

## 下限値を低下させることにより輸血量が減少する (2017 AHA, Session LBS.02)

TRICS III: 最終的な世界的輸血スタディの結果は、患者の安全性および良好な転帰を支持する

TRICS III: Definitive global transfusion study supports patient safety and positive patient outcomes

心臓手術中の輸血を行う下限値を低下させることは、従来の値を用いた場合よりも安全で患者の転帰を改善するとの、この領域で過去最大の研究が発表された。より低い、つまり"制限的な"下限値により、輸血を受ける患者が28% 減少し、輸血量が約30% 減少した。またこの制限的な下限値により、輸血量が減り各々の施術に費やす費用も減らすことができた。この結果は2017 American Heart Association Scientific Sessions で発表され、同時に *New England Journal of Medicine* に掲載された。

### Full Text

Lower thresholds for blood transfusions during cardiac surgery have proven to be safe and provide good patient outcomes compared to traditional thresholds, according to the largest research study ever performed in this area. The lower or "restrictive" threshold also can help reduce the amount of blood transfused and money spent for each procedure.

The randomized trial involving more than 5,000 patients at 74 cardiac care centers in 19 countries found no clinical or statistical difference in the four important patient outcomes chosen to determine whether contemporary restrictive practices provided better or worse patient safety and outcomes than traditional liberal practices. The chosen indicators included death, heart attack, stroke or new kidney failure.

The study found that the restrictive approach reduced the number of patients who received transfusions by 28 percent and reduced the amount of blood transfused by approximately 30 percent.

The findings were presented at the 2017 American Heart Association Scientific Session by Dr. David Mazer, an anesthesiologist at St. Michael's Hospital and associate scientist in its Keenan Research Centre for Biomedical Science. They were published simultaneously in the *New England Journal of Medicine*.

According to Dr. Mazer, physicians who practice the liberal transfusion approach tend to give blood transfusions early in the surgery to prevent patients' hemoglobin level from falling. Hemoglobin is the protein that allows red blood cells to deliver oxygen to body tissues. Physicians who practice a restrictive approach tend to wait longer to see if the hemoglobin level remains stable or if the patient has excessive bleeding.

Dr. Mazer said the study was important because transfusion practices vary widely around the world and because there are known risks to blood transfusions and to acute anemia. Other studies have shown that restrictive transfusion practices can reduce the number and volume of transfusions, but this is the first research, he said, to definitively show it is equal to higher thresholds in terms of patient safety and outcomes.

"We have shown that this approach to transfusion is safe, in moderate- to high-risk patients undergoing cardiac surgery," Dr. Mazer said. "Such practices can also reduce the number of patients transfused, the amount of blood transfused, the impact on blood supply and costs to the health-care system."

This study received funding from the Canadian Institutes of Heart Research, Canadian Blood Services, the National Health and Medical Research Council in Australia and the Health Research Council of New Zealand.

## Cardiology特集

AHA2017 (第90回米国心臓病協会)

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