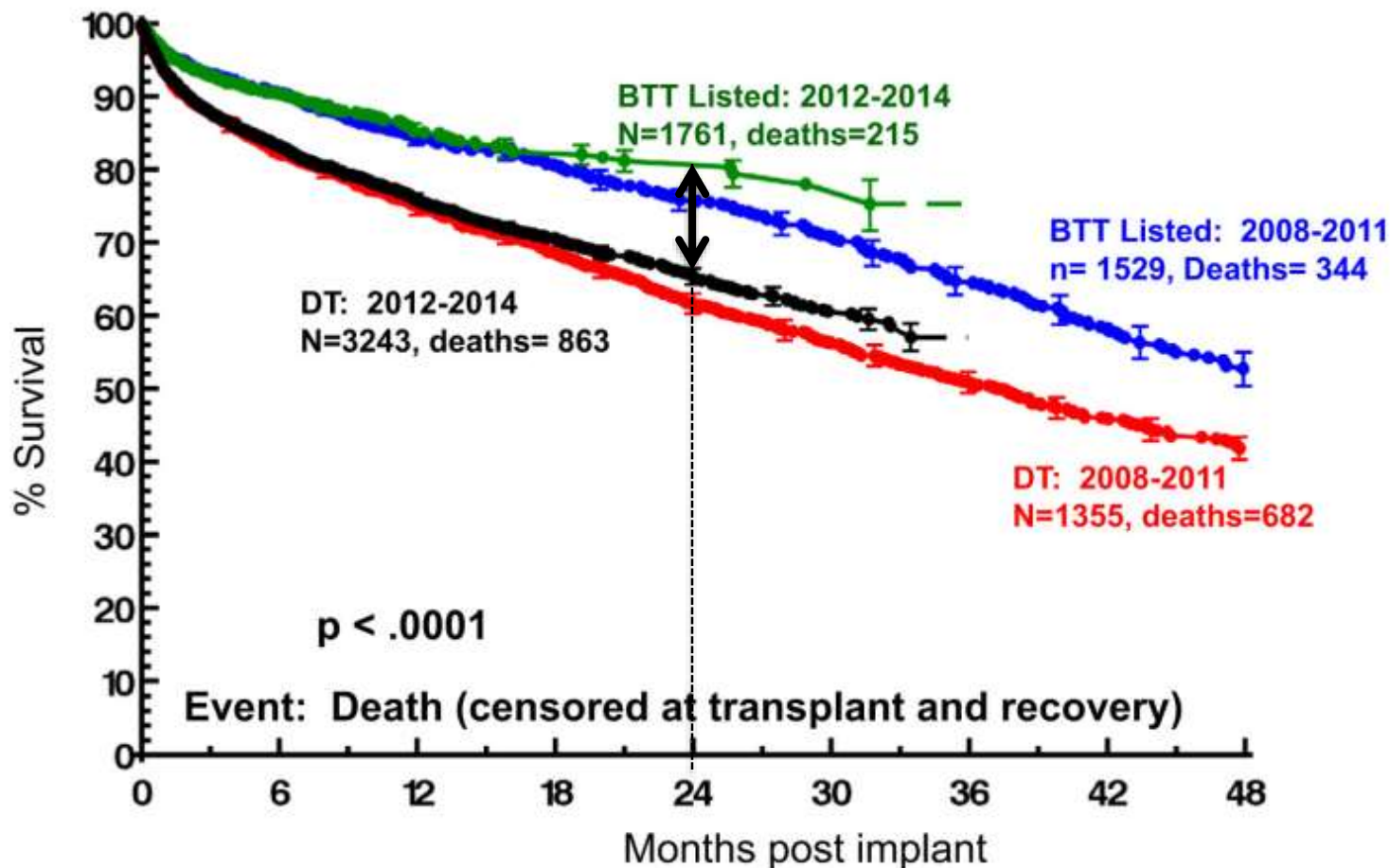
FIGURE 1 Progressive Improvement in Outcomes of Patients Supported With CF-LVADs for Advanced Heart Failure



Přežívání indikace přemostění k transplantaci a permanentní terapie

Interm@cs Continuous Flow LVAD/BiVAD Implants: 2008 – 2014, n=12030

Bridge to Transplant Listed and Destination Therapy by Era



Nežádoucí příhody

Adverse Event	Post-approval (N=247)* 385.8 Patient Years		Trial (N=133) 211 Patient Years	
	Patients ¹	Event Rate ²	Patients ¹	Event Rate ²
Bleeding requiring PRBC	54%	0.84	81%	1.66
Bleeding: requiring re-exploration	13%	0.09	30%	0.23
Infection: Local non-device related	39%	0.59	49%	0.76
Sepsis	19%	0.18	41%	0.38
Device-related:	19%	0.22	35%	0.47
Cardiac arrhythmias: cardiover/ defib	37%	0.40	56%	0.69
Renal failure	18%	0.15	16%	0.10
Right heart failure*	18%	0.16	23%	0.16
RVAD	2.4%	0.02	3.8%	0.024
Stroke	11.7%	0.083	19%	0.13
Ischemic stroke	4.0%	0.031	8%	0.06
Hemorrhagic stroke	7.7%	0.052	11%	0.07
Hemolysis	6.5%	0.06	3.8%	0.024
Pump thrombosis	3.6%	0.027	3.8%	0.024
Pump replacement	4.0%	0.026	9.0%	0.057

