OPTN Heart Transplantation Committee
Meeting Summary
February 16, 2021
Conference Call

Shelley Hall, MD, Chair
Richard Daly, MD, Vice Chair

Introduction

The Committee met via Citrix GoToMeeting teleconference on 02/16/2021 to discuss the following agenda items:

1. Clarify Multi-Organ Allocation Policy
2. Refusal Codes: Request for Feedback

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

1. Clarify Multi-Organ Allocation Policy

The Vice Chair of the OPTN Organ Procurement Organization (OPO) Committee presented on the *Clarify Multi-Organ Allocation Policy* proposal currently out for public comment.

Summary of discussion:

The purpose of the *Clarify Multi-Organ Allocation Policy* proposal is to provide OPOs with clearer direction when offering certain multi-organ combinations. The proposal establishes medical criteria for when OPOs must offer the second organ to the same candidate when allocating according to either the heart or lung match run. The proposed medical criteria for heart and lung candidates to receive offers for either a kidney or liver, if listed for a second organ are:

- Heart Adult Status 1, 2, and 3, Pediatric Status 1A and 1B
- Lung Candidates with a lung allocation score of greater than 35

A member asked if Status 5 heart candidates would still be eligible for kidney offers. The Vice Chair of OPO commented that these candidates would be on the match run. The Vice Chair of Heart asked why the statuses need to be specified if the OPO must follow the match run. The Vice Chair of OPO commented that currently there are not clear guidelines.

A member commented that since this is such a small population of patients, it would be possible for Status 5 to receive an offer. A member commented that Status 5 heart candidates are those that may not have the medical urgency of other patients but require multi-organ transplants and Status 4 candidates have congenital heart defects that may not benefit from inotropic support that would allow them eligibility to the higher statuses. The member raised a concern that this proposed modification to policy may increase the number of these patients that seek exception requests for Status 3 in order to receive multi-organ offers.

Currently, *Policy 5.10.C: Other Multi-Organ Combinations* uses 250 nautical miles (NM) for heart and lung and 150 NM for liver as the threshold for required sharing of the second organ. The proposal increases this distance to 500 NM to better align with heart and lung policies. Members supported increasing the distance to 500 NM for consistency.

The proposal adds specific language addressing kidneys as part of heart-kidney and lung-kidney combinations to increase consistency in allocation of heart-kidney and lung-kidney combinations. The proposal also clarifies that OPOs allocating according to the heart or lung match run must offer the liver or kidney to a candidate listed for the second organ if they meet the proposed criteria. Current policy does not address which match run OPOs should use to allocate multi-organ combinations.

The Chair commented that this is an improvement on the current policy and acknowledged that it does not address every scenario but is a good step.

A member raised a concern that increasing the number of policies increases the amount of time needed for allocation. The Vice Chair of OPO commented that the process could be expedited by increasing communication between OPOs and transplant programs. The member suggested replicating how the liver match run indicates whether there is a required share of the second organ.

A member suggested basing allocation on sequence thresholds rather than statuses.

A member agreed that this proposed system is better but asked what the purpose of Status 5 is if it does not increase the chances of receiving multi-organ transplants. A member agreed and commented that there may be other ways to track these candidates. The Chair commented that Status 5 was initially created to break out the multi-organ candidates.

2. Refusal Codes: Request for Feedback

The OPTN Data Advisory Committee (DAC) is working to provide recommendations on updating the refusal codes used by transplant programs and OPOs to indicate why a specific organ offer was not accepted for a specific candidate. UNOS staff presented the proposed list and requested feedback.

Summary of discussion:

Crossmatch Related Reasons

When reviewing the refusal codes in the *Crossmatch Related Reasons* category, the Chair asked if the "positive virtual crossmatch/unacceptable antigens" refusal code could be used to inform a Histocompatibility Committee project since the patient should have been listed as unacceptable prior to the offer. UNOS staff shared that the refusal code data could be used for many projects. A member noted that crossmatching varies between adult and pediatric patients due to the scarcity of organs. A member commented that a transplant program may not list their candidate as sensitized because they want to review the offers rather than be bypassed.

Disease Transmission Risk

The Chair asked if the transplant program can refuse an organ for any positive infectious disease by using the proposed code "positive infectious disease screening test: HCV, HBV, CMV, etc." UNOS staff shared that this could be used for any infectious disease. A member noted that infectious diseases can be selected in offer filters.

A member asked about a code relating to malignancy transmission. UNOS staff shared that there is a "malignancy or suspected malignancy" code in the *Organ Specific Reason* category. A member agreed with moving the malignancy code to this category.

The Chair suggested editing this category's title to *Infectious Disease Transmission Risk*.

A HRSA representative commented that the PHS risk criteria may be further defined so transplant programs are able to assess risks based on the specific criteria associated with the donor. The members discussed whether the specific risks should be included as a picklist or collected as a text box. A member

suggested splitting the "PHS risk criteria or social history" into two codes in order to capture refusals for social history factors that may not be a PHS risk.

Donor and Candidate Matching

Members suggested including a code for ischemic time in the *Donor and Candidate Matching* category.

A member suggested moving "number of HLA mismatches unacceptable" to the *Crossmatch Related Reasons* category.

UNOS staff shared that the use of refusal codes will be assessed in a year and revised as needed. Currently, there will only be a primary and secondary refusal reason collected.

Logistics

A member suggested adding "weather" to describe issues with travel due to weather to the *Logistics* category. UNOS staff asked if "transportation not available" would suffice. The member commented that issues due to weather are different enough to specify. A member suggested "transportation issues" rather than "transportation not available." The Chair suggested "transportation availability." A member commented that they agree with the use of the term "availability" rather than "not available" to avoid the negative connotation.

A member commented that there need to be fewer codes to allow for better data collection.

Organ Specific Reasons

A member supported collecting organ specific data with additional codes for heart and suggested "ejection fraction is low" and "left ventricular hypertrophy (LVH)." The member also suggested ordering the refusal codes by importance and placing the organ or donor specific codes at the top of the list.

Other organ specific reasons suggested by members included:

- Valvular disease
- Coronary disease
- Right ventricular function

A member commented that a combination of reasons need to be captured to describe situations such as refusing a heart with LVH because of distance that would have been accepted if closer. A member agreed that it would be useful to have a code that described refusal due to a combination of the donor being higher risk and warm ischemia time being longer. A member confirmed that a primary and secondary refusal reasons can be selected.

Members agreed that organ specific codes for heart would be useful. UNOS staff will follow up for a list of heart specific codes.

The members suggested removing the biopsy codes for heart offers since they are not applicable and moving "warm ischemic recovery time too high" and "organ preservation (pumping issue, not pumped, etc.)" toward the bottom of the list in this category since these will be used less frequently.

A member commented that some reasons to refuse a heart offer may relate to the OPO not providing a right catheter or additional echocardiogram results. A member commented this could be described using the code "organ specific test results not available."

A member suggested that each member submit their top ten refusal reasons to see which codes would be most commonly used.

Other

A member suggested moving “Disaster/emergency” to the *Logistics* category and “Epidemic/pandemic” to the *Disease Transmission Risk* category. A member commented that the pandemic affected logistics due to resource allocation issues.

Next steps:

UNOS staff will follow up with the refusal code information and a request for additional feedback. The members were asked to provide feedback by March 1.

Upcoming Meeting

- March 16, 2021

Attendance

- **Committee Members**
  - Adam Schneider
  - Cindy Martin
  - David Baran
  - Donna Mancini
  - Hannah Copeland
  - Jon Hammond
  - Jonah Odim
  - Jondavid Menteer
  - Jose Garcia
  - Michael Kwan
  - Kelly Newlin
  - Rachel White
  - Rocky Daly
  - Ryan Davies
  - Shelley Hall
- **HRSA Representatives**
  - Jim Bowman
  - Marilyn Levi
- **SRTR Staff**
  - Katie Audette
  - Yoon Son Ahn
- **UNOS Staff**
  - Adel Husayni
  - Eric Messick
  - Janis Rosenberg
  - Keighly Bradbrook
  - Leah Slife
  - Robert Hunter
  - Sarah Konigsburg
  - Sara Rose Wells
  - Susan Tlusty
- **Other Attendees**
  - Kurt Shutterly