

OPTN Heart Transplantation Committee

Meeting Summary

January 21, 2025

Conference Call

J.D. Menteer, MD, Chair

Hannah Copeland, MD, Vice Chair

Introduction

The OPTN Heart Transplantation Committee met via WebEx teleconference on 01/21/2025 to discuss the following agenda items:

1. Welcome, reminders, and agenda review
2. Committee business
3. Heart CD: Donor Modifiers – What they are and how they work
4. Heart CD: Match run analysis, and attribute weights and rating scales
5. Open Forum
6. Closing remarks

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

1. Welcome, reminders, and agenda review

The Chair welcomed the members to their first Committee meeting of 2025. OPTN contractor staff briefly described the agenda items to be discussed and reminded everyone that the meeting can also be viewed using [Vimeo.com/OPTN](https://vimeo.com/OPTN).

2. Committee business

OPTN contractor staff briefed the Committee members about upcoming events associated with the Committee's work. Contractor staff also let members know that the analysis of regional review board decisions was completed for the period of October-December, 2024 and that the report was available on the Committee's SharePoint site.

Summary of discussion:

No decisions were made as part of this discussion.

OPTN contractor staff opened the meeting by saying that members should have received a meeting invitation for a second monthly meeting. The new meeting is scheduled for the first Tuesday of the month starting at 4:00 pm (ET), with the first meeting taking place on 02/04/2025. Members were reminded that the Committee met twice monthly for the majority of 2024. Initiating twice-monthly meetings now is partly intended to provide the Committee with additional time to work on continuous distribution and iterate on the match run analysis results. Members were asked to make sure they have two Committee meetings on their schedules starting in February. A slide identifying the updated list of meeting dates and their starting times was shared with the Committee.

OPTN contractor staff also shared with the Committee that their next in-person meeting is tentatively scheduled for April 18, 2025 in Detroit, Michigan at the Westin Airport Hotel. There will be a Committee dinner on April 17. More information about the in-person meeting will be provided in the future.

Contractor staff said that the OPTN's public comment cycle started today and will end on 03/19/2025. A hyperlink was provided to the Committee members that they can use to access all of the materials available as part of this cycle. Staff added that the Committee's public comment proposal, *Escalation of Status for Time on Left Ventricular Assist Device*, is available on the public comment landing page. Everyone is invited to review the information on the landing page and submit a comment. The regional representatives were reminded that they will be presenting the proposal during their regional meetings and that OPTN contractor staff will schedule prep calls to review the slides before their meetings.

Members were also provided a hyperlink that will take them to the OPTN regional meeting page where they can see the regional meeting dates, access the meeting agenda, and register for to attend a regional meeting either in-person or virtually. The first regional meeting is scheduled for 01/28.

Next steps:

OPTN contractor staff will schedule prep calls with the regional representative to review the slides they will be presenting during the regional meetings.

3. Heart CD: Donor Modifiers – What they are and how they work

The Chair provided an overview of donor modifiers and how they can be used as part of the Committee's development of a continuous distribution allocation framework.

Summary of discussion:

No decisions were made as part of this discussion.

Donor modifiers are used in specific cases to adjust the calculation of a candidate's Composite Allocation Score (CAS) depending on the donor's characteristics. For instance, they can boost representation for a specific donor scenario or group of scenarios. An example is using donor modifiers to prioritize pediatric donors for pediatric candidates by doubling the weight of the pediatric priority attribute if the donor is less than 18 years old.

The use of donor modifiers can change the order of the match run. Donor modifiers can be used to emphasize or deemphasize a particular attribute. Donor modifiers use information that is known at the time of the match run, which means they cannot be applied to the proximity efficiency attribute because the distance between the donor and candidate hospitals is unknown at that time.

The Committee discussed how donor modifiers might be used to consider size-based matching opportunities, where body surface area (BSA) calculations could be used to adjust points or the amount of prioritization based on donor and recipient size determinations. They also discussed the challenges associated with prioritizing highly sensitized patients based on calculated panel reactive antibodies.

A Committee member pointed out the importance of not overcomplicating the continuous distribution allocation framework they are developing by including too many attributes, which can reduce the effectiveness of the already identified attributes.

Next steps:

OPTN contractor staff will seek more detailed information to share with the Committee about how the donor modifier calculations are performed. The information will be shared at a future Committee

meeting. The Committee wants to further explore donor modifiers as a potential tool to ensure the continuous distribution allocation framework effectively prioritizes candidates based on the most critical attributes without overcomplicating the allocation process.

4. Heart CD: Match run analysis, and attribute weights and rating scales

The Committee discussed the initial steps involved with prepping for SRTR contractor staff to perform a match run analysis. The analysis is intended to help the Committee understand how different donor attributes and candidate characteristics affect the distribution of donors. Their goal was to use the match run analysis results to eventually establish a preliminary set of attribute weights and rating scales to guide future analyses.

Summary of discussion:

Decision #1: The Committee agreed on an initial set of attribute weights and rating scales to submit to the SRTR contractor as part of a data request to perform a match run analysis.

The purpose of the match run analysis is to provide a starting point for understanding how donor attributes influence the allocation process. Contractor staff also made clear that the match run analysis is not intended to be precise, the way other types of modeling are. Rather, the analysis offers a foundation for further development and refinement of the rating scales and attributes the Committee has been considering.