Technologické trendy a novinky

**Antikoagulace
Krvácení**

**Trombóza
čerpadla**

Continuous Flow
Technology:
Centrifugal Design

Continuous Flow
Technology:
Axial Design

Pulsatile Technology

HeartMate XVE

HeartMate II

HeartMate 3

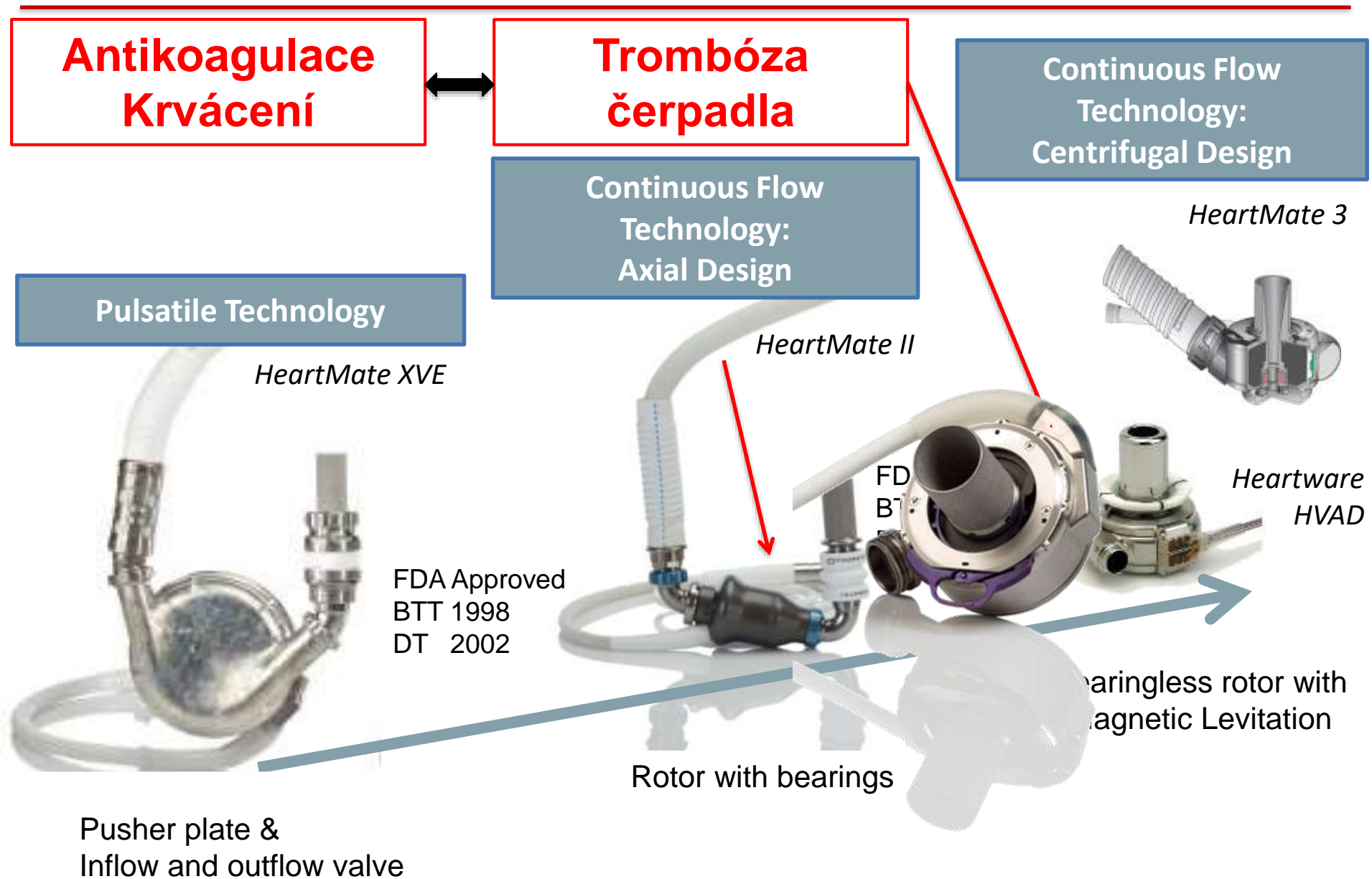
*Heartware
HVAD*

FDA Approved
BTT 1998
DT 2002

Rotor with bearings

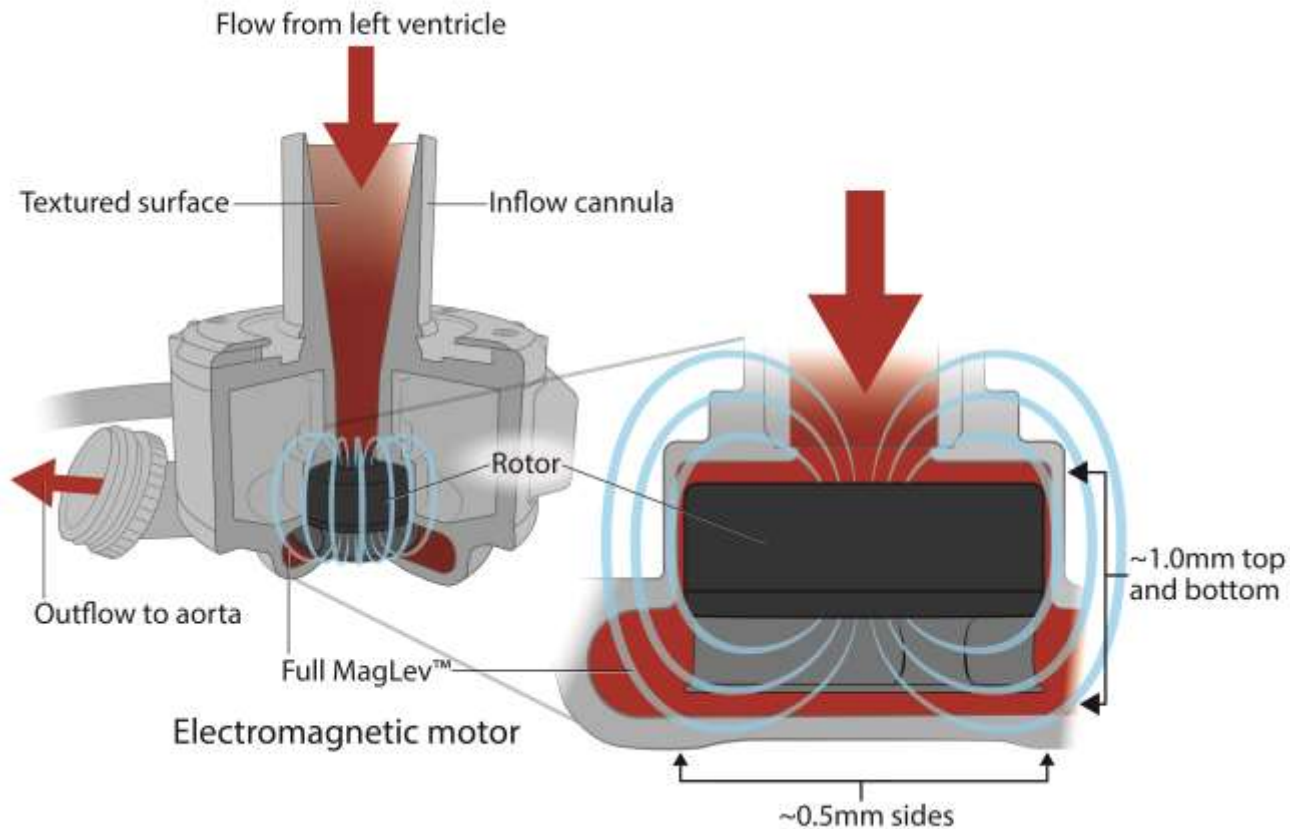
bearingless rotor with
magnetic levitation

