

TO FIND OUT MORE

For more information about LVAD therapy at Duke University Medical Center, or to refer a patient, please call 919-684-3243 or toll-free 1-866-DUKEVAD (385-3823).

DUKE LVAD TEAM

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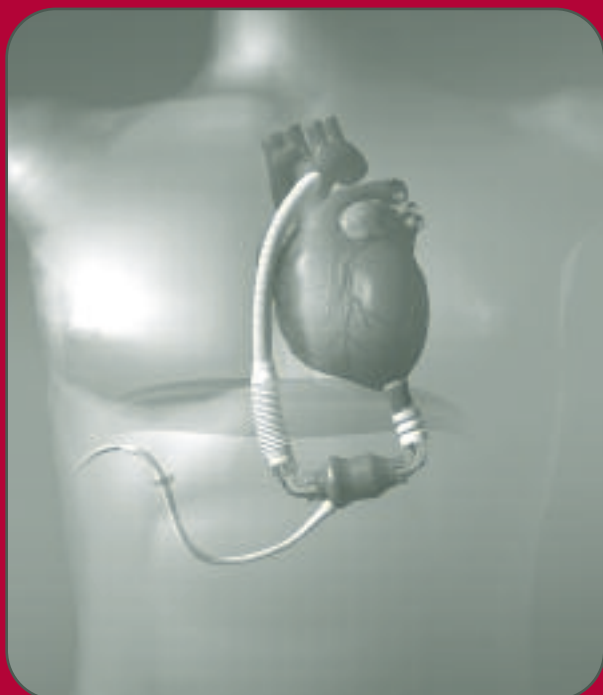
Duke Heart Center
DUKE UNIVERSITY HEALTH SYSTEM

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for heart care

U.S. News & World Report



HeartMate II LVAD. LVAD devices support the native heart by draining blood from the left ventricular apex and pumping it into an outflow graft attached to the ascending aorta.

LVAD

LEFT VENTRICULAR ASSIST DEVICE

therapy

New Hope for
End-Stage Heart Failure



Duke Heart Center
DUKE UNIVERSITY HEALTH SYSTEM

LVAD Therapy: The Duke Difference

Treatment options have long been limited for the estimated 100,000 Americans with end-stage congestive heart failure (HF). Therapies include continuous inotropic infusions, with a one-year survival rate of only 6 percent¹, and cardiac transplantation, which is limited by availability of donor organs.

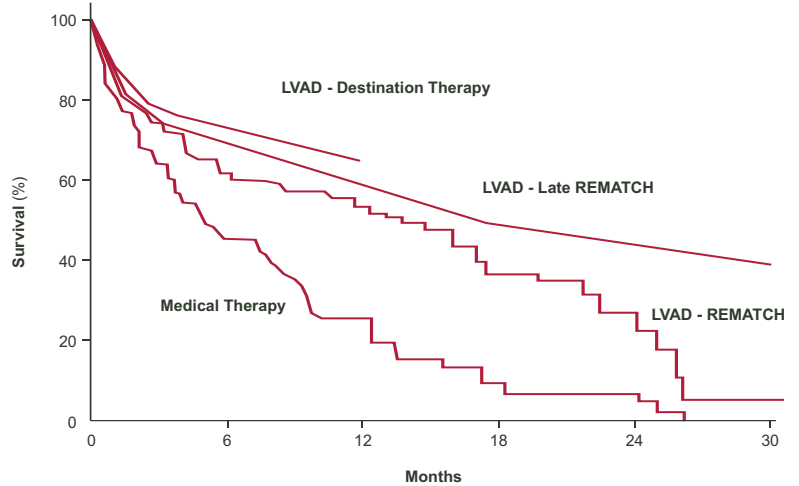
Destination LVAD therapy represents a new option for end-stage HF patients who are ineligible for transplant. Extensive experience using LVADs to support patients as a bridge to transplantation has suggested that these devices can restore normal hemodynamics even in the setting of biventricular failure.