In order to initiate the analysis, the Committee needed to submit a set of attribute weights and rating scales. The following were proposed as the starting point for the first analysis:

- Medical Urgency would be weighted as 35% of the CAS. For the rating scale, ECMO and the three criteria in adult status 1 would receive 100% of the priority points within medical urgency. The adult status 6 criteria and the pediatric status 2 criteria would receive 0% of the priority points. For the initial analysis, LVAD waiting time when device implant was seven or more years earlier would be assigned 60% of the priority points. LVAD waiting time when the device was implanted five or more years ago would receive 40% of the priority points. (The Committee understands that both adult and pediatric statuses will no longer be used in CD; however, the types of support that comprise the current status criteria will remain.)
- Proximity Efficiency (20% of the CAS). The ratings scale provides 100% of priority points for distances where the donor and candidate hospitals are 500 nautical miles (NM) or less. After 500 NM, the amount of priority points would steadily decrease to 0% at the distance of 1500 NM.
- Pediatric Candidate Priority (15%). Pediatric candidates receive 100% of the priority points, while non-pediatric candidates receive 0%.
- Waiting Time (10%): Points per day on the waiting list, up to a maximum of 10 points.
- Sensitization (7.5%) and Blood Type (7.5%). Points based on CPRA and blood type, with some points allocated to blood type B for this analysis.
- Prior Living Donor Priority (5%). Candidates who are prior living donors receive 100% of the priority points, while candidates who are not prior living donors receive 0%.

The Committee also provided a list of what they expect to see as part of the initial analysis results based on the weights and rating scales they submitted. The expected results include: that candidates with high medical urgency will appear at the top of the match runs. Specifically, the Committee expects that candidates supported by ECMO and one of the three adult status 1 criteria will appear at the top of the match runs. Likewise, the expectation is that pediatric candidates will appear near the top of the match

runs, especially when pediatric candidates are competing against adult candidates for the same donor. Dischargeable LVAD candidates should be appearing somewhere around the middle of the match runs. The Committee expects that blood type O and B candidates will be prioritized ahead of blood type A and AB candidates based on the weights and rating scales provided. Additionally, the distance between the donor and candidate hospitals should increase the farther down the match run.

The Committee members discussed whether a linear or logarithmic scale should be used for allocating priority points based on sensitization. Some members expressed concern that there is room within the proposed rating scale to obtain more priority points than should actual be permitted. Others stated their preference for retaining the proposed logarithmic scale to reflect the increasing difficulty of matching highly sensitized patients. The members also debated the appropriate weight to assign the proximity efficiency attribute, considering how it might impact the willingness of some transplant programs to travel greater distances for a donor heart, while other transplant programs may not have the resources to travel such distances. In addition, a member suggested de-emphasizing proximity efficiency when DCD donors are involved due to the use of machine perfusion pumps that allow donor hearts to travel great distances while remaining viable for transplant.

Next steps:

The Committee members agreed to submit a formal data request to the SRTT contractor to perform the initial match run analysis. The Committee will refine and iterate aspects of the analysis based on the initial results. The Committee will use the results to consider adjusting the attribute weights and rating scales to align most closely with their desired results. The Committee aims to balance the various attributes to improve donor allocation efficiency and equity.

5. Open Forum

There were no requests to address the Committee during this part of the meeting.

6. Closing remarks

The Chair reminded the members that the Committee will return to twice monthly meetings beginning with their 02/04 meeting.

Upcoming Meetings

- ~~July 2, 2024 from 4:00 to 5:30 pm~~
- ~~July 16, 2024 from 5:00 to 6:00 pm~~
- ~~August 7, 2024 from 4:00 to 5:00 pm~~
- ~~August 20, 2024 from 5:00 to 6:00 pm~~
- ~~September 4, 2024 from 4:00 to 5:00 pm~~
- ~~September 17, 2024 from 5:00 to 6:00 pm~~
- ~~October 2, 2024 from 4:00 to 5:00 pm~~
- ~~October 9, 2024 from 9:00 am to 4:00 pm (In-person meeting, Detroit, MI)~~
- ~~October 15, 2024 from 5:00 to 6:00 pm~~
- ~~November 6, 2024 from 4:00 to 5:00 pm~~
- ~~November 19, 2024 from 5:00 to 6:00 pm~~
- ~~December 4, 2024 from 4:00 to 5:00 pm~~
- ~~December 17, 2024 from 5:00 to 6:00 pm~~
- ~~January 1, 2025 from 4:00 to 5:00 pm~~
- January 21, 2025 from 5:00 to 6:00 pm
- February 4, 2025 from 4:00 to 5:00 pm

- February 18, 2025 from 5:00 to 6:00 pm
- March 4, 2025 from 4:00 to 5:00 pm
- March 18, 2025 from 5:00 to 6:00 pm
- April 1, 2025 from 4:00 to 5:00 pm
- April 15, 2025 from 5:00 to 6:00 pm
- May 6, 2025 from 4:00 to 5:00 pm
- May 20, 2025 from 5:00 to 6:00 pm
- June 3, 2025 from 4:00 to 5:00 pm
- June 17, 2025 from 5:00 to 6:00 pm

Attendance

- **Committee Members**
 - J.D. Menteer
 - Hannah Copeland
 - Denise Abbey
 - Maria Avila
 - Jennifer Cowger
 - Kevin Daly
 - Rocky Daly
 - Jill Gelow
 - Timothy Gong
 - Eman Hamad
 - Jennifer Hartman
 - Earl Lovell
 - Mandy Nathan
 - John Nigro
 - Jason Smith
 - David Sutcliffe
- **HRSA Representatives**
 - Jim Bowman
- **SRTR Staff**
 - Yoon Son Ahn
 - Monica Colvin
 - Avery Cook
 - Grace Lyden
- **UNOS Staff**
 - Keighly Bradbrook
 - Cole Fox
 - Kelsi Lindblad
 - Eric Messick
 - Holly Sobczak
 - Kaitlin Swanner
 - Sara Rose Wells
- **Other Attendees**
 - Shelley Hall
 - Glen Kelley
 - Daniel Yip