Pusher plate &
Inflow and outflow valve



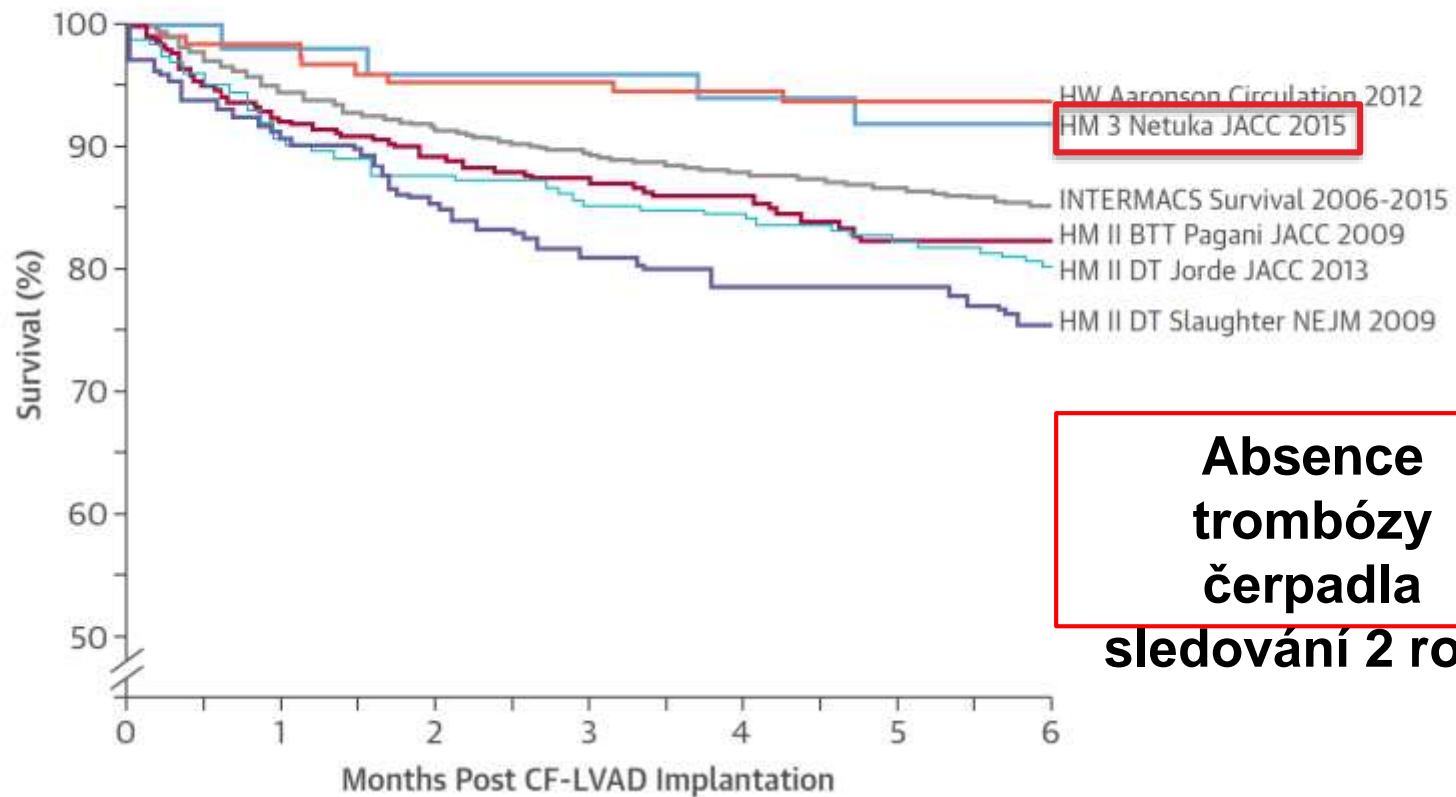
Magnetická levitace rotoru

HeartMate 3



Destinační terapie v IKEM

FIGURE 1 Progressive Improvement in Outcomes of Patients Supported With CF-LVADs for Advanced Heart Failure



The NEW ENGLAND JOURNAL of MEDICINE

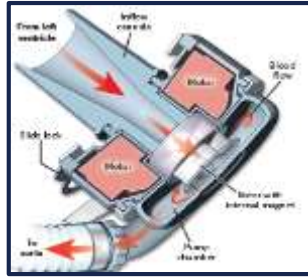
ORIGINAL ARTICLE

A Fully Magnetically Levitated Circulatory Pump for Advanced Heart Failure

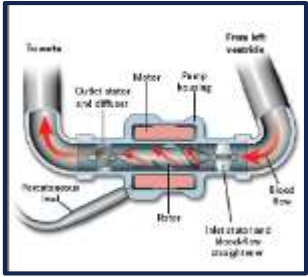
Mandeep R. Mehra, M.D., Yoshifumi Naka, M.D., Nir Uriel, M.D., Daniel J. Goldstein, M.D., Joseph C. Cleveland, Jr., M.D., Paolo C. Colombo, M.D., Mary N. Walsh, M.D., Carmelo A. Milano, M.D., Chetan B. Patel, M.D., Ulrich P. Jorde, M.D., Francis D. Pagani, M.D., Keith D. Aaronson, M.D., David A. Dean, M.D., Kelly McCants, M.D., Akinobu Itoh, M.D., Gregory A. Ewald, M.D., Douglas Horstmanshof, M.D., James W. Long, M.D., and Christopher Salerno, M.D., for the MOMENTUM 3 Investigators*

Study Design

HeartMate 3



HeartMate II



Patient meets
MOMENTUM 3
eligibility
criteria?

Randomization
1:1

Short Term (ST) Cohort
N=294
6-month follow-up

Long Term (LT) Cohort
N=366
24-month follow-up

Full Study Cohort
N=1028
24-month follow-up for
powered secondary endpoint

Intent-to-Treat (ITT) Population
N=294

HeartMate 3
N=152

HeartMate II
N=142

Treatment failures
(not treated with study device)
N=1
Death: 1

Treatment failures
(not treated with study device)
N=4
No LVAD implant: 1
Withdrawal of consent: 1
Transplant: 1
Implanted with non-study
LVAD: 1

As Treated Population
N=289

Implanted with
HeartMate 3
N=151

Implanted with
HeartMate II
N=138

Primární cíl studie

- Přežití v 6 měsících bez závažné mozkové příhody (modifikované Rankin skóre >3) nebo nutnosti reoperace k výměně čerpadla pro trombózu

Předimplantační charakteristiky I

Characteristic	HeartMate 3 (n=152)	HeartMate II (n=142)
Age - years		
Mean	60 ± 12	59 ± 12
Median (range)	64 (19 - 81)	61 (24 - 78)
Male sex - no. (%)	121 (80)	114 (80)
Race – no. (%)		
White	104 (68)	107 (75)
Black or African American	37 (24)	24 (17)
Other*	11 (8)	11 (8)
Body surface area - m ²	2.1 ± 0.3	2.1 ± 0.3
Ischemic cause of heart failure - no. (%)	68 (45)	72 (51)
History of stroke - no. (%)	12 (8)	14 (10)
Concomitant medication or intervention - no (%)		
Intravenous inotropic agents	132 (87)	121 (85)
Diuretics**	134 (88)	136 (96)
ACE inhibitor	37 (24)	38 (27)
Angiotensin II -receptor antagonist	10 (7)	18 (13)
Beta blocker	91 (60)	79 (56)
CRT/CRT-D	59 (39)	51 (36)
ICD/CRT-D	101 (66)	100 (70)
IABP	18 (12)	21 (15)

*Other: includes Asian, Native Hawaiian or Pacific Islanders and patient who refused to provide race

**Diuretic use was statistically significant (P=0.02)

Předimplantační charakteristiky II

Characteristic	HeartMate 3 (n=152)	HeartMate II (n=142)
Left ventricular ejection fraction - %	17.1 ± 5.0	17.3 ± 4.9
Arterial blood pressure - mmHg		
Systolic*	110 ± 16	106 ± 12
Diastolic	67 ± 10	66 ± 10
Mean arterial pressure* - mmHg	81 ± 10	79 ± 9
PCWP - mmHg	23 ± 9	22 ± 9
Cardiac index - liters/min/m ² of body surface area	1.9 ± 0.5	2.0 ± 0.7
PVR - Wood Units	3.3 ± 1.7	3.0 ± 1.6
Right atrial pressure - mmHg	10 ± 6	11 ± 7
Serum sodium - mmol/liter	135.6 ± 3.9	134.9 ± 4.2
Serum creatinine - mg/ml	1.4 ± 0.4	1.4 ± 0.4
INTERMACS Profile** – no (%)		
1	1 (1)	4 (3)
2	50 (33)	44 (31)
3	76 (50)	69 (49)
4	22 (14)	23 (16)
5-7†	2 (1)	2 (1)
Intended Use of device at implant – no (%)		
Bridge to Transplant (BTT)	41 (27)	37 (26)
Bridge to Candidacy	27 (18)	27 (18)
Destination Therapy (DT)	84 (55)	78 (55)

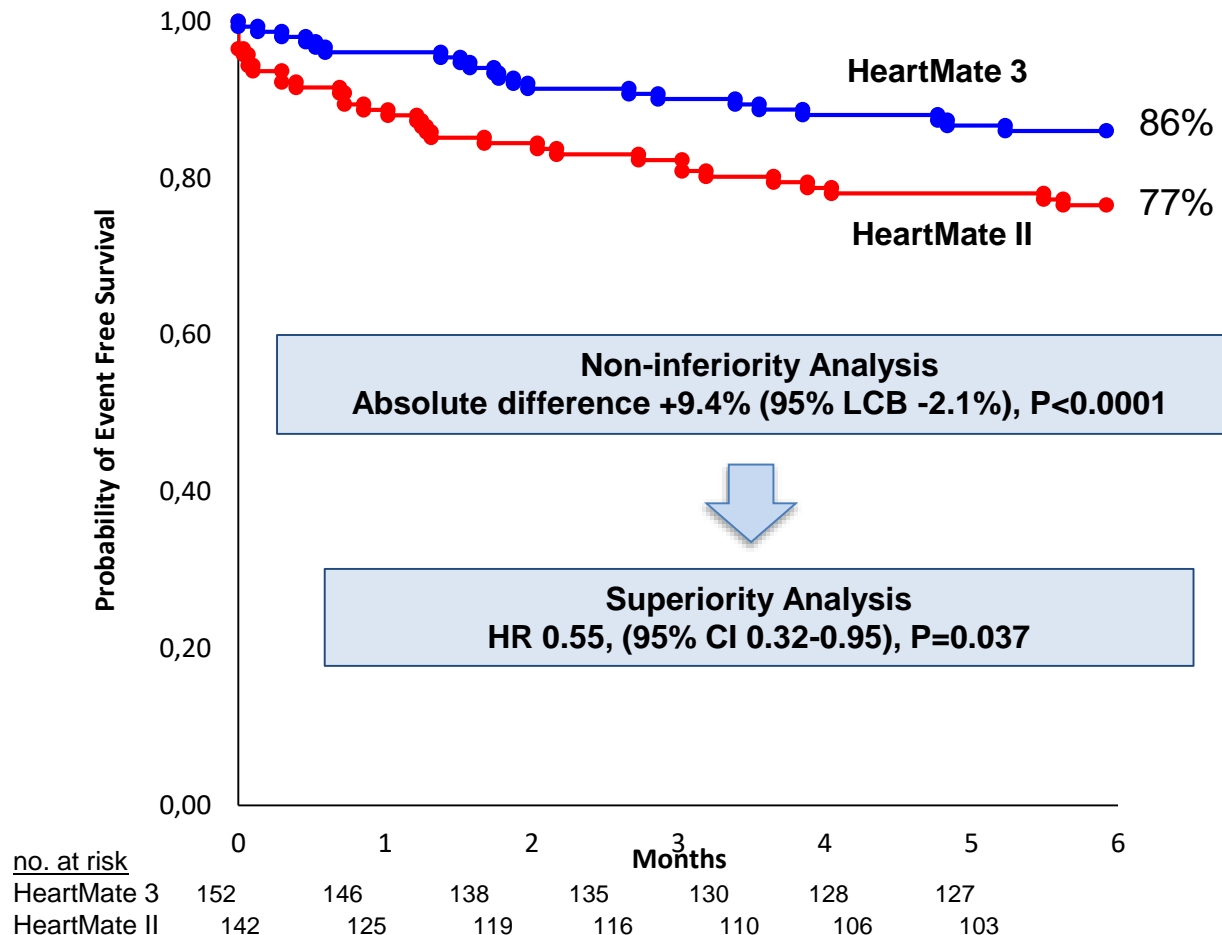
* Systolic blood pressure (P= 0.01) and Mean arterial pressure (P=0.04) were statistically significantly;

