

**OPTN Heart Transplantation Committee**

**Meeting Summary**

**December 20, 2022**

**Conference Call**

**Rocky Daly, MD, Chair**

**JD Menteer, MD, Vice Chair**

**Introduction**

The Heart Transplantation Committee met via Citrix GoToMeeting teleconference on 12/20/2022 to discuss the following agenda items:

1. Dates for public comment, regional meetings, and in-person meeting
2. Review: *One-Year Monitoring Report of Pediatric National Heart Review Board*
3. Continuous Distribution of Hearts

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

**1. Dates for public comment, regional meetings, and in-person meeting**

The Committee received a reminder about the upcoming public comment cycle which starts on January 19 and ends on March 15, 2023. OPTN regional meetings begin on January 26. Members are encouraged to attend regional meetings and review the public comment items that will be open for feedback. Members were also asked to fill out a survey indicating their plans to attend the in-person committee meeting. This meeting will be held in Richmond, Virginia on March 29, 2023.

**2. Review: *One-Year Monitoring Report of Pediatric National Heart Review Board***

The Committee received a presentation on the one-year monitoring report of the National Heart Review Board (NHRB) for Pediatrics. The NHRB for Pediatrics was implemented on June 15, 2021. The presentation considers data pertaining to the waitlist, transplants, exceptions, and outcomes for these patients. Some of the analyses compare changes between a pre-policy implementation era (June 15, 2020 through June 14, 2021) and a post-policy implementation era (June 15, 2021 through June 14, 2022).

Data summary:

- There was an increase in pediatric status 1A waitlist additions and a decrease in pediatric status 1B waitlist additions from the pre-policy era to the post-policy era.
- Transplants by medical urgency status were similarly distributed across eras.
- Post-transplant patient survival increased for pediatric status 1A patients and decreased for pediatric status 1B. This was not found to be statistically significant.
- The transplant rate increased for pediatric status 1A patients with an exception but decreased for pediatric status 1B patients with an exception.
- Mortality increased in all categories except pediatric status 1A candidates without an exception and pediatric status 2 candidates with an exception. This was not found to be statistically significant.

Summary of discussion:

The Vice Chair noted the increase in waitlist mortality for Status 1B patients who did not seek a status exception to be concerning due to recent publications indicating racial disparities for this cohort of pediatric patients. A member mentioned the issue of race and socioeconomic disparities, which were considered as a potential attribute for continuous distribution. A member commented on the importance of including socioeconomic considerations into allocation and access to transplant. While socioeconomic considerations are not able to be included as an attribute for the first iteration of continuous distribution, staff noted that there is a desire to address this in a systematic way across all organs, as opposed to individually by each organ. A member recommended breaking down this cohort by race to consider more granular and race-driven data. A member recommended reviewing the difference in racial breakdown between the waitlist and the patients with exceptions.

### **3. Continuous Distribution of Hearts**

The Committee reviewed the timeline and next steps for developing continuous distribution. The Committee discussed the attributes that are currently in policy and discussed the attributes that the Committee identified and voted on during the October in person meeting.

#### Summary of discussion:

A member inquired if the other organs had requirements for updating size or sensitization, for example, to ensure the data is up to date. Staff responded that the other OPTN Committees developing continuous distribution models have not modified the reporting requirements beyond what currently exists in policy for each organ. A member inquired if there are requirements to retest sensitization following an operation with a bone graft or a blood perfusion. A member noted the complexity of developing policy regarding sensitization as there are clinical considerations that may necessitate a patient needing to be tested more or less frequently. Staff responded that the OPTN Lung Transplantation Committee has included CPRA in their continuous distribution allocation framework and patients will receive points for entering their CPRA information. However, the policy does not require specific timeframes for retesting patients. Instead, transplant centers are expected to abide by their institution's policies. A member inquired if distance would be included in placement efficiency. In continuous distribution, distance will be incorporated into the 'travel efficiency' attribute.

#### **Upcoming Meeting**

- January 17, 2023
- February 21, 2023
- March 21, 2023
- March 29, 2023 – in person meeting in Richmond, VA
- April 25, 2023
- May 16, 2023
- June 20, 2023

## Attendance

- **Committee Members**
  - Adam Schneider
  - Amrut Ambardekar
  - Cristy Smith
  - Dmitry Yaranov
  - Earl Lovell
  - Fawwaz Shaw
  - Glen Kelley
  - Hannah Copeland
  - JD Menteer
  - Jennifer Carapelluci
  - Jennifer Cowger
  - John Nigro
  - Jonah Odim
  - Martha Tankersly
  - Nader Moazami
  - Robert Goodman
  - Shelley Hall
  - Tamas Alexy
  - Tariq Ahmad
  - Timothy Gong
- **HRSA Representatives**
  - Jim Bowman
  - Marilyn Levi
- **SRTR Staff**
  - Grace Lyden
  - Katie Audette
  - Yoon Son Ahn
- **UNOS Staff**
  - Alina Martinez
  - Austin Chapple
  - Eric Messick
  - Holly Sobczak
  - James Alcorn
  - Jesse Howell
  - Kelsi Linbald
  - Krissy Laurie
  - Laura Schmitt
  - Rachel Hippchen
  - Sara Rose Wells
  - Susan Tlusty
- **Other Attendees**
  - Neha Bansal
  - Daniel Yip