

Supplemental Table 1: Suspected and confirmed pump thrombosis definition

Pump thrombosis is an event in which the pump or its conduits contain a thrombus that results in or could potentially induce circulatory failure.

Suspected Pump Thrombus: An event in which clinical or mechanical circulatory support device (MCS D) parameters suggest thrombus on the blood contacting components of the pump, cannulae, or grafts. Signs and symptoms should include at least 2 of the 3 following criteria:

- a. Presence of hemolysis (clinical hemolysis and/or sustained LDH > 3.0 upper lab normal limit)
- b. Worsening heart failure (or lack of LV unloading when a ramp test is performed)
- c. Abnormal pump parameters (elevated pump powers > 10W or 2W higher than baseline)

Suspected pump thrombus should be accompanied by 1 or more of the following events or interventions:

- a. Treatment with intravenous anticoagulation (e.g., heparin), intravenous thrombolytics (e.g., tPA), or intravenous antiplatelet therapy (e.g., eptifibatide, tirofiban)
- b. Pump replacement.
- c. Pump explantation
- d. Urgent transplantation (UNOS status 1A)
- e. Stroke
- f. Death

Confirmed Pump Thrombus: A suspected pump thrombosis event in which a thrombus is confirmed within the blood contacting surfaces of device inflow cannula or outflow conduit or grafts. This can be reported via direct visual inspection (documented by a photograph if available) upon pump explantation or by sending the pump back to Thoratec (now Abbott) for evaluation. Any pump explanted for suspected device thrombosis should be sent back to Thoratec (now Abbott) for analysis. All pump thrombosis events will be adjudicated by an independent committee.