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A PROSPECTIVE, RANDOMIZED TRIAL OF ANEMIA MANAGEMENT IN POST-OPEN HEART SURGERY PATIENTS (B3), Carolyn Sear. Swedish Medical Center, Seattle, WA (carolyn.sear@swedish.org) IRB approval pending.

Blood transfusions have been associated with increased hospital mortality and poor long-term outcomes in patients undergoing open-heart surgery (OHS). The objective of this study is to determine the most effective treatment for post-OHS anemia to reduce the need for packed red blood cell (PRBC) transfusions. Nine hundred subjects will be randomized to one of three treatment arms: group 1, control group (prenatal vitamin), group 2 (IV ferric gluconate and a prenatal vitamin), or group 3 (IV ferric gluconate, subcutaneous epoetin alfa, and a prenatal vitamin). The primary endpoints of the study are the number of PRBC transfusions in each group prior to discharge and each subject's hematocrit (Hct) at one month post-OHS. The secondary endpoints include mortality and quality of life (QOL) at one month, six months and one year, adverse events up to one month post-OHS, and age of PRBC transfusions given. Preliminary results of this trial will be presented. Data from The Society of Thoracic Surgeons Adult Cardiac Surgery Database will be used to test a second hypothesis which states that a greater percent decrease in a patient's Hct from baseline to post surgery is correlated with a greater risk of poor outcomes post-OHS. Determining the impact of baseline Hct on patients' outcomes will allow for better identification of patients at

higher risk of poor outcomes post-OHS. Full results of the database analysis will be presented.