

Modify Heart Policy for Intended Incompatible Blood Type (ABOi) Offers to Pediatric Candidates

OPTN Heart Transplantation Committee

Purpose of Proposal

- Increases access to donor organs across incompatible blood types for pediatric heart and lung candidates
 - Candidates <1 year old at match run need only report isohemagglutinin titers when indicating willingness to accept ABOi offer and every 30 days thereafter
 - Candidates ≥ 1 year old at match run must also meet reporting requirements and report titers $\leq 1:16$
- Increasing access may improve waitlist mortality rates for ped. candidates

Proposal

- Allow pediatric heart, lung, and heart-lung candidates opportunity to receive offers of ABOi donor organs, regardless of candidate age at waitlist registration, heart status, or pediatric lung priority
- Expand eligibility by
 - Increasing heart and lung registration age requirement to “prior to turning 18 years old’
 - Including heart status 2 candidates
 - Including lung priority 2 candidates
 - Permitting heart-lung candidates to receive ABOi offers

Rationale

- ABOi represents and opportunity to address continued challenges
 - Worse waitlist mortality among ped. cand. ≥ 2 years old compared with adults
 - Younger ped. cand. Have higher proportions of waitlist removals for death or too sick to transplant
 - Successful transplants of ped. cand. > 2 years and/or titers $> 1:16$ performed in Canada and U.K.
 - 2015 analysis reported reasonable success rates in patients up to 8 years old and titers of 1:256
 - Transplant programs maintain discretion when determining appropriateness of ABOi offers
 - Aligning ABOi criteria ensures equitable treatment of ped. heart, lung, and heart-lung candidates

Member Actions

- Histocompatibility labs may experience increased requests for blood sample analyses
- Transplant hospitals may want to re-examine appropriateness of candidates for ABOi offers and train staff concerning new requirements

What do you think?

- What factors prevent transplant programs and/or candidates from indicating a willingness to accept a ABOi donor heart or heart-lungs?
- To what extent might adult heart or heart-lung candidates be impacted by increasing pediatric candidates' access to ABOi organs?
- Do the proposed changes put pediatric lung or heart-lung candidates at unnecessary risk for receiving a heart-lung from an ABOi donor?
- Is it appropriate to expand eligibility to include pediatric status 2 heart candidates? Should eligibility criteria require hospitalization?