

OBSERVATIONS

Prognosis of Patients Listed for a Heart Transplant During the Pretransplant Period: Does Diabetes Matter?

Whether patients with advanced heart failure and diabetes mellitus (DM) should be listed for heart transplantation (HTx) remains

controversial due to conflicting findings regarding their post-HTx survival (1–3). We studied HTx candidates with and without DM during the pre-HTx period, examining multiple waiting list outcomes. Patients were enrolled in the Waiting for a New Heart Study, a multisite observational study of 318 adult (≥ 18 years of age) patients (aged 53 ± 11 years; 18% female) who were newly listed for HTx with Eurotransplant between April 2005 and December 2006 (4). Informed consent and ethics approval were obtained (4). Characteristics at the time of listing included age, DM, and the Heart Failure Survival Score (1). Outcomes were mechanical circulatory support (MCS) device implantation, death combined with

delisting due to clinical deterioration, high urgency HTx, and elective HTx.

There were 288 patients (75 with DM, 213 without DM) with complete DM data and no MCS device at listing. Patients with DM were older and had more adverse coronary risk factors than those without DM. Outcomes were analyzed as competing events (whichever occurred first), thereby considering that the occurrence of one event (e.g., MCS device implantation) will alter the probability of other events (e.g., death).

During follow-up (median, 326 days; range, 5–1,849 days), 26 patients received MCS (DM, 16%; no DM, 7%; $P = 0.0279$), 65 patients died or were delisted due to deterioration prior to HTx (DM, 20%; no

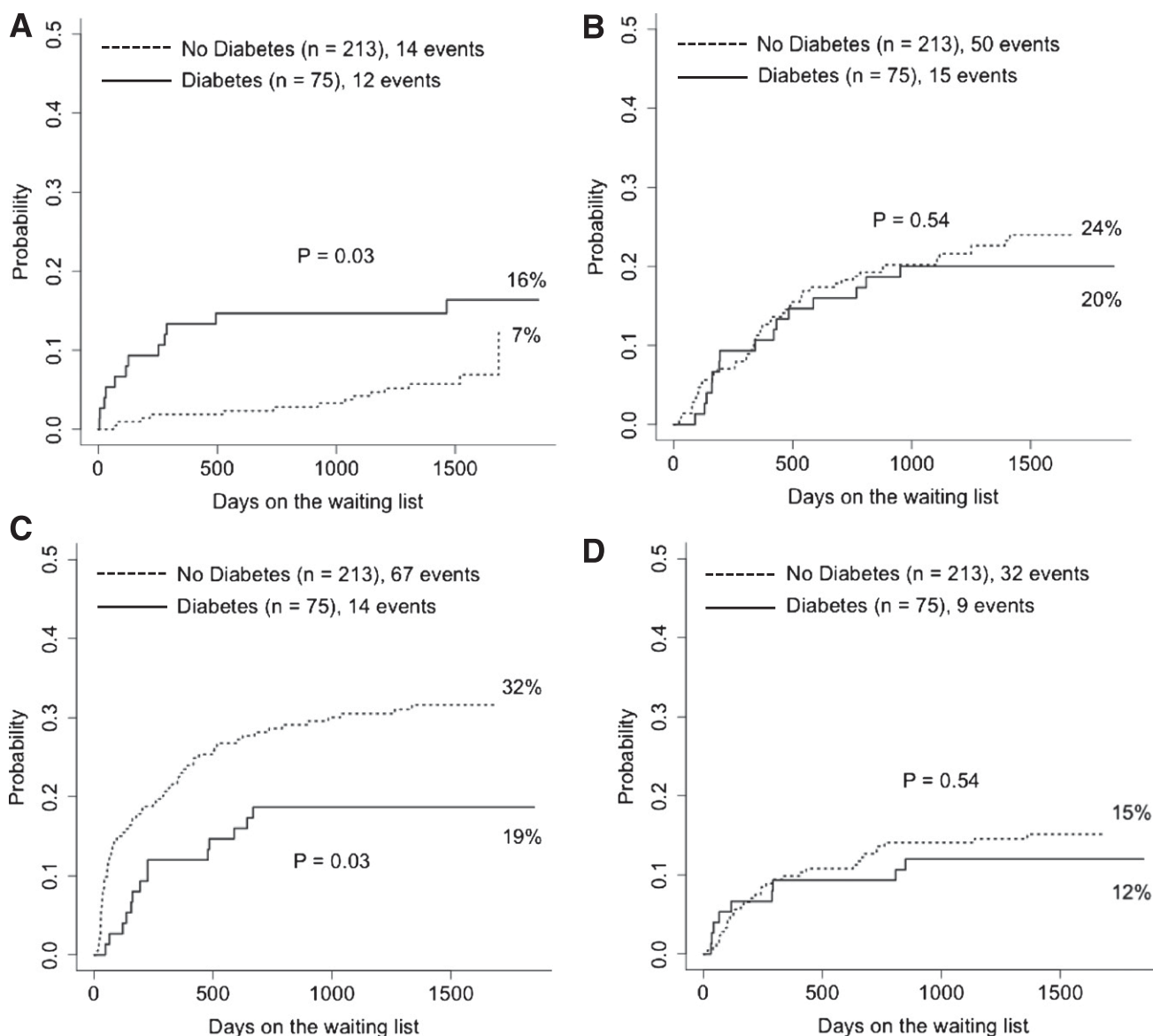


Figure 1—Cumulative incidence functions of waiting list outcomes since time of listing stratified by DM (with DM, without DM). A: MCS device implantation. B: Death/delisting due to clinical deterioration. C: HTx in high urgency status. D: Elective HTx.

