

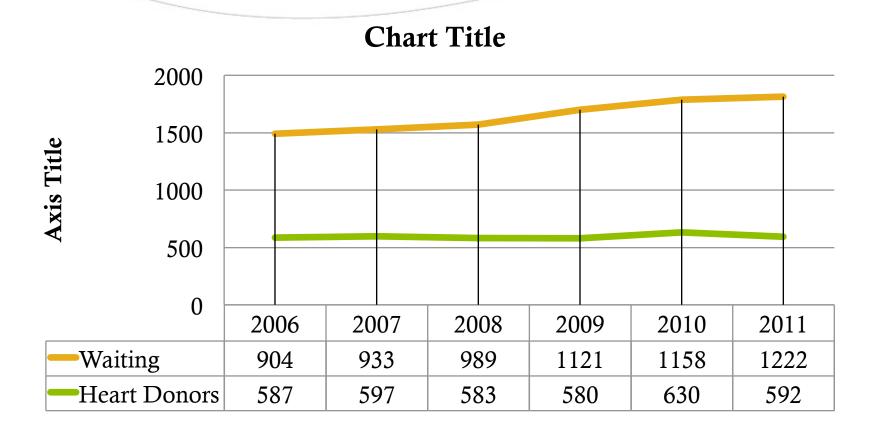


# What is the Potential Increase of the Heart Graft Pool by Cardiac Donation after Circulatory Death?

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## A well known problem



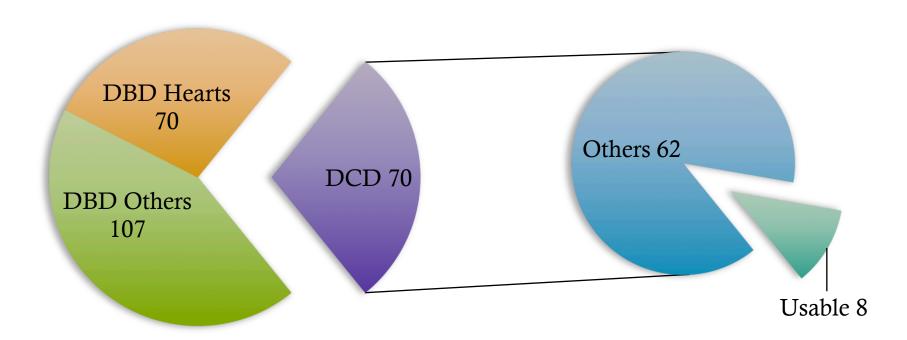
# How to fill the Gap?

- Extended criteria within donation after brain-death?
- ♦ VAD?
- Potentially using hearts retrieved from donation after circulatory death (DCD)?

#### What have we done?

- Retrospectively screen local database for potential DCD heart-donors
- From 2006-2011
- ♦ Same inclusion criteria as DBD
- ♦ But WIT < 30 min
- ♦ WIT = (turn off ventilation  $\rightarrow$  cannulation)

#### What are the Results?



## During the same Time

- ♦ 82 Newly listed Patients for Heart-Transplantation
- 53 Were transplanted
- ♦ 20 Died (or unlisted)
- 9 Still waiting for Transplantation

# Compared

	Timespan	Population	Suitable	Increase in activity
Liège	2006-2011	70 DCD	8 (11%)	15%
Osaki et al. (Wisconsin)	2004-2006	78 DCD	12 (15%)	17%
Singal et al. (GLDP)	2001-2003	119 DCD	14-21 (12-18%)	4-6%

# In details

	DBD-Hearts (70)	DCD-Hearts (8)	P-value
Age (years)	$35.6 \pm 1.6$	$35 \pm 3.4$	0.89
Female (%)	31.4	25	0.71
CPR (%)	10	12.5	0.89
COD:			
- Anoxia	16.5	0	0.2
- Trauma	65	50	0.48
- CVA	18.5	37.5	0.21
- Other	0	12.5	
BMI	$23.6 \pm 0.5$	22.9 ± 1.3	0.66
ICU-stay (days)	$3.3 \pm 0.4$	$4.9 \pm 0.6$	0.19
Diuresis (ml)	3817 ± 207	3454 ± 551	0.58
Inotropic –support (%)	82.8	25	0.0015
DWIT (min)		$15.1 \pm 0.5 (13-17)$	
Withdrawal phase (min)		$7.0 \pm 0.7$ (3-10)	
Acirculatory phase (min)		$8.1 \pm 0.6$ (5-10)	

# An Interesting Finding

- DCD need significantly less inotropic support.
- ♦ Reversible after 12-16 days
- Due to the nature of DCD, this is absent.

### In Summary

- ▲ Leading to an increase of 15 % in HT-activity
- ▶ Reduction of 40 % of death on waiting list
- Questions remaining
  - Quality of the organ ?
  - Initial allocation ?
  - Ethical issues?

# On the waiting list since 1939