** one subject in HM3 group expired prior to INTERMACS Assessment;

† There were no subjects with INTERMACS 6 and 7 in either groups; PCWP denotes pulmonary capillary wedge pressure and PVR pulmonary vascular resistance

Primární cíl studie

Survival at 6 months free of disabling stroke or reoperation to replace or remove the pump



LCB, lower confidence boundary, HR, hazard ratio, and CI, confidence interval

Klíčové nežádoucí příhody

	HeartMate 3 (n=151)		HeartMate II (n=138)		RR	95% CI for RR	P Value
	n (%)	no. of Events	n (%)	no. of Events			
Suspected or Confirmed Pump Thrombosis	0 (0)	0	14 (10)	18	N/A	N/A	< 0.0001
All Stroke	12 (7)	12	15 (10)	17	0.73	0.35-1.51	0.39
Hemorrhagic Stroke	4 (2)	4	8 (5)	8	0.46	0.14-1.48	0.18
Ischemic Stroke	8 (5)	8	9 (6)	9	0.81	0.32-2.05	0.66
Disabling Stroke	9(6)	9	5(3)	5	1.65	0.57-4.79	0.36
Other Neurologic Events*	9 (6)	9	8 (5)	8	1.03	0.41-2.59	0.95
Bleeding	50 (33)	100	54 (39)	98	0.85	0.62-1.15	0.29
Bleeding Requiring Surgery	15 (9)	15	19 (13)	21	0.72	0.38-1.36	0.31
Gastrointestinal Bleeding	24 (15)	47	21 (15)	36	1.04	0.61-1.79	0.87

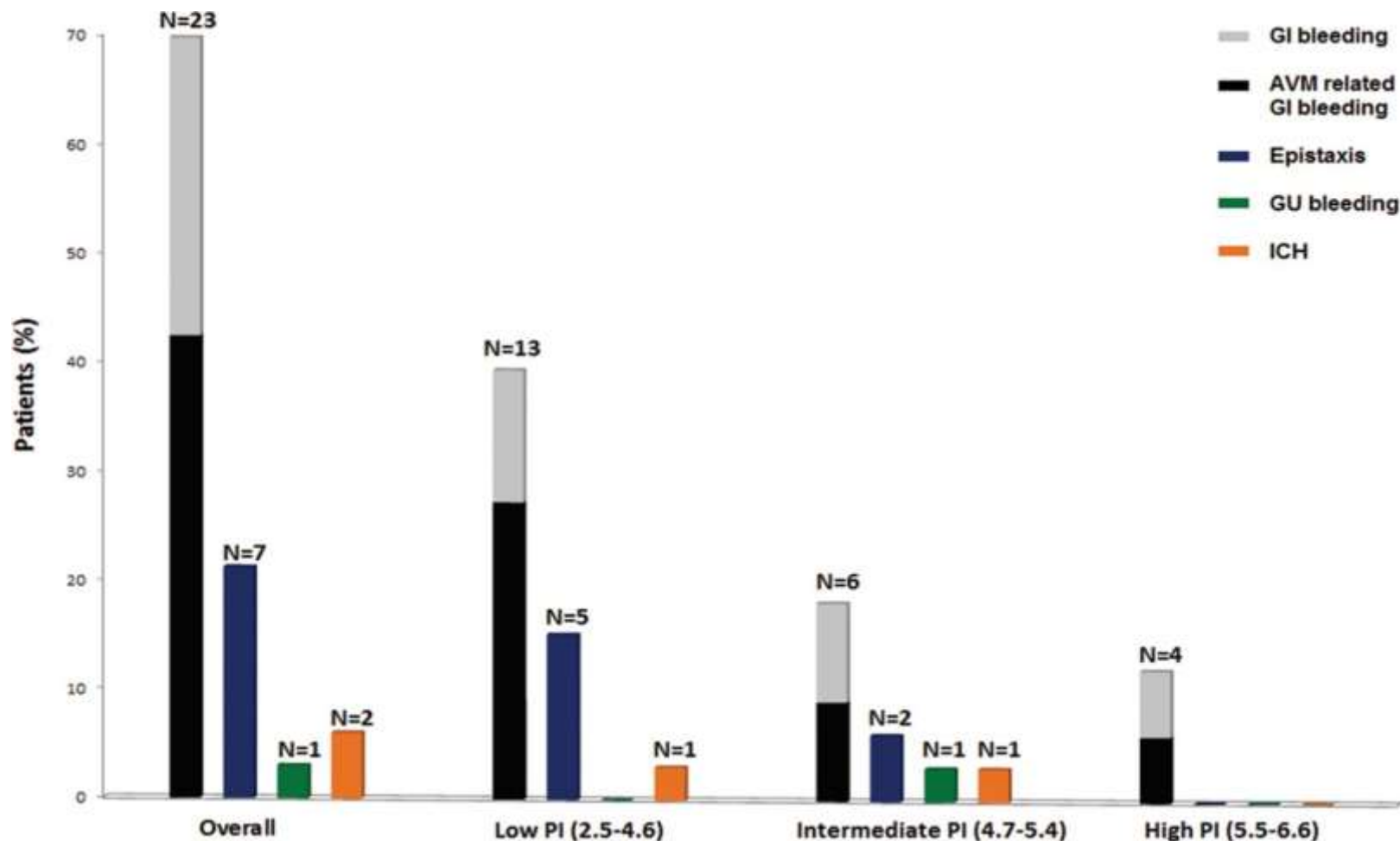
**Úplná absence trombózy u HeartMate 3
Shodný výskyt krvácivých komplikací**

