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| --- | --- | --- | --- | --- | --- |
| Table 1 - Baseline characteristics, destination therapy, and mortality in patients on VA-ECLS with or without LV venting | | | | | |
|  | Studies reporting on venting only (n. 25) | Studies reporting on venting vs. non- venting (n. 36) | | | *P value†* |
| Total | Vent | non-vent |
| Number of patients, n (%) | 666/1523 (44%) | 6472 | 2792/6472 (43%) | 3680/6472 (57%) |  |
| Gender (male), n (%) | 392/526 (74.5%) | 2874/4071 (70.6%) | 1256/1684 (74.6%) | 1618/2387 (67.8%) | *<0.01* |
| Age, mean years (n) | 54.3 (550) | 55.6 (1892) | 56.1 (715) | 55.1 (1177) | *0.001* |
| Weaned from VA-ECLS, n (%) | 208/408 (51%) | 2091/3753 (55.7%) | 1068/1562 (68.4%) | 1023/2191 (46.7%) | *<0.01* |
| Duration of VA-ECLS, mean days (n) | 6.0 (480) | 3.2 (4052) | 3.6 (1758) | 2.8 (2294) | *<0.01* |
| Duration of MV, mean days (n) | 8.4 (97) | 5.8 (594) | 7.1 (264) | 4.6 (330) | *0.01* |
| ICU Length of Stay, mean days (n) | 15 (221) | 12.6 (1124) | 13 (574) | 12.3 (550) | *NS* |
| Bridge to, n (%)  Recovery  VAD  Transplant | 172/393 (43.8%)  56/424 (13.2%)  22/330 (6.7%) | 692/1644 (42.1%)  195/1453 (13.4%)  40/631 (6.3%) | 339/715 (47.4%)  85/599 (14.2%)  20/347 (5.8%) | 353/929 (38%)  110/854 (12.9%)  20/284 (7%) | *0.001*  *NS*  *NS* |
| All-cause mortality, n (%)  Short-term  In-hospital  Long-term | 163/298 (54.7%)  229/377 (60.7%)  90/142 (63.4%) | 2157/3825 (56.4%)  3409/5424 (62.9%)  685/830 (82.5%) | 797/1565 (50.9%)  1308/2173 (60.2%)  416/510 (81.6%) | 1360/2260 (60.2%)  2101/3251 (64.6%)  269/320 (84.1%) | *<0.01*  *0.001*  *NS* |
| †chi-squared test for difference in proportions, two-sided t test for continuous variables  VA-ECLS = veno-arterial extracorporeal life support, LV = left ventricle, VAD = ventricular assist device, MV = mechanical ventilation, ICU = intensive care unit. | | | | | |



**Figure 1a - Short-term (up to 30 days) mortality**



**Figure 1b - In-hospital mortality**



**Figure 1c - Long-term (up to 6 months) mortality**

**Figure 1 illustrates the all-cause mortality outcomes in relation to LV venting during VA-ECLS.**