

NEWSLETTER No. 7, May 2014

Dear readers,

In this newsletter you can read about:

- Psychological care strategies for VAD patients
- Cooperation with IMACS
- Members' meetings, on June 28 and October 12 (election of board members)
- Upcoming consolidation of data in the registry, update of developments

1. Initial psychological screening benefits VAD patients and doctors by W. Albert, MD, Dipl. Psych.

Initial psychological screening of each patient with end-stage heart failure has great advantages during the entire course of the therapy. Both for patients who are candidates for transplantation and those who receive mechanical circulatory support (MCS), understanding the patient's psychological and social situation has great advantages for the course of the therapy. Additionally, when the psychologist or psychiatrist and patient get to know each other early on, a level of confidentiality is created which has proven to be beneficial during the continuation of the MCS therapy.

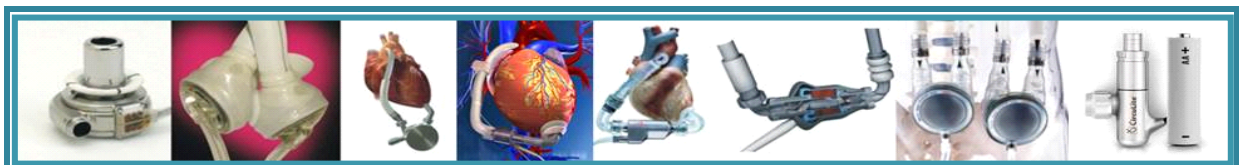
When patients are diagnosed with end-stage heart failure, and admitted to the hospital, they realize that their disease is life threatening and their state of mind is usually characterized by anxiety, uncertainty and doubt about the future.



Dr. Albert (l) received the research price „Psychotherapy in Medicine“

In that situation it is difficult for the psychologist to assess the patient. Following diagnosis and during the subsequent MCS therapy psychopharmaceutical medication fulfills an important role. The initial assessment aims at determining whether the patient suffers from neurocognitive or organic brain disorders that will hinder appropriate compliance with the prescribed medication.

....continued on page 2...



...continued from page 1...

Communication with the patient's general practitioner must further clarify the patient's social environment: Is he or she working, what is the family situation, are there adult children who may give support? etc. Information about all these factors contributes to a better understanding of the patient's psyche and expected ability to handle the stressful situations which may occur during MCS therapy, as well as compliance with medication. The information is recorded in the patient's medical file and is shared with surgeons and cardiologists.

Unfortunately, although the number of patients living with a ventricular assist device is increasing, the available manpower is not growing accordingly. Professional psychological support of patients should be considered a basic therapeutic element, comparable with medication such as anti-coagulants. Those who provide the budget for ventricular assist devices to be implanted are insufficiently aware of the fact that psychological support is as important as the high-level technology itself and makes a vital contribution to the success of MCS therapy.

2. Understanding between EUROMACS and IMACS

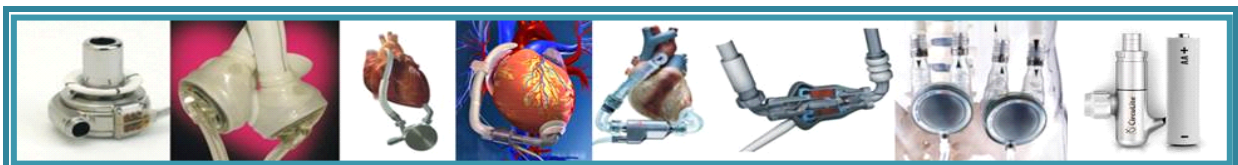
Presently, several registries of patients with mechanical circulatory support are active in different international regions.

For the United States (US) the ISHLT registry, InterMACS, has been active for a number of years now. While in the US the number of assist devices is based on FDA regulations and restricted to those which are allowed on the market, the availability of CE-marked pumps is greater in other parts of the world. For Euromacs, which started its registry in 2012, this restriction has been one of the major reasons to encourage international VAD implanting centers to contribute to its database.