RR, denotes Relative Risk and CI, confidence interval

*Includes transient ischemic attacks and neurologic events other than stroke

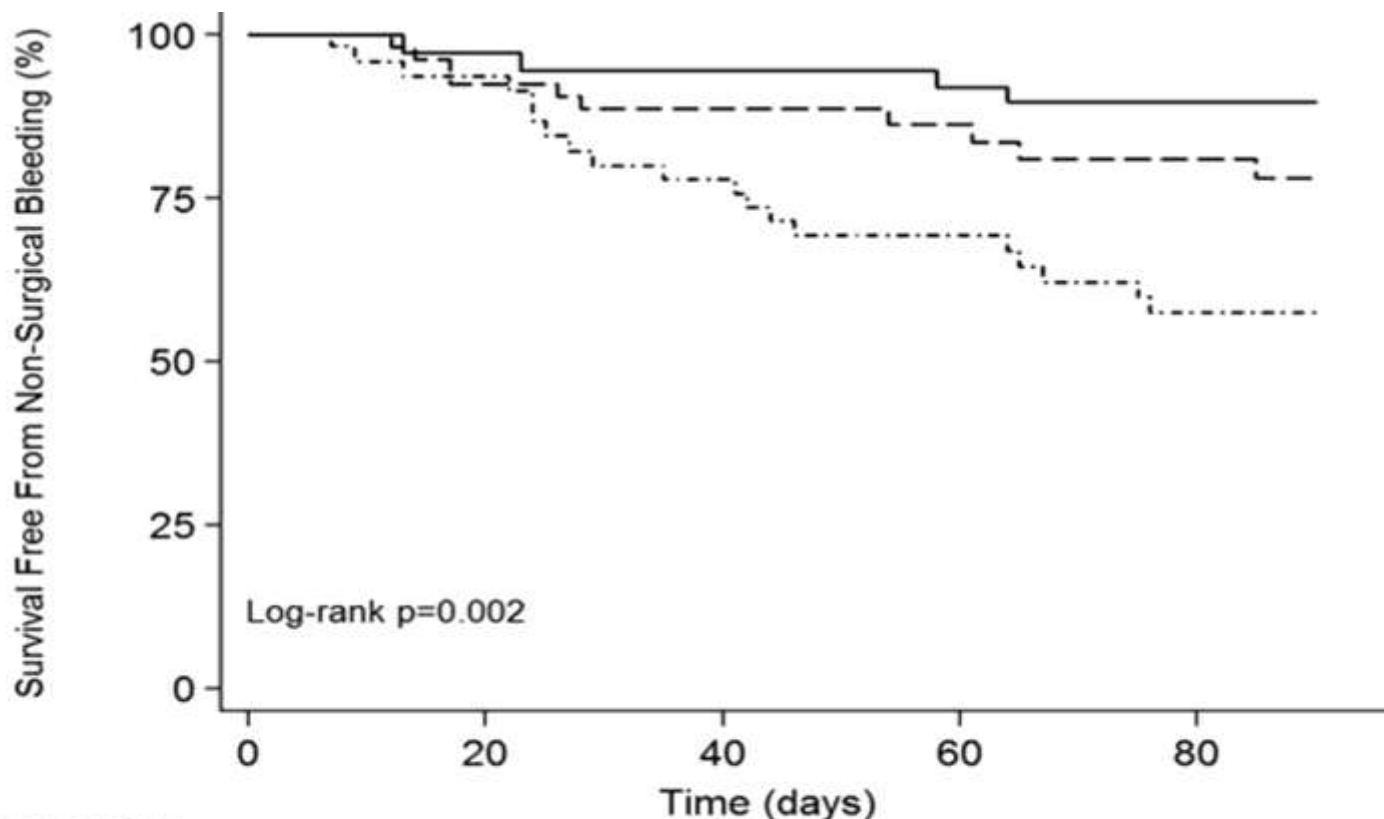
Pulsatility and the Risk of Nonsurgical Bleeding in Patients Supported With the Continuous-Flow Left Ventricular Assist Device HeartMate II

Omar Wever-Pinzon, MD; Craig H. Selzman, MD; Stavros G. Drakos, MD, PhD; Abdulfattah Saidi, MD; Gregory J. Stoddard, MPH; Edward M. Gilbert, MD; Mohamed Labedi, MD; Bruce B. Reid, MD; Erin S. Davis, RN, BSN; Abdallah G. Kfoury, MD; Dean Y. Li, MD, PhD; Josef Stehlik, MD, MPH; Feras Bader, MD, MS



