

# **Meeting Summary**

## OPTN Heart Transplantation Committee Meeting Summary June 14, 2023 Conference Call

# Richard Daly, MD, Chair Jondavid, MD, Vice Chair

#### Introduction

The Heart Transplantation Committee (the Committee) met via Citrix GoTo teleconference on 06/14/2023 to discuss the following agenda items:

- 1. Regional meeting schedule
- 2. Continuous distribution rating scales: Proximity Efficiency

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

#### 1. Regional meeting schedule

Staff presented the regional meeting schedule to the Committee and requested contact from any committee member with a scheduling conflict.

#### 2. Continuous distribution rating scales: Proximity Efficiency

Staff presented a report addressing the efficiency of transporting hearts shorter distances, and the geographic proximity in terms of the Final Rule ensuring compliance, efficient management of heart placements, and avoiding non-utilization of donor hearts. Efficiency includes consideration of flying versus driving for procurement.

#### Summary of discussion:

The Chair began by introducing terms of proximity efficiency, the transition points, and the inflection points associated with traveling to procure organs. Staff also inquired how much efficiency is lost when switching from driving to flying. Noting assembling the procurement, team, flight arrangements, versus traveling by ambulance and a crew to procure the organ. Staff clarified this is not just regarding the distance, but other factors that go into making the decision of whether you can drive or fly; stressing the greatest priority is associated with proximity between the donor and candidate hospitals.

The Chair expressed the need to deter excessive travel, i.e., procuring a heart on the west coast for placement in a potential recipient on the east coast only to see an available heart within a few nautical miles from the potential recipient. The member emphasized using medical urgency. The member remarked how much efficiency a program loses in organizing flying and cost for procurement, stating they would not change much regarding the current 500 nautical mile radius, but would steeply limit offers outside that distance help to ameliorate ischemic time.

A committee member expressed worry this first inflection point would not well serve their region noting densely populated regions can have a larger amount of donor organs whereas sparsely populated regions do not. This member suggested pushing the drop in points allocated up to the 500 nautical mile

range further out. This member stated their program miss a lot of hearts if we start giving significant increase points to those in closer proximity to the donor site.

Another committee member responded they would appreciate the ability to fly to go get an organ, but questioned how much more time their team would spend traveling to retrieve organs if the distance were to increase. Another committee member agreed with this sentiment especially for programs in more remote locations. Another committee member noted this also applies to pediatric programs as they are fewer in number compared to adult programs.

A committee member countered by questioning the point of proximity points if the distance radius is too greatly increased. This member suggested any distance over 1,500 nautical miles does not count as proximal as it is too far away.

Another committee member responded there's a perceived appeal having data that shows a large number of hearts being transplanted within 250 to 500 nautical miles of the donor rather than hearts being evenly distributed to recipients out to 1,000 or 1,500 nautical miles, but still seeing transplants performed with low proximity. Another committee member stated if the desire is to lower the distance radius, there is going to less equity in remote areas, particularly in the Midwest where there are fewer available organs.

A committee member suggested a potential recipient at the same donor hospital, or a few nautical miles away, should take priority over someone on an equal point level, but at 500 nautical miles away. Another committee member disagreed with this suggestion as proximity would prove too influential regarding potential recipients.

Another committee member asked how proximity points should be handled with a recipient who falls just outside the 500-nautical mile radius. Another committee member responded by asking if cost effectiveness of the longer travel times should be taken more into consideration. The member responded that cost effectiveness is a limiting factor for smaller sites, and these sites will almost always come up short when in competition with larger sites within the 500-nautical mile radius. Another committee member asked if the larger donor hospital flying the organ out to the smaller recipient hospital would make things more equitable for smaller hospitals regarding cost effectiveness, to which another member responded the 500-nautical mile policy has worked well so far and the Committee cannot solve for all possible scenarios.

Another committee member suggested allotting 10 priority points within this attribute to candidates who are located at the same transplant hospital as the donor. Transplant candidates at all other distances up to 500 nautical miles from the donor hospital would be awarded 9 priority points. Another committee member pointed out this would still put transplant hospitals where donors are specifically transferred for donation will be at an advantage over differing sites. A HRSA member asked for confirmation from support staff if it was previously discussed whether extremely close proximity of donor and recipient should be given slightly more weight in proximity point allocation. Staff said they were unsure and will do more research and follow up at the next meeting.

Another committee member asked if data existed that could show the correlation between organs procured for transplant, but not transplanted and whether they were flown or driven to the recipient site. A member responded they do not believe that data is available.

When asked by the Chair, multiple committee members agreed there should be a steep drop down in allocated points for potential recipients at sites from 500 to 1,000 nautical miles, with offers outside 1,000 nautical miles almost at 0%. Other committee members countered with a more stepped down approach from 500 to 600 to 750 nautical miles. Another committee member countered both previous

solutions with a linear model from 500 to 1,500 nautical miles—multiple committee members, in turn, voiced support for this possibility. Another committee member pointed out these models should not necessarily apply to pediatric programs as these organs are harder to come by, thus increasing the need for more nautical miles traveled to procure a suitable organ.

The Chair suggested linear model is easier to explain due to lack of data currently on the topic. Multiple committee members agreed with this sentiment. The Chair clarified the linear scale would only represent 500-to-1500-nautical mile radius with the median at 1,000 nautical miles. Offers where the distance between the donor and recipient hospitals is greater than 1,500 nautical miles will not receive any priority points. The Chair stated the differences are going to be minor, effecting potential recipients by a few points. The Chair wrapped up by stating the Committee was in most agreement with the linear model at this time, and asked to be contacted by other committee members if they have additional input.

A vote on this topic was not taken at this meeting.

#### Next steps:

Staff will be updating the data slides to accurately reflect the Committee's current sentiment and will continue to discuss the topic further at the next meeting.

### **Upcoming Meetings**

- June 20, 2023, teleconference, 5 pm ET
- July 18, 2023, teleconference, 5 pm ET

#### Attendance

## • Committee Members

- o Richard Daly
- o Cristy Smith
- o Dmitry Yaranov
- o Glen Kelley
- o Jennifer Hartman
- o Jennifer Cowger
- o Jonah Odim
- o Jondavid Menteer
- o Alexy Tamas
- HRSA Representatives
  - o Jim Bowman
- SRTR Staff
  - o Grace Lyden
  - o Katherine Audette
  - o Yoon Son Ahn
- UNOS Staff
  - o Eric Messick
  - o Alex Carmack
  - o Alina Martinez
  - o Cole Fox
  - o Holly Sobczak
  - o Kelsi Lindblad
  - o Laura Schmitt
  - o Sara Rose Wells
- Other Attendees
  - o Eman Hamad
  - o Cindy Martin
  - o Kim Baltierra