In Japan, JMACS has been developed. Countries such as France and Spain are working on national registries. Representatives of both registries have announced that they will join Euromacs as soon as their databases have been completed.

A registry called Imacs, which is owned by the ISHLT, started in 2013 with the intention to enroll and follow patients in countries and hospitals all over the world that wish to participate. The registry will record pre-implant patient information and device information and will track the major post-implant clinical events.

...continued on page 3...



...continued from page 2...

As both EUROMACS and IMACS are internationally active, it so happened that, in some occasions, the two registries approached the same European hospitals. Since both organisations aim at the advancement of scientific knowledge with respect to durable mechanical circulatory support, and given the fact that resources are scarce, the President of the ISHLT, Prof. Reichenspurner took the initiative for both registries to come to an understanding.



Prof. Hermann Reichenspurner

The memorandum of understanding documents the possibility to exchange anonymous aggregated data between the two registries. In principle hospitals are free to choose with which registry they cooperate. In the memorandum of understanding it is agreed that IMACS will abstain from soliciting European Hospitals and will recommend that European hospitals which approach IMACS submit their data to EUROMACS, while EUROMACS will do the same with hospitals from outside Europe. Meanwhile, IMACS and IMACS have agreed to do the same. In this way Imacs will, comparable to the ISHLT International Registry for Heart and Lung Transplantation, aggregate data from different registries on a global level. During the ISHLT annual meeting held in April 2014, the cooperation was again confirmed. Executive planning has now started. Progress will be reported to the members and in this newsletter.

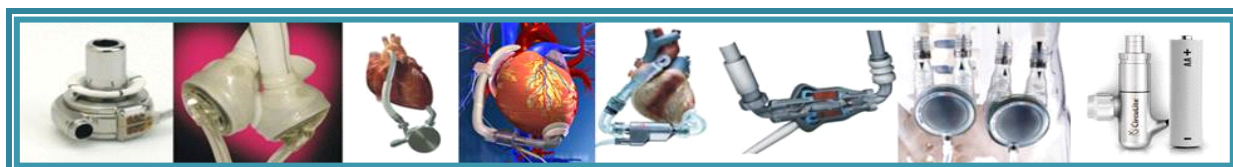
3. Committee and General members' meetings on June 28 (ETS) and on October 12 (during the EACTS). Election of Board Members on October 12

The next meeting of the committee, the board, and members of EUROMACS will be on June 28, 13.00 hrs. After the ETS Symposium, Bern Switzerland.

On October 12, 2104 (morning), the committee, the board and the members will convene. There will be an election of board members who will start their term per January 1, 2015.

Members who wish to be candidate can inform the managing director: theodeby@euromacs.org

As Euromacs has 152 members, you are kindly requested to let the managing director know if you will participate.



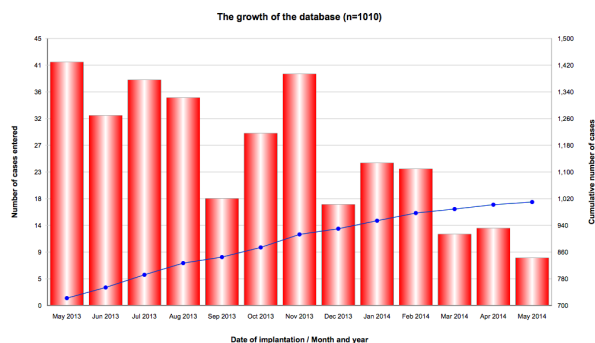
5. Consolidation of data in the registry

The participating EUROMACS members are kindly requested to update their patient data per June 30, 2014. Specifically, an update, by positive confirmation in the Registry's database is needed for those patients who are alive next June 30th. The last consolidation of data took place per December 31, 2013. Based on the end of the year data, the Euromacs Annual Report will be published, and sent to all members. The data thru June 30th, 2014, will be presented at the EACTS Annual meeting, next October.

Update of developments, more than 1000 cases reported.

Recently, a so-called dashboard has been made available for those who are authorized to update the data of the participating hospitals. After the aforementioned consolidation, a comparison between local data and all other (anonymized) data of all participants will be presented.