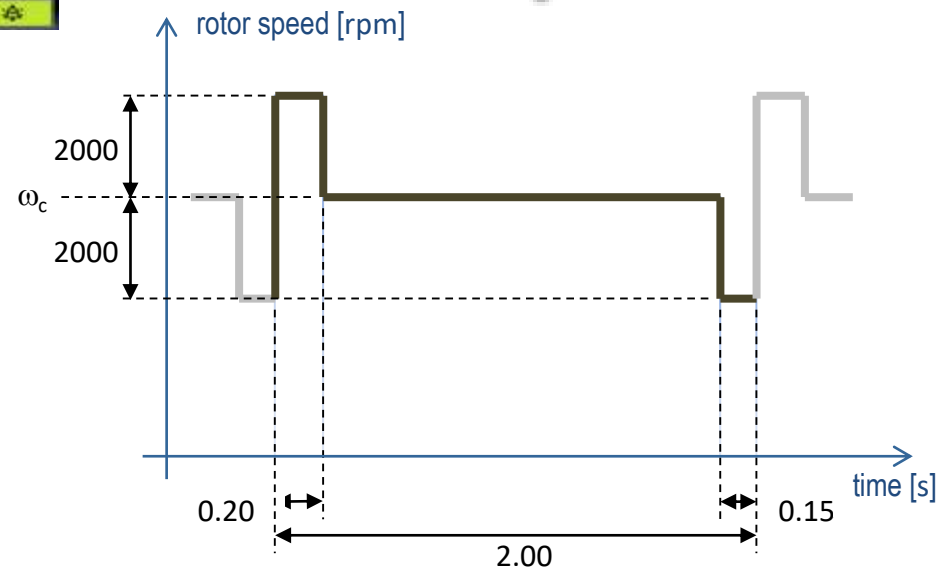
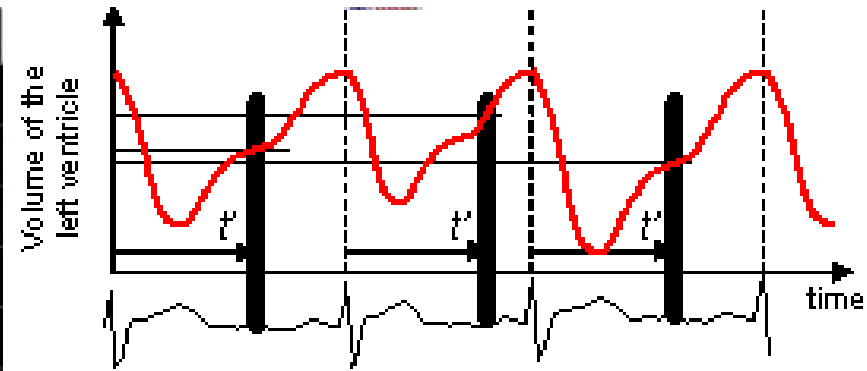
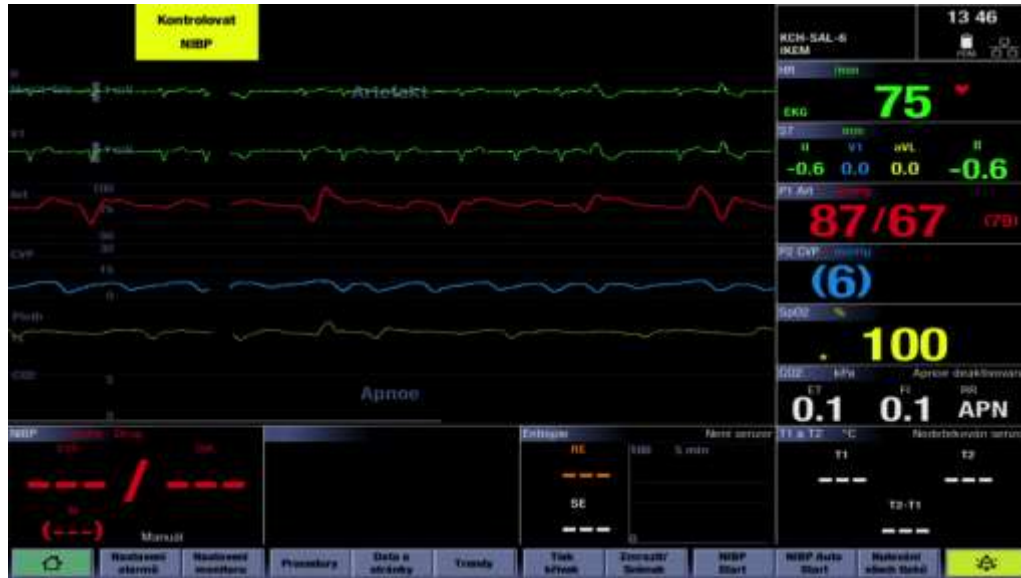
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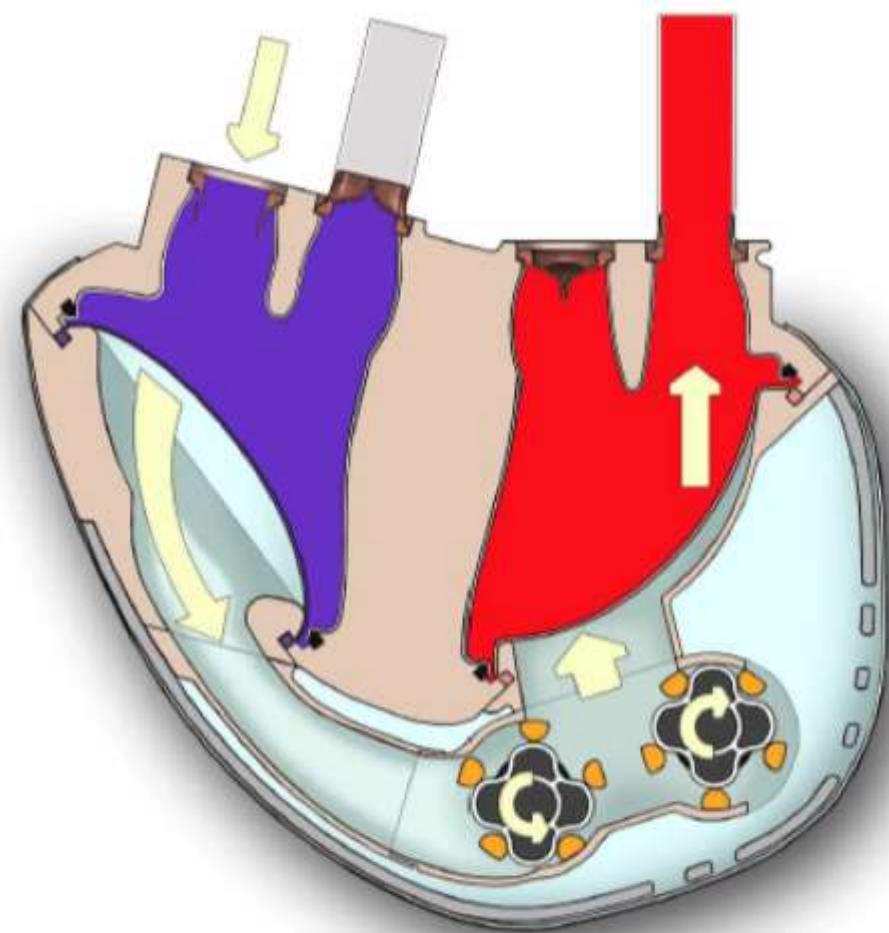


