## Extracorporeal Membrane Oxygenation

Last Updated: December 17, 2020

## Recommendation

• There is insufficient evidence to recommend either for or against the use of extracorporeal membrane oxygenation (ECMO) in adults with COVID-19 and refractory hypoxemia.

## Rationale

ECMO has been used as a short-term rescue therapy in patients with acute respiratory distress syndrome (ARDS) caused by COVID-19 and refractory hypoxemia. However, there is no conclusive evidence that ECMO is responsible for better clinical outcomes regardless of the cause of hypoxemic respiratory failure.<sup>1-4</sup>

The clinical outcomes for patients with ARDS who are treated with ECMO are variable and depend on multiple factors, including the etiology of hypoxemic respiratory failure, the severity of pulmonary and extrapulmonary illness, the presence of comorbidities, and the ECMO experience of the individual center.<sup>5-7</sup> A recent case series of 83 COVID-19 patients in Paris reported a 60-day mortality of 31% for patients on ECMO.<sup>8</sup> This mortality was similar to the mortality observed in a 2018 study of non-COVID-19 patients with ARDS who were treated with ECMO during the ECMO to Rescue Lung Injury in Severe ARDS (EOLIA) trial; that study reported a mortality of 35% at Day 60.<sup>3</sup>

The Extracorporeal Life Support Organization (ELSO) Registry provides the largest multicenter outcome dataset of patients with confirmed COVID-19 who received ECMO support and whose data were voluntarily submitted. A recent cohort study evaluated ELSO Registry data for 1,035 COVID-19 patients who initiated EMCO between January 16 and May 1, 2020, at 213 hospitals in 36 countries. This study reported an estimated cumulative in-hospital mortality of 37.4% in these patients 90 days after they initiated ECMO (95% CI; 34.4% to 40.4%).<sup>9</sup> Without a controlled trial that evaluates the use of ECMO in patients with COVID-19 and hypoxemic respiratory failure (e.g., ARDS), the benefits of ECMO cannot be clearly defined for this patient population.

Ideally, clinicians who are interested in using ECMO should try to enter their patients into clinical trials or clinical registries so that more informative data can be obtained. The following resources provide more information on the use of ECMO in patients with COVID-19:

- The ELSO ECMO in COVID-19 website
- A list of clinical trials that are evaluating ECMO in patients with COVID-19 on ClinicalTrials.gov

## References

- 1. Peek GJ, Mugford M, Tiruvoipati R, et al. Efficacy and economic assessment of conventional ventilatory support versus extracorporeal membrane oxygenation for severe adult respiratory failure (CESAR): a multicentre randomised controlled trial. *Lancet*. 2009;374(9698):1351-1363. Available at: <a href="https://www.ncbi.nlm.nih.gov/pubmed/19762075">https://www.ncbi.nlm.nih.gov/pubmed/19762075</a>.
- 2. Pham T, Combes A, Roze H, et al. Extracorporeal membrane oxygenation for pandemic influenza A(H1N1)induced acute respiratory distress syndrome: a cohort study and propensity-matched analysis. *Am J Respir Crit Care Med.* 2013;187(3):276-285. Available at: <u>https://www.ncbi.nlm.nih.gov/pubmed/23155145</u>.
- Combes A, Hajage D, Capellier G, et al. Extracorporeal membrane oxygenation for severe acute respiratory distress syndrome. *N Engl J Med*. 2018;378(21):1965-1975. Available at: <u>https://www.ncbi.nlm.nih.gov/pubmed/29791822</u>.

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- 4. Munshi L, Walkey A, Goligher E, Pham T, Uleryk EM, Fan E. Venovenous extracorporeal membrane oxygenation for acute respiratory distress syndrome: a systematic review and meta-analysis. *Lancet Respir Med.* 2019;7(2):163-172. Available at: <a href="https://www.ncbi.nlm.nih.gov/pubmed/30642776">https://www.ncbi.nlm.nih.gov/pubmed/30642776</a>.
- Bullen EC, Teijeiro-Paradis R, Fan E. How I select which patients with ARDS should be treated with venovenous extracorporeal membrane oxygenation. *Chest.* 2020;158(3):1036-1045. Available at: <u>https://www.ncbi.nlm.nih.gov/pubmed/32330459</u>.
- 6. Henry BM, Lippi G. Poor survival with extracorporeal membrane oxygenation in acute respiratory distress syndrome (ARDS) due to coronavirus disease 2019 (COVID-19): Pooled analysis of early reports. *J Crit Care*. 2020;58:27-28. Available at: https://www.ncbi.nlm.nih.gov/pubmed/32279018.
- Mustafa AK, Alexander PJ, Joshi DJ, et al. Extracorporeal membrane oxygenation for patients with COVID-19 in severe respiratory failure. *JAMA Surg.* 2020;Published online ahead of print. Available at: <u>https://www.ncbi.nlm.nih.gov/pubmed/32780089</u>.
- 8. Schmidt M, Hajage D, Lebreton G, et al. Extracorporeal membrane oxygenation for severe acute respiratory distress syndrome associated with COVID-19: a retrospective cohort study. *Lancet Respir Med.* 2020. Available at: <u>https://www.ncbi.nlm.nih.gov/pubmed/32798468</u>.
- Barbaro RP, MacLaren G, Boonstra PS, et al. Extracorporeal membrane oxygenation support in COVID-19: an international cohort study of the Extracorporeal Life Support Organization registry. *Lancet*. 2020;396(10257):1071-1078. Available at: <u>https://www.ncbi.nlm.nih.gov/pubmed/32987008</u>.