

DOWNLOAD PDF CARDIAC TRANSPLANTATION JON A. KOBASHIGAWA AND DANIEL MARELLI

Chapter 1 : David Gjertson PhD - Pathology at UCLA, Los Angeles, California (CA)

Daniel Marelli Hillel Laks Bijal Patel Reza Kermani Alexander Marmureanu Jignesh Patel Jon Kobashigawa J Heart Lung Transplant Oct;22(10) Heart Transplant Program, David Geffen School of Medicine, University of California at Los Angeles, Los Angeles, CA, USA.

Exploring the cardiac response to injury in heart transplant biopsies. Imaging in Heart Transplant Patients. Am J Surg Pathol. Complement-activating donor-specific anti-HLA antibodies and solid organ transplant survival: A systematic review and meta-analysis. Dual-organ transplantation in older recipients: Interact Cardiovasc Thorac Surg. Use of durable mechanical circulatory support on outcomes of heart-kidney transplantation. Interagency registry for mechanically assisted circulatory support report on the total artificial heart. J Heart Lung Transplant. Predicting 1-year cardiac transplantation survival using a donor-recipient risk-assessment tool. J Thorac Cardiovasc Surg. Tex Heart Inst J. The management of antibodies in heart transplantation: Revealing a new mode of sensitization induced by mechanical circulatory support devices: Impact of anti-AT1 R antibodies. J Am Coll Cardiol. The future of cardiac transplantation. J Cardiothorac Vasc Anesth. Evolving Areas in Heart Transplantation. Current Outcomes and Contemporary Controversies. Perceived control and health-related quality of life in heart transplant recipients. Eur J Cardiovasc Nurs. Multidisciplinary approach to cardiac and pulmonary vascular disease risk assessment in liver transplantation: An evaluation of the evidence and consensus recommendations. Omission of heart transplant recipients from the Appropriate Use Criteria for Coronary Revascularization in patients with stable ischemic heart disease. The ratio of circulating regulatory cluster of differentiation 4 T cells to endothelial progenitor cells predicts clinically significant acute rejection after heart transplantation. Change in lymphocyte to neutrophil ratio predicts acute rejection after heart transplantation. Clinical trials in heart transplantation: The evolution of evidence in immunosuppression. Angiogenesis on coronary angiography is a marker for accelerated cardiac allograft vasculopathy as assessed by intravascular ultrasound. Vasoplegia after heart transplantation: Novel molecular approaches to the detection of heart transplant rejection. Prolonged corrected QT interval in the donor heart: Is there a risk? Current concepts for sensitized patients before transplantation. Curr Opin Organ Transplant. Are We There Yet? Corticosteroid wean after heart transplantation-Is there a risk for antibody formation? Calculated panel-reactive antibody predicts outcomes on the heart transplant waiting list. Desensitization strategies in the patient awaiting heart transplantation. Biomarkers for Cardiac Allograft Vasculopathy: Immunosuppression and adult heart transplantation: Expert Rev Cardiovasc Ther. Long-term clinical and angiographic outcomes of percutaneous coronary intervention with everolimus-eluting stents for the treatment of cardiac allograft vasculopathy. Socioeconomic Disparities in Heart Transplantation: Circ Cardiovasc Qual Outcomes. J Am Heart Assoc. In vivo diffusion-tensor MRI of the human heart on a 3 tesla clinical scanner: An optimized second order M2 motion compensated diffusion-preparation approach. Intermediate outcomes with ex-vivo allograft perfusion for heart transplantation. A Detailed Review of 13 Cardiectomy Cases. Am J Clin Pathol. Marijuana and Listing for Heart Transplant: A Survey of Transplant Providers. Transmission of Balamuthia mandrillaris by Organ Transplantation. Elevated immune monitoring as measured by increased adenosine triphosphate production in activated lymphocytes is associated with accelerated development of cardiac allograft vasculopathy after cardiac transplantation. Detecting rejection in cardiac transplantation: Curr Treat Options Cardiovasc Med.