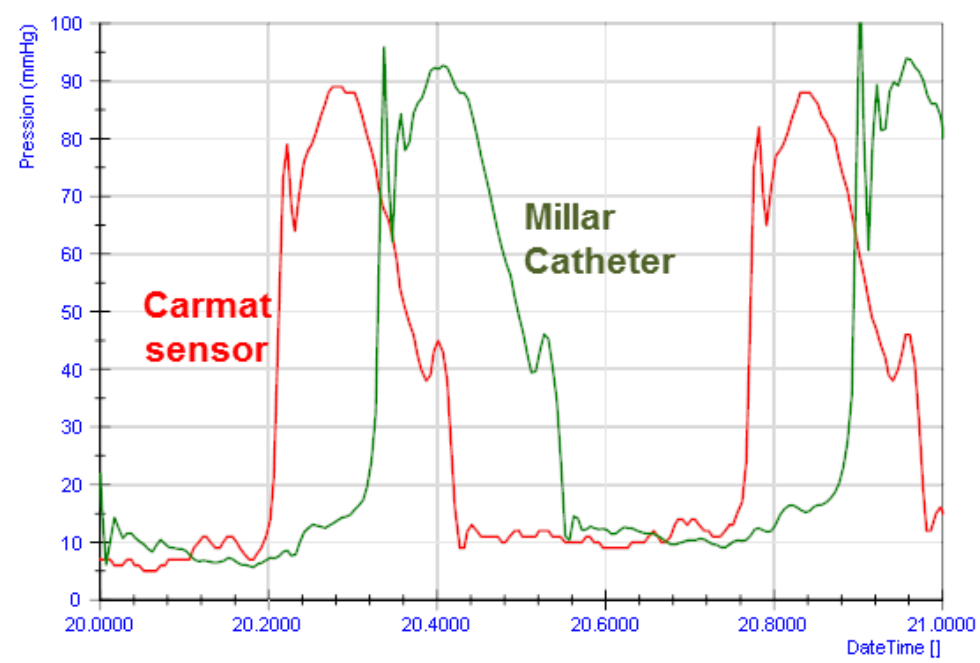
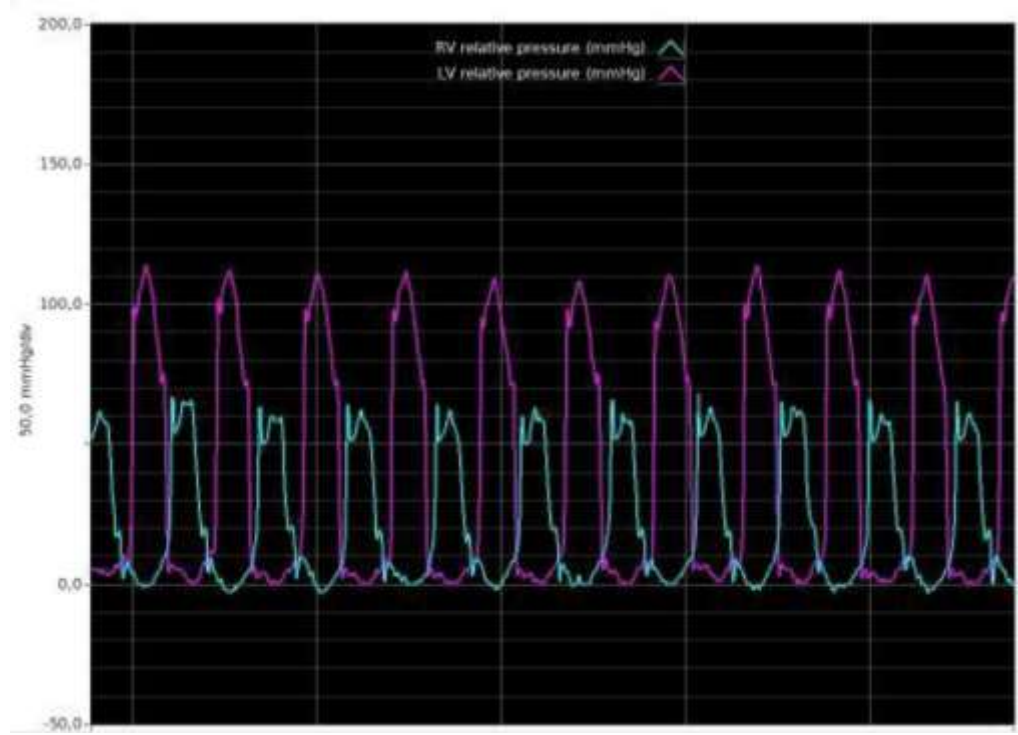
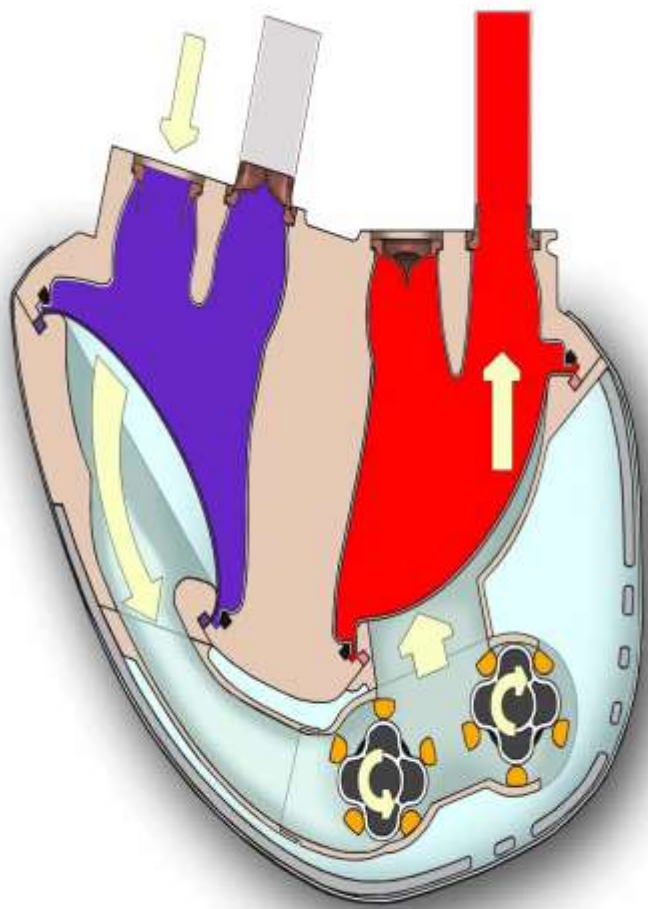
Number at risk		0	20	40	60	80
.....	Low PI	56	41	37	32	24
- - -	Intermediate PI	37	49	39	36	29
—	High PI	41	36	38	34	38

Limitace pulsatility rotačních čerpadel



Pulsatilní biokompatibilní TAH





Závěry

- **Integrální součást programu transplantace srdce**
- **Efektivní alternativa pro nemocné za hranicí indikace k transplantaci i v České republice**
- **Technologické inovace snižují výskyt klíčových komplikací – revize paradigmatu pulsatility?**
- **Nová alternativa destinace i pro pokročilé biventrikulární selhání**
- **Komplexní a včasná indikace**