which deficits can be ameliorated and which ones will present a significant risk to the patient achieving an excellent long-term outcome. When chemical dependency is identified as a barrier, treatment and abstinence is often required before surgery. Frequent social work visits are used to monitor a patient's progress with abstinence.

With intense regulatory scrutiny, we must make difficult choices regarding mechanical circulatory support for an increasingly ill population of patients. The SIPAT is a good tool for the social workers on our team to use to bring objectivity to these challenging decisions and help assure that patients who need extra support may receive this in a focused way. The surgery is only as good as the patient and family who support the postoperative care over subsequent years.

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Commentary: Bringing objectivity to the nonmedical evaluation of left ventricular assist device candidates

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In this issue of the *Journal*, Olt and colleagues¹ adapt the Stanford Integrated Psychosocial Assessment for Transplantation (SIPAT) to consideration of left ventricular assist device (LVAD) candidacy in 374 patients who underwent primary durable LVAD implant at the Cleveland Clinic

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CENTRAL MESSAGE

Objective psychosocial predictive tools are needed to select LVAD candidates who will have clinically good outcomes as well as to identify modifiable risk factors for candidacy.

from April 2013 through December 2018. This tool has previously been shown to be highly predictive of psychosocial outcomes following solid-organ transplantation with strong inter-rater reliability.^{2,3} The 4 domains included in this score include (1) the patient's readiness for surgery, (2) social support system, (3) psychosocial

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Disclosures: The authors reported no conflicts of interest.

The *Journal* policy requires editors and reviewers to disclose conflicts of interest and to decline handling or reviewing manuscripts for which they may have a conflict of interest. The editors and reviewers of this article have no conflicts of interest.

Received for publication May 4, 2021; revisions received May 4, 2021; accepted for publication May 5, 2021; available ahead of print May 11, 2021.

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J Thorac Cardiovasc Surg 2023;165:1123-4
0022-5223/\$36.00

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<https://doi.org/10.1016/j.jtcvs.2021.05.010>

pathology, and (4) substance abuse and lifestyle. The aim of this approach was to identify modifiable risk factors. Currently, SIPAT is used by many heart and other solid-organ transplant centers worldwide to guide selection of candidates. Despite its acceptance by transplant programs, SIPAT is far from a perfect tool, with relatively low predictability of death or graft failure, as assessed by receiver operating curve analysis.³

Why would we need this type of assessment? LVAD and heart transplant surgeries are unique, as the complexity of care following these procedures necessitates the selection of candidates who can comply with the required care to prevent serious complications and death.⁴ As with heart transplant centers, LVAD centers are free to define the selection criteria for appropriate device candidates. Medical criteria for device implantation are supported by objective data with known clinical outcomes. Common to both LVAD and transplant, discussions regarding patient selection frequently focus on nonmedical issues that will impact care but that are not measurable, frequently changeable, and unpredictable due to variations in patients' behavior. Nonmedical factors relevant to LVAD implant such as patient adherence, social support, and psychosocial factors can result in inconsistent selection practices. Variable or changing thresholds to behavior applied by the LVAD committee across candidates, nontransparency to patients, lack of evidence to support decisions, stereotyping of candidates are all concerns regarding the review of nonmedical criteria. LVAD program standards for psychosocial eligibility tend to be more lenient and flexible due to the availability of devices, as compared with the decision to allocate a scarce resource in heart transplantation. However, both heart transplant and LVAD teams struggle with these ethical decisions, often impacted by social disparities that are beyond the control of patients and provider.

Olt and colleagues¹ investigate the relationship between SIPAT scores obtained before LVAD implant with post-LVAD unplanned hospital readmissions. The median SIPAT

score for their cohort was 16, categorizing the majority of their patients in the excellent or good risk categories. The total SIPAT score was not associated with the primary outcome of hospital readmissions or death, but this may be due to the relatively small sample size of predominantly good candidates. However, the authors did demonstrate specific SIPAT domains were associated with adverse LVAD outcomes. Poor living environment, patient readiness, and neurocognitive impairment were associated with more admissions and death.

This study by Olt and colleagues¹ is a first step in the process of trying to objectify nonmedical criteria such that medical care is fairly delivered to all. The development of additional device-specific assessment tools are needed to assist physicians and patients in reaching nonbiased and ethically sound decisions. It is important to recognize that despite the use of predictive tools, advanced heart failure programs will continue to struggle to balance potential psychosocial risk with the risk of not providing lifesaving therapy to a patient with end-stage disease. Ultimately, these tools should not be viewed as barriers to advanced therapies for psychosocially challenging patients but rather as a means to guide the LVAD team on the development of interventions to modify high-risk behaviors and thereby enable access to life-saving therapy for all in need.

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