

**OPTN Heart Committee
Meeting Summary
October 19, 2021
Conference Call**

**Shelley Hall, MD, Chair
Rocky Daly, MD, Vice Chair**

Introduction

The Heart Committee met via Citrix GoToMeeting teleconference on 10/19/2021 to discuss the following agenda items:

1. Formal committee vote to submit *Amend Status Extension Requirements in Adult Heart Allocation Policy* to the OPTN Board for approval
2. Formal committee vote to submit *Report Primary Graft Dysfunction in Heart Transplant Recipients* to the OPTN Board for approval

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

1. Formal committee vote to submit *Amend Status Extension Requirements in Adult Heart Allocation Policy* to the OPTN Board for approval

UNOS staff reviewed the changes that the Committee decided on following their analysis of the public comment feedback during their October 6th meeting. The Chair asked for a motion to vote, which was provided by a Committee member and a member seconded it. The Committee was asked 'Do you support sending the policy proposal, *Amend Status Extension Requirements in Adult Heart Allocation*, to the OPTN Board of Directors?' A voice vote was conducted and the Committee unanimously voted, 11-0, in support.

Next steps:

This policy proposal will be presented to the OPTN Board during their December 6, 2021 meeting for approval for implementation.

2. Formal committee vote to submit *Report Primary Graft Dysfunction in Heart Transplant Recipients* to the OPTN Board for approval

UNOS staff reviewed the changes that the Committee decided on following their analysis of the public comment feedback, during their October 6th meeting, and made the changes indicated below.

The Chair asked for a motion to vote, which a member called for and another member seconded. The Committee was asked 'Do you support sending the policy proposal, *Report Primary Graft Dysfunction in Heart Transplant Recipients*, to the OPTN Board of Directors?' A voice vote was conducted and the Committee unanimously voted, 13-0, in support.¹

¹ The difference in votes for *Amend Status Extension Requirements in Adult Heart Allocation Policy* and *Report Primary Graft Dysfunction in Heart Transplant Recipients* is a result of two Committee members joining the meeting after the initial vote was conducted.

Summary of discussion:

The Chair suggested revising the values and recommended changes on the 'proposed changes to data elements' table to use only 'unknown' and remove 'not available' as an option. This change was made to the following data elements:

- Is Primary Graft Dysfunction (PGD) present?
- PGD – Left Ventricle (PGD-LV)
- PGD – Right Ventricle (PGD-RV)
- Left Ventricular Ejection Fraction (LVEF)
- Right Atrial Pressure (RAP)
- Pulmonary Capillary Wedge Pressure (PWCP) or Left Atrial (LA) Pressure
- Pulmonary Artery (PA) Systolic Pressure
- Pulmonary Artery (PA) Diastolic Pressure
- Cardiac Output (CO)
- Support Device
 - If yes to Support Device
 - Type of Support Devices
- Nitric Oxide Following Transplant?
- Epoprostenol Following Transplant?

The Chair suggested utilizing an epic screen to show where hemodynamics can be found when developing policy education videos. The Chair suggested changing the dose categorization from 'severe' to 'high' for the following inotropes, vasopressors:

- Epinephrine
- Milrinone
- Dobutamine
- Dopamine
- Levo (Norepinephrine-Levophed)
- Neo (Phenylephrine-Neosynephrine)

A member suggested revising the greater than and less than symbols to increase clarity:

- Levo (Norepinephrine-Levophed) changed from Low ($>0.00 - \leq 0.05$) to Low (≤ 0.05) (mcg/kg/min) and Low (<5.00) to Low (≤ 5.00) (mcg/min)
- Levo (Norepinephrine-Levophed) changed from Moderate ($5.00 - <12.00$) to Moderate ($>5.00 - \leq 5.00$) (mcg/min)
- Levo (Norepinephrine-Levophed) changed from Severe (≥ 12.00) to High (>12.00) (mcg/min)
- Neo (Phenylephrine-Neosynephrine) changed from Low ($>0.00 - \leq 1.50$) to Low (≤ 1.50) (mcg/kg/min) and Low ($>0.00 - <100.00$) to Low (≤ 100.00) (mcg/min)
- Neo (Phenylephrine-Neosynephrine) changed from Moderate ($100.00 - <200.00$) to Moderate ($>100.00 - \leq 200.00$) (mcg/min)
- Neo (Phenylephrine-Neosynephrine) changed from Severe (≥ 200.00) to High (>200.00) (mcg/min)
- Vaso (Vasopressin – Pitressin) changed from $>0.00 - <0.05$ (unit per minute or units/hour) to Low (≤ 0.05) (unit per minute)
- Vaso (Vasopressin – Pitressin) changed from $0.05 - <0.08$ (unit per minute or units/hour) to Moderate ($>0.05 - \leq 0.08$) (unit per minute)

- Vaso (Vasopressin – Pitressin) changed from ≥ 0.08 (unit per minute or units/hour) to High (>0.08) (unit per minute)

Next steps:

This policy proposal will be presented to the OPTN Board during their December 6, 2021 meeting for approval for implementation.

Upcoming Meetings

- November 16, 2021
- December 21, 2021
- January 18, 2022
- February 15, 2022
- March 15, 2022
- April 19, 2022
- May 17, 2022
- June 21, 2022

Attendance

- **Committee Members**
 - Amrut Amberdekar
 - Arun Krishnamoorthy
 - Cindy Martin
 - David Baran
 - Fawwaz Shaw
 - Hannah Copeland
 - J.D. Menteer
 - Jennifer Carapellucci
 - Kelly Newlin
 - Michael Kwan
 - Nader Moazami
 - Rocky Daly
 - Shelley Hall
- **HRSA Representatives**
 - Jim Bowman
 - Raelene Skerda
- **SRTR Staff**
 - Katie Audette
 - Yoon Son Ahn
- **UNOS Staff**
 - Chris Reilly
 - Eric Messick
 - Keighly Bradbrook
 - Krissy Laurie
 - Laura Schmitt
 - Leah Slife
 - Rebecca Murdock
 - Sara Rose Wells
 - Susan Tlusty