

OPTN Heart Transplantation Committee

Meeting Summary

April 1, 2025

Conference Call

J.D. Menteer, MD, Chair

Hannah Copeland, MD, Vice Chair

Introduction

The OPTN Heart Transplantation Committee met via WebEx teleconference on 04/01/2025 to discuss the following agenda items:

1. Welcome, introductions, and agenda review
2. Committee business
3. Heart CD: Presentation of SRTR's initial match run analysis results
4. Open forum
5. Closing remarks

The following is a summary of the Committee's discussions.

1. Welcome, introductions, and agenda review

The Chair welcomed the Committee members to the OPTN Heart Transplantation Committee's 04/01/2025 meeting. The Chair began the meeting with a brief overview of upcoming meetings and a reminder of the importance of participation despite the challenges of remote attendance. The Chair emphasized the value of active engagement and encouraged members to prioritize their involvement in the upcoming all-day meeting on 04/18/2025.

2. Committee business

Committee business consisted of two items. The first item involved an OPTN operational change related to the number of days associated with adult heart status extensions, which will better align such extensions with the manner by which pediatric heart extensions and other organ extensions are managed. The second item involved a brief recap of the public comments received for the *Escalation of Status for Time on Left Ventricular Assist Device* proposal.

Summary of discussion:

Decision #1: The committee agreed to proceed with aligning the operation of adult heart status extensions with those in place for pediatric heart status extensions and other organ extensions.

The Committee first discussed the adult heart status extension operational matter. Currently, the OPTN Computer System adds a full calendar day to the extension period defined in OPTN policy. This is different than how pediatric heart extensions and other organ extensions are administered. The Committee discussed how this variation between adult and pediatric heart status extensions, particularly for statuses extended for shorter time frames such as seven and 14 days, might potentially impact the ways transplant programs go about scheduling repeat testing and managing candidate

extensions. For example, adding one day to a 7-day or 14-day extension period means that the day of the week that repeat testing can be scheduled and the extension form button appears will vary, which might impact candidate management.

The Committee agreed to proceed with changing adult heart status extensions to be aligned with how extensions are administered for pediatric hearts and other organs. This change is expected to improve predictability and consistency in candidate management. The Committee also emphasized the need for education and communication with transplant programs before the changes are implemented. The Chair assured members that educational materials would be provided to ensure a smooth transition.

The Committee also discussed the timing of this change, noting that it would be implemented alongside the status two policy changes anticipated for summer 2025, pending OMB approval. The Chair highlighted the importance of this minor programming change, explaining that it would help adult programs better understand their candidates' extension timeframes and ensure that the extension form button appears at the appropriate time. This consistency will reduce confusion and improve the efficiency of candidate management.

The second item the Committee reviewed involved public comments received for the *Escalation of Status for Time on Left Ventricular Assist Device* proposal. The majority of public comments were supportive, with some neutral and a small percentage not supportive. The neutral comments often included suggestions for shortening the proposed eligibility timeframes, while indicating general support for the proposal. The Committee discussed the breakdown of responses, noting that 159 out of 172 comments were from the public, with two-thirds being supportive, less than a third neutral, and 2% not supportive. The neutral comments were often subjective, with respondents expressing support for the Committee's decisions but suggesting shorter eligibility time frames or other improvements.

A Committee member expressed surprise at the low number of responses from physicians or medical providers, highlighting the need for greater engagement from the medical community. The Committee discussed the importance of disseminating information about policy decisions and regional review board practices to ensure broader awareness and participation.

Next steps:

The Committee will receive a more detailed public comment analysis of the Escalation of Status proposal as part of their 04/18/2025 meeting. At that time, the Committee may want to consider whether to vote on approving the policy language as it was submitted for public comment or whether any modifications are needed.

