SUPPLEMENTARY MATERIAL

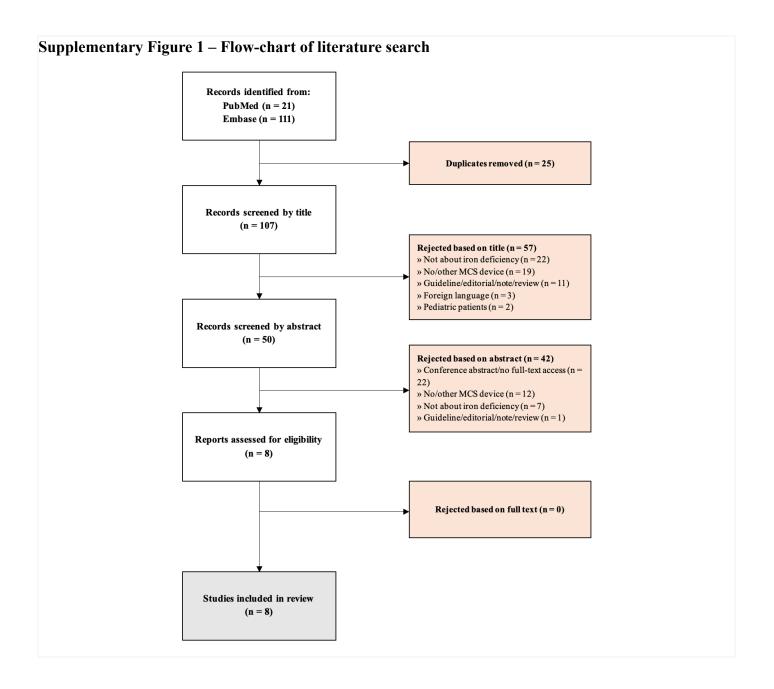
For the manuscript: Iron deficiency in patients with left ventricular assist devices

Supplementary Table 1 – Search terms

Search criteria used in the PubMed database on September 26, 2023

			Final search term		
Key concept	LVAD	Iron deficiency	(LVAD* OR "ventricular		
Free text terms	LVAD	Iron-deficiency	assist device*" OR heartmate		
	Ventricular assist device	Iron-deficient	OR heartware OR "long-term		
	HeartMate	Iron repletion	mechanical circulatory		
	HeartWare	Iron depletion	support" OR "ventricular		
	Long-term mechanical circulatory	Iron depleted	assist system*" OR "Heart-		
	support	Intravenous iron	Assist Devices" [Mesh])		
	Ventricular assist system	Iron homeostasis	AND ("anemia, iron		
		Iron metabolism	deficiency" [Mesh] OR iron-		
		Iron replacement	deficiency OR iron-deficient		
		Iron supplement	OR "iron repletion" OR "iron		
		Iron therapy	depletion" OR "iron		
		Iron therapies	depleted" OR "intravenous		
		Iron deficiency	iron" OR "iron homeostasis"		
		Iron deficient	OR "iron metabolism" OR		
		Ferric	"iron replacement" OR "iron		
		Ferrous	supplement*" OR "iron		
Subject terms	"Heart-Assist Devices"[Mesh]	"Anemia, iron deficiency" [Mesh]	therapy" OR "iron therapies"		
			OR "iron deficiency" OR		
			"iron deficient")		
Search results, n	21,953	134,645	21		

Search criteria adapted for the Embase database resulted in 111 entries on September 26, 2023. (lvad* or "ventricular assist device*" or heartmate or heartware or "long-term mechanical circulatory support" or "ventricular assist system*" or exp left ventricular assist device/) and (exp iron deficiency/ or exp iron deficiency anemia/ or iron-deficiency or iron-deficient or "iron repletion" or "iron depleted" or "intravenous iron" or "iron homeostasis" or "iron metabolism" or "iron replacement" or "iron supplement*" or "iron therapy" or "iron therapies" or "iron deficiency" or "iron deficient")



