

OPTN Heart Committee

Meeting Summary

August 16, 2022

Conference Call

Rocky Daly, MD, Chair

J.D. Menteer, MD, Vice Chair

Introduction

The Heart Transplantation Committee met via Citrix GoToMeeting teleconference on 08/16/2022 to discuss the following agenda items:

1. Welcome, Information, and Reminders
2. Continuous Distribution Introduction

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

1. Welcome, Information, and Reminders

The Committee introduced the new Region 7 and Region 11 representatives. Leadership thanked and wished farewell to the prior Region 7 representative who is leaving the Committee. The Committee reviewed the new roster of committee members and their geographic representation. Staff reviewed the upcoming regional meeting schedule and committee meeting schedule. The Committee will meet in person in Chicago on October 11th. The Meeting Partners department will reach out to members one month in advance to book their travel arrangements.

2. Continuous Distribution Introduction

UNOS staff provided an introduction to the continuous distribution allocation framework. Continuous distribution will allow for multiple factors to be simultaneously considered as part of the organ offer process. This will allow for a more dynamic match run that considers multiple factors for a patient. The committee reviewed the goals of continuous distribution and highlighted how those are integrated in the composite allocation score (CAS). Each attribute will be mapped to either a binary or continuous allotment of points and the Committee will work with the Scientific Registry of Transplant Recipients (SRTR) to build rating scales and model the framework. Staff reviewed a variety of resources that are available to committee members, and the public, to support member education on continuous distribution.

Summary of discussion:

The Chair introduced ways that the heart statuses could be integrated into the medical urgency attribute of the CAS, identifying the possibility to give each status a certain number of points or developing a sliding scale of points within a status based on the qualifying criteria. The Chair noted that the Committee will likely spend a lot of time discussing medical urgency because the heart community does not have a score comparable to the Lung Allocation Score (LAS). A member added that because the existing heart statuses are less flexible in nature, the Committee will likely need to assign various points within each status to provide the granularity they are looking for.

A member inquired what type of data is available to the Committee to inform their discussions and decisions regarding the medical urgency attribute. UNOS staff shared the process used by the Lung

Committee and recommended shifting the statuses onto a scale that can be used for continuous distribution and help aid the Committee in developing a Heart Allocation Score in the future.

A member inquired about the post-transplant survival score because there is not currently a method for estimating this with heart transplant patients. The Chair clarified that the attributes, like post-transplant survival, that have been used for other Committees' development of continuous distribution are not required to be used for the Heart Committee. A member also noted that the status will not be fully indicative of the order in which patients receive a transplant because there will be other factors that will impact the CAS like distance to the donor, sensitization, pediatric status, etc. The Chair noted that each patient's score will alter slightly as the points for efficiency and biological matching are relative to the donor. Members agreed that it will be important to educate patients on how this change in the allocation system affects their understanding of their placement on the waitlist.

A member suggested the possibility of providing points to patients with Left Ventricular Assist Devices (LVAD) in a manner that is similar to time on dialysis. It would be a binary 'yes' or 'no' if patients have a LVAD and then could receive additional points that reflect the time they have been supported by the device. UNOS staff noted that the CAS will be capped at 100 and patients will not be able to receive more than 100 points.

A member also suggested a curve or sliding scale that would better reflect adolescents and young adulthood to not disadvantage pediatric patients when they turn 18. UNOS staff added that the Committee will want to support all of their decisions with data, so in this instance, it will be important to consider how a patient who is 10 years old differs from a 17-year-old patient but that 17-year-old patient does not differ from an 18-year-old. The Chair introduced the ethical principle of 'innings played,' which supports the idea of providing more points to younger patients when compared to older patients. However, the ethical framework supporting the continuous distribution framework should be consistent across organ types.

A member expressed concern that because the Heart Committee is transitioning to continuous distribution later they will be required to adjust their allocation framework to be consistent with decisions made by the Lung, Liver, Kidney, and Pancreas Committees. While it is likely that there will be a push for consistency in some places where appropriate, the Heart Committee will provide data to inform their decision-making process.

A member suggested sharing meeting summaries from the other organ-specific committees to better understand their discussions and how they made their final decisions. Staff added that other committees will engage with the Heart's discussions to help strengthen and improve the continuous distribution development process from their lessons learned. Starting continuous distribution later in the process also helps to familiarize the community with the allocation framework and build buy-in.

A member inquired if there are any easy resolutions, or low-hanging fruit, that the Committee can aim to fix that others may have missed. At this time, the Lung continuous distribution framework is Board approved but not yet implemented. Once it is implemented there will be data to supplement the Heart Committee's decisions. The Chair added that it may be challenging to make too many changes to the system in addition to transitioning it to a continuous distribution framework, noting that there will be future iterations where the committee can continue to develop and refine the system.

Upcoming Meetings

- September 20, 2022
- October 11, 2022 – In person meeting in Chicago, IL
- November 15, 2022

Attendance

- **Committee Members**
 - Adam Schneider
 - Amrut Ambardekar
 - Cindy Martin
 - Cristy Smith
 - Dmitry Yaranov
 - Earl Lovell
 - Glen Kelley
 - Hannah Copeland
 - Jennifer Carapellucci
 - Jennifer Cowger
 - JJ Nigro
 - Jonah Odim
 - Jose Garcia
 - Martha Tankersley
 - Nader Moazami
 - Robert Goodman
 - Rocky Daly
 - Shelley Hall
 - Tamas Alexy
 - Timothy Gong
- **HRSA Representatives**
 - Jim Bowman
 - Marilyn Levi
- **SRTR Staff**
 - Grace Lyden
 - Katie Audette
 - Monica Colvin
 - Yoon Son Ahn
- **UNOS Staff**
 - Betsy Gans
 - Eric Messick
 - James Alcorn
 - Kelsi Linbald
 - Krissy Laurie
 - Kristin Cuff
 - Laura Schmitt
 - Susan Tlusty