3. Heart CD: Presentation of SRTR's initial match run analysis results

The primary focus of the meeting was the presentation of the initial match run analysis results conducted by the Scientific Registry of Transplant Recipients (SRTR) contractor. The analysis aimed to evaluate the impact of various factors on heart allocation under a very early version of a proposed Continuous Distribution (CD) framework. The presentation was led by SRTR contractor staff, who provided a comprehensive overview of the methodology, findings, and implications of the analysis. The Committee discussed the preliminary results of the analysis, which aimed to understand the impact of different factors on heart allocation.

Summary of discussion:

No decisions were made as part of this discussion.

The Committee last discussed the match run analysis as part of their 01/21/2025 meeting, so the SRTR contractor began by explaining the concept of match run analysis. In the context of organ allocation, a match run is generated when an organ becomes available, and the OPTN Computer System screens all candidates on the waitlist to create an ordered list based on priority. This list determines the sequence in which candidates are offered the organ. The match run analysis aggregates data from multiple match runs to evaluate how different OPTN policies prioritize candidates.

The analysis involved comparing the current heart allocation policy with the Committee's current version of a CD allocation framework. The Committee members were reminded that the version they submitted for use in the match run analysis was not their final version and only intended to provide the Committee with some actionable items for discussion. The proposed policy attributed weights to various factors, including medical urgency, blood type, sensitization, priority for pediatric candidates, waiting time, priority for prior living donors, and proximity efficiency. The SRTR contractor provided a detailed explanation of how these weights were applied and how the match runs were reordered under the proposed policy.

The results showed that adult status one candidates, including those on ECMO, had the highest allocation priority under both current and proposed policies. The proposed policy significantly increased the priority for these candidates, with a median sequence number of six compared to 22 under the current policy.

Pediatric candidates also had higher allocation priority under the proposed policy compared to the current policy, regardless of donor type. For all donors, the median sequence number for pediatric candidates was 45 under the proposed policy, compared to 113 under the current policy. This trend was consistent for both pediatric and adult donors, indicating a substantial increase in priority for pediatric candidates. However, for pediatric donors, adult status one candidates had higher priority under the proposed policy, which raised concerns about the prioritization of pediatric candidates. The committee discussed the importance of ensuring that pediatric candidates receive appropriate priority, especially for pediatric donors. There was a suggestion to break down pediatric status one A into various criteria to better understand the impact on allocation priority.

The analysis also highlighted the increased priority given to candidates with significant LVAD time under the proposed policy. Candidates with more than seven years of LVAD time had a median sequence number comparable to adult status one candidates under current policy, indicating a substantial increase in priority. Those with more than seven years of LVAD time had a median sequence number of 23, comparable to adult status one candidates under the current policy. This finding highlighted the impact of LVAD time on allocation priority.

Blood type O and B candidates were found to have higher priority under the proposed policy compared to the current policy. The proportion of blood type O and B candidates at each sequence number was higher under the proposed policy, indicating improved access for these candidates. The Committee discussed the need to ensure that blood type O candidates receive adequate priority due to their limited donor compatibility.

The distance between donor hospitals and transplant programs was generally greater under the proposed policy, indicating a potential increase in travel distances for organ allocation. The median distance was 50 to 100 nautical miles farther under the proposed policy, suggesting increased travel distances for organ allocation. The proportion of candidates more than 500 nautical miles away from the donor hospital was higher under the proposed policy, particularly for the highest priority candidates. The Committee noted the importance of balancing medical urgency with travel distance to ensure efficient and equitable allocation.

Following the presentation of the results, the Committee engaged in a detailed discussion of the implications for heart CD allocation. Members expressed concerns about the prioritization of pediatric candidates, especially for pediatric donors. There was a suggestion to break down pediatric status 1A into various criteria to better understand the impact on allocation priority.

The increased priority for candidates with significant LVAD time raised questions about the balance between medical urgency and waiting time. The Committee noted the need to carefully consider the combined emphasis on these factors to ensure equitable allocation.

The findings related to blood type highlighted the importance of ensuring adequate priority for blood type O candidates due to their limited donor compatibility. The Committee discussed the potential use of formulas from other organ allocation systems, such as lung transplantation, to address this issue.