<u>Supplementary Table 2 – Detailed summary of included studies</u>

			-Guerra 17) ¹⁸	Bode (2019) ⁴⁷		Bakosova (2022) ²¹ Po		$(2022)^{48}$	Veenis (2022) ¹⁹	Vesper (2024) ²²		Bernier (2023) ²⁰	Ton (2023) ²³
Study characteristics	Study design	Cross-sectional ¹		Prospective, observational		Retrospective	Retrospective		Retrospective	Retrospective		Retrospective	Retrospective
	n^2	58		31		7	205		84	33		12	87
	Patient population	Outpatients with LVAD ≥6 months		Patients with LVAD		Patients enlisted for HTx (LVAD subgroup)	Patients with LVAD		Patients with LVAD or HTx	Patients with HM3		Patients with LVAD	Patients with LVAD
	Major inclusion criteria Anemia (Hb <12 g/dL)		ID (FAIR	-HF def.)	Consecutive patients meeting criteria for HTx-enlisting	ID (FAIR-HF def.)		≥18 years old ≥3 months follow-up	ID (Fair-HF def.)		Treated with iron ≤30 days post-implant	Plasma samples at ≥3 points (2 weeks before, 1, 3, and 6 months after LVAD implant)	
	Major exclusion criteria	GI bleed/transfusion ≤3 months Conditions influencing the nature of anemia ³		Signs of PT (LDH >3x normal)		Disorders that significantly limit prognosis or serious extracardiac disease. ⁴		-	Death/HTx ≤90 days post-implant IV iron outside submission Dialysis require index disch Transfusions ≤€		ission quirement at ischarge	Blood transfusions ≤90 days after IV iron	-
	Follow-up	-		IV: median 42 days Oral: median 237 days		-	3 months		≤24 months (median 649 days)	≤6 months of discharge (median 83 days)		≤90 days of last dose of iron (median 46 days)	6 months
	Comparator	ID vs. non-	-ID anemia	IV vs. oral iron ⁵		LVAD vs. non-LVAD	IV iron vs. no IV iron		LVAD vs. HTx	IV iron vs. no IV iron		LVAD vs. non-LVAD	-
	Iron preparation(s)	-		IV ferric gluconate IV ferumoxytol Oral ferrous sulfate ⁶		-	- IV iron sucre		Not reported	IV ferric gluconate		Not reported	Not reported
	Focus	Aetiology of anemia		Efficacy of IV/oral iron in correcting ID		Prevalence of ID	Safety and efficacy of IV iron		Prevalence of ID and iron supplementation in advanced HF patients	Efficacy of IV iron during index submission		Efficacy of IV iron on iron/anemia indices + compare response with control	Persisting hepcidin dysregulation
	Primary endpoints	-		Rate of resolution of ID		-	Hb at 12 weeks		-	Change in MLWHFQ and 6MWD from baseline to follow-up		Change in Hb and MCV from baseline to follow-up	-
		Amione-Guerra (2017)		7) Bode (2019)		Bakosova (2022)	Peters (2022)		Veenis (2022)	Vesper (2024)		Bernier (2023)	Ton (2023)
7.0	Subgroup	Non-ID	ID	IV iron	Oral iron		+iron sup.	-iron sup.		+IV iron	-IV iron		
istics	n (%)	21 (36%)	37 (64%)	10 (32%)	21 (68%)	7 (100%)	67 (33%)	138 (67%)	84 (100%)	20 (61%)	13 (39%)	12 (100%)	87 (100%)
acter line)	Age (years)	62 ± 11	56 ± 12	56.0	56.8	54.3 ± 5.6	62 (54–69)	59 (50–68)	57.8 (52.4–62.2)	61 (56–69)	60 (47–71)	66 (45–72)	62 (62–69)
char.	Male sex	71%	78%	70%	91%	100%	84%	86%	79%	85%	92%	83%	82%
Patient characteristics	Ischemic HF aetiology	52%	62%	-	-	-	40%	41%	46%	50%	46%	-	-
1	LVAD												

Device	HMII		HMII HMII HM3		- HMII, HM3		M3, HVAD	IVAD HMII, HM3		M3	HM3 (58%)	HMII, HM3, HVAD
DT as indication	71%	59%	-	-	0%	72%	68%	23%	20%	85%	50%	-
Duration (months)	22 ± 16	23 ± 18	31.2	20.4	-	18.9 (7.6–29.7)	12.4 (6.7–21.5)	2.3 (0.6–6.2)	0	0	-	0
Lab results												
Hb (mmol/L)	6.8 ± 0.7	6.2 ± 0.9	6.3	7	6.6 ± 0.6	5.7 (5.3–6.6)	6.8 (6–7.9)	-	6.6 (5.5–8.2)	6 (5.7–7.8)	5.3 (5–5.6)	6.5 (5.6–7.2)
Ferritin (µg/L)	302 ± 160	74 ± 59	41.3	66.7	268 (106–368)	46 (30–117)	71 (45–104)	-	164.5 (57.7–236)	132 (73.8–204)	25 (19–52)	188 (111–417) [n=76]
TSAT (%)	27 ± 6	13 ± 6	12.7	13.9	14 ± 4	-	-	-	9.5 (8–14.5)	13.5 (8.8–17.3)	6 (5–8)	15 (11–21)
S-iron (µmol/L)	12 ± 3.6	8 ± 3.6	-	-	7.8 (5.6–9.8)	-	-	-	-	-	-	-
MCV (fL)	93 ± 8	86 ± 9	-	-	-	79 (73–86)	85 (81–90)	-	-	-	73 (70–85)	-
Creatinine (µmol/L)	-	-	111	99	89 (68–105)	115 (88–159)	106 (88–133)	151 (116–189)	97 (80–124)	133 (99–150)	-	106 (88–141)

- 1 = Amione-Guerra et al. also conducted a retrospective analysis but did not address ID in that part. Therefore, only the cross-sectional arm was included in this review.
- 2 = Number of patients with an LVAD (may only be a subgroup/arm)
- 3 = Myelodysplastic syndrome, Chemotherapy, hemochromatosis
- 4 = Infections, malignancies, peptic ulcer disease, severe kidney, liver or lung dysfunction, etc.
- 5 = Selection to IV vs. oral based on patient factors (i.e., cost, logistics)
- 6 = IV inpatients: Ferric Gluconate, 250 mg every 12 hours until corrected (per Ganzoni's formula), IV outpatients: Ferumoxytol 1020 mg over 30 minutes, PO: ferrous sulfate 325 mg (frequency determined by physician)
- 7 = IV Iron sucrose, 200 mg x5 or 300 mg x3 (inpatients dosed daily, outpatients dosed weekly)

Missing data is represented with "-". The presented data is either mean (\pm SD) or median (IQR)

DT = Destination therapy; GI = Gastrointestinal; HF = Heart failure; Hb = Hemoglobin; HMII = HeartMate II; HM3 = HeartMate 3; HTx = Heart transplantation; HVAD = HeartWare; ID = Iron deficiency; IV = Intravenous; LDH = Lactate dehydrogenase; LVAD = Left ventricular assist device; MCV = Mean corpuscular volume; PT = Pump thrombosis; S-iron = Serum iron; TSAT = Transferrin saturation