On May 23, the 1000th case was registered in the Euromacs database.

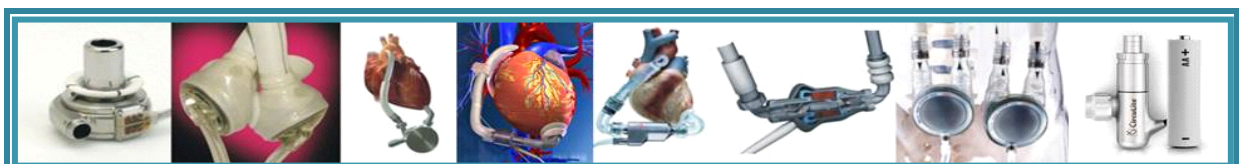


Upcoming events

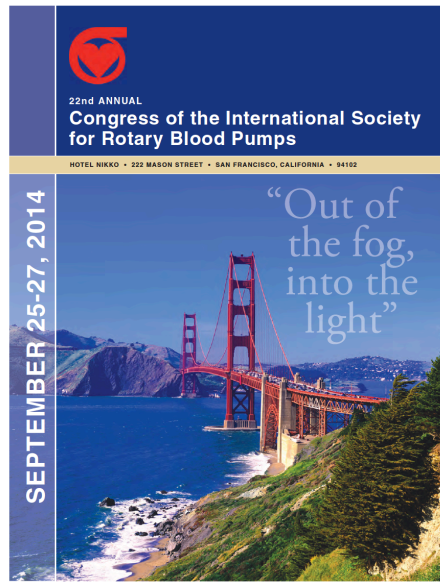
2nd European Training Symposium (ETS) for Junior Heart Failure Cardiologists and Cardiac Surgeons: End Stage Heart Failure & Heart Replacement Therapies
 University Hospital Bern, Switzerland, Auditorium Tetere Rossi, June 27-28, 2014

Registration is requested by June 13th, 2014
 For questions, please contact

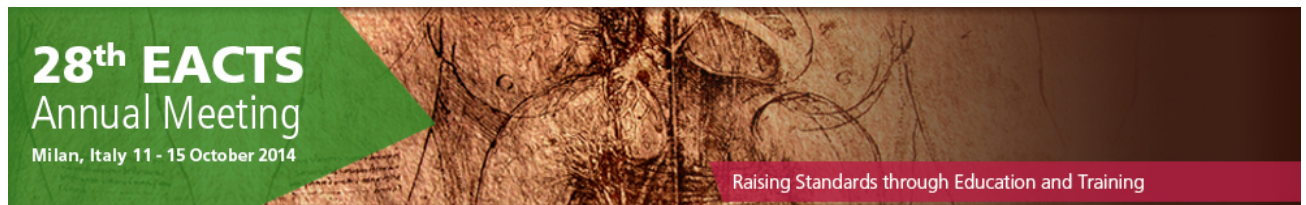
Alessandra Witsch
 Administrative Assistant to Prof. P. Mohacsi
 University Hospital Bern
 3010 Bern, Switzerland
 Phone: +41 (0)31 632 44 64 (mornings only)
 Mail: alessandra.witsch@insel.ch



The 22nd Conference of the International Society for Rotary Blood Pumps
San Francisco, CA, USA, on September 25 – 27, 2014. <http://isrbp2014.org>



The 28th EACTS Annual Meeting, Milan, Italy, on October 11-15, 2014.
<http://www.eacts.org/annual-meeting.aspx>



The **9th EUMS, European Mechanical Support Summit** will be held in Bad Oeynhausen, Germany, on December 3–, 2014.

EUROMACS Contact Information: Euromacs, c/o Deutsches Herzzentrum
Berlin, Augustenburger Platz 1, 13353 Berlin, Germany. Office: +49 30 4593 2000,
info@euromacs.org
Managing Director, Theo de By, MBA: +31653162322, theodeby@euromacs.org
Executive Chairman, Prof. Dr. Roland Hetzer.

