

# ISHLT CARDIAC ALLOGRAFT VASCULOPATHY GRADING REPORT

*The Journal of Heart and Lung Transplantation, Volume 29, Issue 7 (July 2010), p 717-727*

In order to facilitate the eventual systematic reporting of the ISHLT CAV grade, the following form has been developed to record CAV grading. At present, this form is for your internal institutional use. We hope to in the future collect and collate this data for analysis and dissemination. The use of a common form and a common nomenclature will facilitate such reporting. Please refer to the manuscript cited above for additional details, or copy and paste the following link into your browser:

[http://www.jhltonline.org/article/S1053-2498\(10\)00312-8/abstract](http://www.jhltonline.org/article/S1053-2498(10)00312-8/abstract)

## PATIENT INFORMATION

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Date of Heart Transplantation: \_\_\_\_\_ Date of Evaluation: \_\_\_\_\_

## FINDINGS:

I. Left Ventricular Function (Ejection Fraction %): \_\_\_\_\_

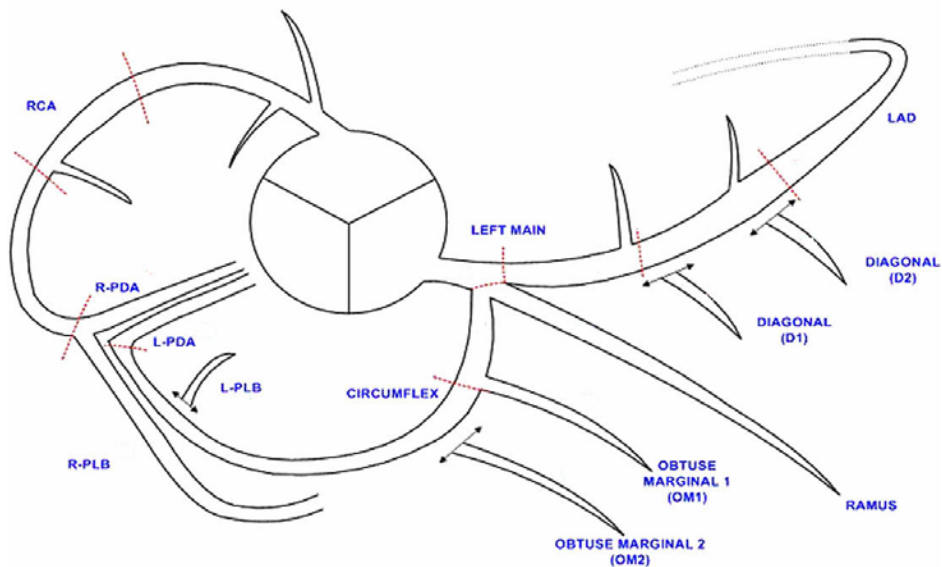
II. Restrictive Physiology  Yes  No (See definition below)

*Restrictive cardiac allograft physiology is defined as symptomatic heart failure with echocardiographic E to A velocity ratio >2 (>1.5 in children), shortened isovolumetric relaxation time (<60 msec), shortened deceleration time (<150 msec), or restrictive hemodynamic values (Right Atrial Pressure >12mmHg and Pulmonary Capillary Wedge Pressure >25 mmHg and Cardiac Index <2 l/min/m<sup>2</sup>)*

III. Coronary Angiography: Please describe the MAXIMUM LESION in the Left Main, Primary and Secondary Branch Vessels

*(A "Primary Vessel" denotes the proximal and Middle 33% of the left anterior descending artery, the left circumflex, the ramus and the dominant or co-dominant right coronary artery with the posterior descending and posterolateral branches; A "Secondary Branch Vessel" includes the distal 33% of the primary vessels or any segment within a large septal perforator, diagonals and obtuse marginal branches or any portion of a non-dominant right coronary artery)*

## CORONARY ANATOMY



*Coronary Tree System Adapted from Circulation. 1975;51:5-40*

## ISHLT CARDIAC ALLOGRAFT VASCULOPATHY GRADING REPORT

PATIENT NAME: \_\_\_\_\_

### RECOMMENDED NOMENCLATURE FOR CARDIAC ALLOGRAFT VASCULOPATHY

**ISHLT CAV0 (Not significant):** No detectable angiographic lesion

**ISHLT CAV1 (Mild):** Angiographic left main (LM) <50%, or primary vessel with maximum lesion of <70%, or any branch stenosis <70% (including diffuse narrowing) without allograft dysfunction

**ISHLT CAV2 (Moderate):** Angiographic LM  $\leq$ 50%; a single primary vessel  $\geq$ 70%, or isolated branch stenosis  $\geq$ 70% in branches of 2 systems, without allograft dysfunction

**ISHLT CAV3 (Severe):** Angiographic LM  $\geq$ 50%, or two or more primary vessels  $\geq$ 70% stenosis, or isolated branch stenosis  $\geq$ 70% in all 3 systems; or ISHLT CAV1 or CAV2 with allograft dysfunction (defined as LVEF  $\leq$ 45% usually in the presence of regional wall motion abnormalities) or evidence of significant restrictive physiology (which is common but not specific;)

*The Journal of Heart and Lung Transplantation, Volume 29, Issue 7 (July 2010), p 717-727*



### CURRENT ISHLT CAV GRADE:

ISHLT CAV<sub>0</sub> (not significant)

ISHLT CAV<sub>1</sub> (mild)

ISHLT CAV<sub>2</sub> (moderate)

ISHLT CAV<sub>3</sub> (severe)

REVIEWED BY:

-----

NAME:

DATE: