

OPTN Heart Transplantation Committee

Meeting Summary

August 17, 2021

Conference Call

Shelley Hall, MD, Chair

Richard Daly, MD, Vice Chair

Introduction

The Committee met via Citrix GoToMeeting teleconference on 08/17/2021 to discuss the following agenda items:

1. Update regarding OPTN Regional Review Project
2. Reminder to complete compliance training
3. Regional Meeting Update
4. Overview of Heart Equity Dashboard

1. Update regarding OPTN Regional Review Project

UNOS staff provided an overview on the OPTN Regional Review Project. The OPTN is seeking feedback on how regions, or a different model, can best fulfill the functions below for OPTN members and stakeholders.

Summary of discussion:

The use of regions is being reviewed because the OPTN, donation and transplant community, and organ allocation policies have undergone significant change since OPTN Regions were created in the late 1980's. The goal of the project is to reevaluate the structure, processes, performance, and effectiveness of regions while considering the current and future needs of the nation's donation and transplant community. In 2020, there was an initial request for community input and in 2021, an external vendor, EY, was selected to lead the project. EY reviewed community input, studied the OPTN system, conducted interviews, and prepared recommendations for Board of Directors (BOD) to review.

EY developed three proposed models but the community is encouraged to identify ideas from the different models to put together what will be most effective for the OPTN moving forward, rather than focus on selecting one of the three models as a whole.

The three models are:

- Communities of Common Interest
- Repurposed Regions
- Hybrid Cohorts

After receiving feedback during the current public comment period, EY will create a final report for the BOD. If there are any proposed changes to the OPTN Regions, governance structure, or policy and bylaws, the proposal will go through another public comment period.

A member commented that they support the idea of the Communities of Common Interest model but noted there are practice patterns tied to regions as well. He commented that rural programs face different challenges than urban programs. Another member agreed with considering urban versus rural

geographies, noting that regardless of how a map is drawn, there are differences that are important to reference. Another member commented that geography may become less important as continuous distribution is implemented but it will be important to promote communication among all members as opposed to just members within a region.

The Vice Chair commented that one of the benefits of the regional meetings is interacting with various member types (transplant programs, organ procurement organization (OPOs), etc.). He commented that separating these member types into groups may create silos and potentially decrease cooperation or understanding. He commented that the regional meetings are valuable for interacting with other community members but acknowledged that the way the regions are drawn are arbitrary at this point in time. He also commented that although the BOD may be large, it does have broad representation and is unsure how an advisory council would function.

A member asked if maintaining the current structure is a viable option. UNOS staff confirmed that this is an option being considered.

Next steps:

The members were encouraged to review the full proposal on the OPTN website, leave comments, and complete the feedback survey.

2. Reminder to complete compliance training

Summary of discussion:

UNOS staff encouraged members to complete their onboarding and continuing education requirements. All new and returning committee members must complete the educational modules in UNOS Connect and sign the conflict of interest and confidentiality agreement forms.

3. Regional Meeting Update

Summary of discussion:

UNOS staff shared the upcoming regional meeting dates and encouraged the members to register or attend an upcoming meeting to hear the two Heart Committee proposals.

UNOS staff provided an overview of feedback received on the two proposals so far from Regions 2, 4, and 9.

Amend Status Extension Requirements in Adult Heart Allocation Policy

A regional meeting attendee questioned if Status 3 is the appropriate level of medical urgency for candidates who no longer qualify for Status 1 under policy *6.1.A.iii Mechanical Circulatory Support Device (MCS) with Life Threatening Ventricular Arrhythmia*. The attendee recommended considering Status 2. Two members who already presented at their regional meeting commented that there were not a lot of verbal feedback received on this proposal and shared that most of the sentiment scores indicated overall support.

Report Primary Graft Dysfunction (PGD) in Heart Transplant Recipients

Regional meeting attendees generally support collecting data on PGD to promote a better understanding of the issue. The attendees also specifically support collecting device information. Attendees raised concerns about data burden and about the variability in inotrope administration between programs as well as between physicians at the same program. There was also a concern that collecting the inotrope information may affect their practices. A member commented that the attendee who provided feedback about inotrope variability was concerned there may be consequences relating to

the amount of inotropes a program uses. The Vice Chair commented that the community might have concerns about the data being use for program to program comparisons.

A member commented that programs might not perform echocardiograms at 72 hours so there needs to be more consideration around how to report data when tests are not performed. Another member commented that the Vasopressin ranges should be listed as units per minute.

UNOS staff reminded the members of the expectations for regional meeting presenters. She thanked those who have already completed the speaker training and reminded the rest of the members to prepare by reading the proposals, reviewing the slides and speaker notes, and watching the recording of the presentations on the OPTN website.

4. Overview of Heart Equity Dashboard

UNOS Research staff provided an overview of the Heart Equity Dashboard currently available on the UNOS website.

Summary of discussion:

The Heart Equity Dashboard uses a calculated Access to Transplant Score (ATS), which summarizes a candidate's relative likelihood of receiving a deceased donor in a single number. ATS factors include age, blood type, body mass index (BMI), citizenship, education gender, insurance, race/ethnicity, rural/urban, medical urgency, and waiting time. More similar ATS scores between candidates results in a smaller standard deviation. Smaller standard deviations indicate a more equitable allocation system.

The Heart Equity Dashboard allows the review of the ATS over time and demarcates when policy changes have been implemented. The standard deviation of the ATS for heart candidates has fluctuated over time but has hovered around 0.7. Donor Service Area, blood type, height, weight, and age are the largest contributing factors to inequity for access to heart transplantation for the most recent period of data. The dashboard allows you to view factor specific trends as well. The data is refreshed quarterly and can be used for policy development and post-implementation monitoring.

A member commented that pre-waitlisting equity needs to be considered as well. He asked if equity in waitlist removals has been evaluated. UNOS Research staff commented that pre-waitlisting data is not currently collected but reviewing inequity in waitlist removal may be feasible.

A member asked if there has been any assessments about cost effectiveness. UNOS Research staff commented that this has not been evaluated.

A member recommended revising the title of the dashboard to be more reflective that it is an assessment of equity in access to transplant once the candidate is registered on the waiting list. UNOS Research staff agreed to bring this comment to her team for consideration.

A member asked if human immunodeficiency virus (HIV) or hepatitis C virus (HCV) status have been evaluated. UNOS Research staff confirmed that this information is not collected for candidates on the waiting list. A member suggested reviewing data relating to the candidate's willingness to accept an organ from a donor with HCV.

A member recommended separating out pediatric candidates from adults. He commented that some factors such as level of education may not be applicable to pediatric candidates. A member agreed that they would like to see what the data looks like if pediatric and adult candidates are separated. UNOS Research staff commented that one limitation for analyzing pediatric candidates is the small population size.

Next steps:

The members were encouraged to send additional feedback to the UNOS Research support staff via email.

Upcoming Meetings

- September 21, 2021
- October 6, 2021 (In-Person)
- November 16, 2021

Attendance

- **Committee Members**
 - Adam Schneider
 - Amrut Ambardekar
 - Cindy Martin
 - Cristina Smith
 - David Baran
 - Jose Garcia
 - Fawwaz Shaw
 - Hannah Copeland
 - Jennifer Carapellucci
 - Jonah Odim
 - Jondavid Menteer
 - Kelly Newlin
 - Mike Kwan
 - Rocky Daly
 - Steve Kelban
- **HRSA Representatives**
 - Jim Bowman
- **SRTR Staff**
 - Katie Audette
 - Yoon Son Ahn
- **UNOS Staff**
 - Amanda Robinson
 - Chris Reilly
 - Kaitlin Swanner
 - Keighly Bradbrook
 - Sara Rose Wells
 - Sarah Konigsburg