In the REMATCH trial, end-stage HF patients who were ineligible for transplantation were randomized to optimal medical management versus implantable LVAD. Patients treated with LVADs experienced significant improvement in one- and two-year survival, as well as improved quality of life, relative to optimal medical management.² This trial led to FDA approval of the HeartMate I device (Thoratec Inc.) as a destination therapy for such patients in late 2002. Long-term results since REMATCH appear to be improving.

Duke is currently involved in three clinical trials testing next-generation LVADs in destination therapy. Newer devices such as the HeartMate II (pictured on cover) are smaller and quieter than the HeartMate I and feature an axial flow design which may provide greater durability. Novacor and DeBakey VADs are also being studied.

Progressive Improvement in LVAD Outcomes

Top curve includes figures from Duke and three other leading centers for LVAD

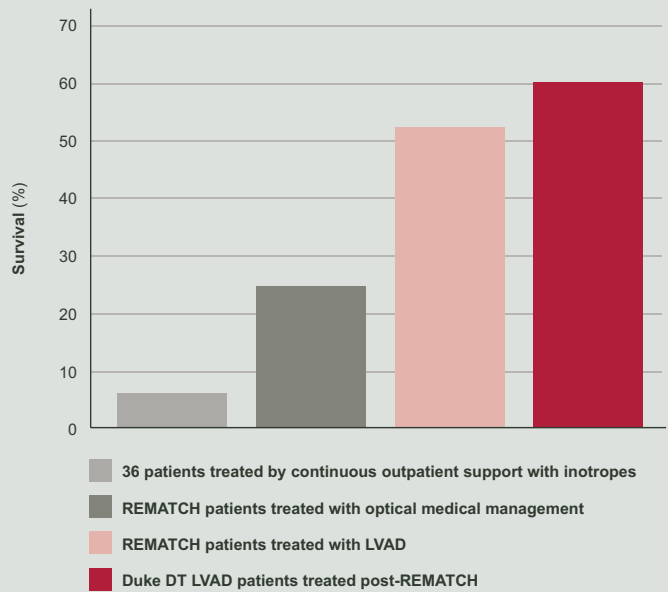


Kaplan-Meier survival estimates of left ventricular assist device support in destination therapy and REMATCH patients.³ Late REMATCH was modified to include LVAD crossovers from medical management. One year survival for LVAD destination therapy was 63%, compared to the Rematch trial survival of 52% for LVAD patients and 25% for medical therapy.

The Leader for Destination LVAD Therapy in the Southeast

- Duke was among the first hospitals nationwide and the first in North Carolina to receive approval from CMS to perform LVAD implantation as destination therapy.
- Duke has implanted more than 100 LVADs over the last decade for bridge-to-transplant indication. In July 2003, Duke performed North Carolina's first destination therapy LVAD implant. The implant was successful, and the patient enjoyed improved quality of life and cardiac functionality. Of the first 18 destination-therapy patients treated at Duke, overall operative mortality was 5.5 percent, and 89 percent were discharged to independent living, with improved quality of life.
- Available data strongly supports the concept that center experience is among the most important predictors of successful LVAD therapy. Duke offers a highly experienced heart failure team with a comprehensive approach to diagnosis and treatment using the latest in imaging, medical therapy, instruments, and surgical technique. As one of the highest-volume LVAD centers in the country, Duke has the experience needed to insure successful LVAD outcomes.

One Year Survival for Patients with End-Stage Heart Failure



(1) Hershberger et al. J Card Fail. 2003; 9:180-7.
 (2) Rose et al. NEJM. 2001; 345:1435-43.
 (3) Long et al. CHF. 2005; 11:133-38.

MCOC-4305

Please remove the Rolodex card and diagnostic reference card below for your use.

DUKE HEART CENTER

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1-866-DUKEVAD (385-3823)

LVAD POCKET REFERENCE CARD

- INDICATIONS FOR REFERRAL**
- Ineligible for cardiac transplantation
 - Functionally Class IV
 - Failing oral HF medications
 - Failed cardiac resynchronization therapy
 - Dependent on inotropic infusions
 - Multiple hospitalizations for decompensated HF
 - Worsening secondary renal insufficiency

CANDIDATES FOR LVAD