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Chapter 2 : Clinician/Investigator Directory - Jon A. Kobashigawa, MD - Cedars-Sinai Medical Center

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Hamilton, MD, Jaime D. Heart transplantation in the elderly is increasingly common. We evaluated outcomes from one institution with the hypothesis that older recipients may be at higher risk of major complications associated with immunosuppression. All recipients in this consecutive cohort had a follow-up of at least at least 5 years. End-points studied were Kaplan-Meier survival, freedom from dialysis and freedom from malignancy at months. Although long-term survival of older heart transplant recipients is acceptable, it is significantly lower than in young recipients. The increased risk of renal failure and malignancy among elderly patients likely influences the difference in survival observed between the two groups. Pre-operative renal function warrants careful consideration. As ventricular assist device technology improves, it may be used to complement heart transplantation to avoid immunosuppression and its side effect of malignancy in older patients with advanced heart failure. *J Heart Lung Transplant* ; Chronic heart failure remains one of the most common acceptable in well-selected patients, the long-term out- diseases affecting the population. Although heart trans- come of such patients is not as well documented. Although tation in the elderly is necessary to facilitate decisions short-term results are well documented and generally regarding the best course of treatment for such pa- tients. The study group Group 1 was comprised of patients An opportunity was created to tion between January and July All recipients in include patients, who would typically not be transplanted these consecutive cohorts had at least 5-year follow-up. This permitted advanced consent for the arial freedom from malignancy and hemodialysis. We have already reported the short- and medium-term results for these Organ Preservation and Surgical Technique recipients. Outcome was limited due to recipient risk The protocol used at our institution and its outcomes factors of pre-existing renal failure. When a cohort of have been described previously. To remove possible bias, pleted, warm-blood cardioplegia and blood. Since , mycophenolate mofetil ad- for independent variables. Kaplan-Meier analysis Methylprednisolone was first given at a dose of mg with log-rank test was used to analyze survival, freedom every 12 hours for three doses. Prednisone was then from malignancy and freedom from dialysis. For selected patients, with logistic regression selection model backward stepwise: Pravastatin was used in all recipients. Biopsies were performed at regular time intervals. RESULTS For patients with cytomegalovirus-positive serology in The elderly group consisted of individuals Group either the donor or recipient, ganciclovir was adminis- 1 and the control group Group 2 consisted of tered intravenously for 2 weeks at a dose of 2. There were no This was extended for an additional 3 months if rejection statistically significant differences between donor gen- and treatment or chronic illness occurred. Double- der or cause of death between the groups. Group 1 strength trimethoprimâ€”sulfamethoxazole to mg recipients had a mean age of As expected, Group 12 months. Clotrimazole 10 mg was used as a lozenge, 1 patients were also significantly more often listed and three times a day for 3 months, and extended in the case transplanted as alternate-list patients. There were no of and treatment for rejection. Beyond 6 months post- statistically significant differences between groups for operatively, influenza vaccination was recommended for recipient gender, pre-operative creatinine values or patients who exhibited a low risk of rejection. Of note, Group 2 patients tended to have a higher rate of dilated cardiomyopathy Alternative Recipient Program and a lower rate of ischemic cardiomyopathy, although In , our program began to use a second alternate these differences were not statistically significant. Multivar- Marelli et al. At Intracranial bleed Multivariate regression analysis for malignancy Cardiac transplantation in the elderly is controversial. Several studies similar to ours have shown comparable survival rates at both 5- and year follow-up. That study also found that older patients had more infections, renal failure and longer post-operative length of stay. Also, as seen in Figure 3, most renal failure seen in the elderly occurred early post-operatively. Both this work and the Weiss et al study tabular portion below shows the number of patients