The increased travel distances under the proposed policy prompted discussions about the balance between medical urgency and proximity efficiency. The Committee emphasized the need to ensure efficient and equitable allocation while minimizing the impact of long-distance travel.

Next steps:

The Committee agreed to further analyze and refine the proposed attribute weights and rating scales as part of the next match analysis iteration. Members expressed appreciation for the detailed presentation and looked forward to continuing the work at the upcoming in-person meeting. The Chair highlighted the importance of iterative analysis and collaboration to develop a policy that meets the objectives of the CD allocation framework.

4. Open forum

No requests from the public were received prior to the meeting asking to address the Committee during open forum.

5. Closing remarks

The Chair thanked the members for their active participation and thoughtful contributions during today's discussions. The Chair also highlighted the value of the detailed analysis presented by SRTR contractor staff, noting that the initial match run analysis results provided a crucial foundation for understanding the impact of various factors on heart allocation. The Chair acknowledged the complexity of the issues discussed, including the prioritization of pediatric candidates, the balance between medical urgency and LVAD time, and the need to ensure equitable access for blood type O candidates.

Finally, the Chair emphasized the significance of the upcoming in-person meeting on April 18, 2025. This half-day session will provide an opportunity for more in-depth discussions and collaborative work on refining the proposed CD framework. The Chair encouraged members to review the analysis results and come prepared with ideas and suggestions for further iterations of the policy.

Upcoming Meetings

- July 2, 2024 from 4:00 to 5:30 pm
- July 16, 2024 from 5:00 to 6:00 pm
- August 7, 2024 from 4:00 to 5:00 pm
- August 20, 2024 from 5:00 to 6:00 pm
- September 4, 2024 from 4:00 to 5:00 pm
- September 17, 2024 from 5:00 to 6:00 pm
- October 2, 2024 from 4:00 to 5:00 pm
- October 9, 2024 from 9:00 am to 4:00 pm (In-person meeting, Detroit, MI)
- October 15, 2024 from 5:00 to 6:00 pm
- November 6, 2024 from 4:00 to 5:00 pm
- November 19, 2024 from 5:00 to 6:00 pm
- ~~December 4, 2024 from 4:00 to 5:00 pm~~
- December 17, 2024 from 5:00 to 6:00 pm
- ~~January 1, 2025 from 4:00 to 5:00 pm~~
- January 21, 2025 from 5:00 to 6:00 pm
- February 4, 2025 from 4:00 to 5:00 pm
- February 18, 2025 from 5:00 to 6:00 pm
- March 4, 2025 from 4:00 to 5:00 pm
- March 18, 2025 from 5:00 to 6:00 pm
- April 1, 2025 from 4:00 to 5:00 pm
- April 15, 2025 from 5:00 to 6:00 pm – Cancelled
- April 18, 2025 from 11:00 am to 4:00 pm (Virtual, in-person meeting)
- May 6, 2025 from 4:00 to 5:00 pm
- May 20, 2025 from 5:00 to 6:00 pm
- June 3, 2025 from 4:00 to 5:00 pm
- June 17, 2025 from 5:00 to 6:00 pm

Attendance

- **Committee Members**
 - J.D. Menteer
 - Tamas Alexy
 - Jen Cowger
 - Kevin Daly
 - Rocky Daly
 - Timothy Gong
 - Earl Lovell
 - Mandy Nathan
 - John Nigro
 - Jason Smith
 - David Sutcliffe
 - Martha Tankersley
- **HRSA Representatives**
 - None
- **SRTR Staff**
 - Yoon Son Ahn
 - Monica Colvin
 - Avery Cook
 - Grace Lyden
 - Maryam Valapour
 - Nick Wood
- **UNOS Staff**
 - Keighly Bradbrook
 - Matt Cafarella
 - Bonnie Felice
 - Shaina Kian
 - Kelsi Lindblad
 - Eric Messick
 - Laura Schmitt
 - Kaitlin Swanner
- **Other Attendees**
 - None