at risk for each suggest that, although heart transplantation is commonly time interval. One could speculate that the use of molecular expression testing to tailor immunosuppressive strategies would be justified in these malignancy-prone recipients. It is possible that, in the current era of powerful antibiotics, the trade-off in the elderly who are immunosuppressed Figure 3. Kaplan-Meier data for freedom from need for dialysis in the will be between malignancy and rejection. One novel approach to treating elderly patients, particularly those with addi- reserve of these recipients combined with the side effects tional risk factors for renal failure and malignancy, of immunosuppression may limit its efficacy. The increased risk of renal failure found among Destination therapy with a ventricular assist device elderly patients is consistent with previous studies. However, the use of this approach is pre-operative creatinine, is a factor in renal failure. The currently limited by other risk factors, such as cerebro- nephrotoxic effects of immunosuppression is another consideration. Previous studies have shown that the vascular accidents, coagulopathy, infection and device incidence of renal disease can be decreased signifi- functionality. As new devices become available, such cantly by eliminating or minimizing the use of cal- risk factors must be weighed carefully when determin- cineurin inhibitors and azathioprine in exchange for ing which therapy to use for the elderly patient with therapy with mycophenolate mofetil and mammalian advanced heart failure. One limitation, however, is that the improving upon the current results. An increase in age is independently associated In conclusion, although survival of elderly heart with an increased risk of malignancy in non-transplanted transplant recipients is comparable to that of younger controls. Previous studies have shown a 7. Pre-operative creatinine and history of malig- recipients, with an incidence rate of Avoiding the use of calcineurin common malignancy. We did not find that nation of immunosuppression and avoiding its side malignancy shortened survival in our older recipients; effects. As in renal failure, This research is supported by a grant from the Maurice previous studies have indicated that switching immuno- Marciano Family Foundation. Renal function and safety of heart transplant recipients switched to mycophenolate 1. Organ Procurement and Transplantation Network. Should heart Calcineurin inhibitor substitution with sirolimus vs. J Thorac Cardiovasc Surg ; Long-term results of heart ; J Thorac Cardio- Discontinuation of vasc Surg ; Use of two recipient lists for renal insufficiency as an alternative model of immunosuppres- adults requiring heart transplantation. J Thorac Cardiovasc Surg sion. Poor prognosis of heart 5. Heart transplantation in transplant patients with end-stage renal failure. Nephrol Dial older candidates. A comparative analysis J Card Surg experience. Rejection and recipient age. J Heart Lung discrimination of rejection in cardiac allograft recipients using Transplant ; Am J Transplant ;6:

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Chapter 3 : - NLM Catalog Result

CHAPTER 17 Cardiac Transplantation in Patients with Congenital Heart Disease, Jon A. Kobashigawa, Daniel Marelli
CHAPTER 18 Transcatheter Interventions in Adult Congenital Heart Disease, Jamil Aboulhosn, Daniel Levi, John W. Moore.

Since joining the faculties of each of the Departments of Biostatistics and Surgery in , my research has focused on statistical issues related to two main topics - organ transplantation and DNA identification. In the transplantation arena, I have assisted in the investigation of novel organ allocation schemes which promise equitable allocation of scarce compatible kidneys even for small pools and for minority patients. My research has also centered on elucidating via standard and Bayesian methodologies the factors most strongly influencing long-term graft survival and predicting chronic organ failure. With regard to DNA identification, I have been able to follow-up my thesis research concerning proper statistical interpretation of evidence through collaboration with Long Beach Genetics, Inc. Generally, my work involves deriving likelihoods of pedigrees based on DNA profiles with special problematic circumstances like mutation, population substructure or relatives as possible suspects. Am J Transplant ; 4: A competing risk analysis. Am J Transplant ; 2: Gjertson DW Impact of delayed graft function and acute rejection on graft survival. Transplant Proc ; ADC histogram analysis predicts response to bevacizumab treatment.. Clinical journal of the American Society of Nephrology: American journal of kidney diseases: Journal of immunology Baltimore, Md. The Journal of thoracic and cardiovascular surgery. Clinical immunology Orlando, Fla. Recommendations on biostatistics in paternity testing.. Biology of blood and marrow transplantation: Journal of the American Society of Nephrology: The Journal of urology. The Journal of allergy and clinical immunology. The Journal of heart and lung transplantation: The Annals of thoracic surgery. European journal of cardio-thoracic surgery: Gjertson David W Revisiting the center effect.. American journal of ophthalmology. American journal of transplantation: Gjertson David W Explainable variation in renal transplant outcomes: The Journal of infectious diseases. Gjertson David W Look-up survival tables for living-donor renal transplants: American journal of respiratory and critical care medicine. Gjertson David W A multi-factor analysis of kidney re-graft outcomes..

Chapter 4 : Tricuspid valve regurgitation after heart transplantation - CORE

To contribute to the debate regarding the candidacy From the David Geffen School of Medicine, Heart Transplant Program of elderly patients for heart transplantation, we con- gram, University of California, Los Angeles, Los Angeles, California.

Chapter 5 : Publications Authored by Daniel Marelli | PubFacts

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Chapter 6 : Jon Kobashigawa | UCLA Profiles

As increasing numbers of patients become eligible for heart transplantation, a large undersupply of suitable donor organs has developed. By matching recipient risk with donor risk, an effective expansion of the donor pool can occur while patient outcomes are maintained and organ wastage is minimized.