OPTN Heart Transplantation Committee
Meeting Summary
March 18, 2025
Conference Call

J.D. Menteer, MD, Chair
Hannah Copeland, MD, Vice Chair

Introduction

The OPTN Heart Transplantation Committee met via WebEx teleconference on 03/18/2025 to discuss the following agenda items:

1. Welcome and Agenda Review
2. Update: Heart Offer Filters Usage
3. Update regarding Heart Committee's public comment proposal: "Escalation of Status for Time on Left Ventricular Assist Device" and regional meeting feedback
4. Other Committee Business
5. Open Forum
6. Closing remarks

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

1. Welcome and Agenda Review

The Chair welcomed the members to the meeting and proceeded to discuss the two main agenda items. First, the Committee would receive a presentation about the results associated with the implementation of donor heart offer filters. The filters were implemented in June 2024. Second, the Committee would get another update regarding the public comments submitted concerning their policy proposal, *Escalation of Status for Time on Left Ventricular Assist Device*. The Chair reminded the members that public comment was set to end the next day, 03/19/2025. The Chair also provided the next several Committee meeting dates. The Chair noted that their 04/18/2025 meeting had been converted from an in-person meeting to a virtual meeting and made a plea for members to keep the time they had already set aside for the in-person meeting in order to get through a longer-than-usual virtual meeting with few distractions.

2. Update: Heart Offer Filters Usage

The Committee received a presentation from OPTN contractor staff regarding the use of Heart offer filters. Contractor staff shared data reflecting the first eight months of usage since the filters were implemented in June 2024. The presentation aimed to provide insights into how heart transplant programs are utilizing these filters and the impact on donor offers. The discussion concluded with a recognition of the importance of balancing efficiency with the need for heart transplant programs to review all offers given the low numbers of heart donors.

Summary of discussion:

No decisions were made as part of this discussion.

OPTN contractor staff first provided an overview of heart offer filters usage. Contractor staff reminded the Committee members that the implementation of heart offer filters was not an OPTN policy project with formal monitoring reports but rather an initiative to improve the efficiency of donor offer processes. As of the end of February 2025, approximately 27% of heart transplant programs (40 out of 150) had enabled and continued to use at least one offer filter. This adoption rate was compared to other organs, revealing a more gradual uptake by heart programs. While transplanted programs of other organs saw a rapid initial adoption and then little extra adoption, the use of offer filters has steadily increased among heart programs. To demonstrate the difference, OPTN contractor staff presented a comparative analysis of offer filter usage across different types of organ transplant programs. The results indicated that liver transplant programs, for example, reached a plateau in usage around 150 days after the release, whereas heart programs continued to see new adopters beyond this period. This suggested a more sustained interest and gradual adoption among heart programs.

Contractor staff presented information about the impact of offer filters on heart transplant programs. A bar graph illustrating the percentage of donors filtered by each heart program indicated that the variability was significant. For example, some programs filtered up to 45% of donors from those they wished to explore in more detail. The same bar graph showed that other heart transplant programs only filtered single-digit percentages of potential donor hearts from consideration. On average, there was a 16% reduction in donors offered to programs using filters. This reduction meant that these programs did not receive notifications or phone calls about the filtered donors, potentially streamlining their operations and potentially improving the overall efficiency of the heart allocation system.

The discussion then shifted to the specific types of filters being used. Heart, liver, and lung transplant programs all had the same donor filtering criteria. The criteria are donor age, DCD status, and distance from the donor hospital to the transplant hospital. The most common criteria used in heart offer filters were DCD status (84%) and donor age (75%). Many programs used multi-factorial filters, combining criteria such as DCD status and age or DCD status and distance.

OPTN contractor staff noted that kidney transplant programs had more filtering criteria options, including Kidney Donor Profile Index (KDPI), HCV, and HPV status, in addition to donor age, DCD status, and distance from the donor hospital to the transplant hospital. This broader range of criteria might explain the higher adoption rates for kidney programs compared to heart programs. The limited set of filtering criteria available for heart programs could be a factor in their slower adoption.

The presentation also covered ongoing projects by other OPTN committees related to offer filters. The OPTN Operations and Safety Committee implemented a project in November 2024, enabling kidney programs to filter on HCV and HPV status and introducing a six-month refresh process for offer filters. The OPTN Lung Committee is exploring additional donor criteria for filters, such as smoking history and allergies, which were not currently collected in the electronic matching system. The OPTN Kidney Committee was looking into using offer filters to facilitate allocation for hard-to-place kidneys, and the OPTN Pancreas Committee was considering implementing filters for Kidney-Pancreas matches.

The Chair asked what were the initial goals behind implementing offer filters? The question was intended as a way for the Heart Committee members to consider how they align with the practices of heart transplant programs. Contractor staff highlighted three main goals: maintaining transplant levels, reducing cold ischemic time (CIT), and decreasing the number of offers and notifications to improve system efficiency. While the filters were trending well in terms of reducing notifications and maintaining transplant volumes, there was no identified association between CIT and filter usage.

Committee members commented about the decision-making processes heart transplant use when considering potential donor hearts for their patients and how such processes align or do not align with

the use of offer filters. For example, some members discussed how the program-wide application of filters is inconsistent with their programs' approach to considering potential options. Members said that because there are so few donor hearts available, their programs are more willing to review all offers; whereas, other organ transplant programs might not be so anxious to review such offers. A member said that filters applying to a transplant program's entire patient population may not be helpful. For example, a transplant program might be willing to exclude certain donor types while a patient is less medically urgent, but as that patient gets sicker and their urgency increases, the program will want to include more and more types of donors for consideration. However, program-wide offer filters do not lend themselves to that approach, according to the Committee member. Other members said they track every donor heart their programs decline and that is subsequently accepted by another program and successfully transplanted. The members' programs then review their decisions to decline the organ with their transplant teams to determine why.

Other Committee members acknowledged the potential efficiency benefits in using filters and the need for thoughtful and judicious use of filters. The Chair asked whether the lack of use among heart transplant programs might reflect that programs do not believe they are receiving too many offers, although that might be true for other types of organs? Another member said that filters might only be useful when a transplant program is filtering two criteria at the same time. For instance, it is useful if a program wants to receive offers involving DCD donors, but does not want offers involving DCD donors located more than 1,500 nautical miles away. Or, a program might want to receive offers involving DCD donors, but not when such donors are over 50 years old. As long as a program applies those particular double criteria to all their candidates.

There was interest in exploring candidate exclusions based on status and the potential for opting out individual candidates from filters. The discussion also touched on the impact filters have on transplant programs' offer acceptance ratios. A member stated that part of the impetus for initiating donor offer filters was that it will reduce a transplant program's denominator for calculating their offer acceptance ratio. Essentially, donor organs that a transplant program did not consider because the organ was filtered out would not be held against the program's acceptance rate the way organs that are offered to but declined by the program are accounted for in the acceptance rate. Contractor staff said that was correct both in terms of the impetus behind filters and the impact on acceptance ratios.

Next steps:

Contractor staff asked the Committee members to email any additional questions or comments for consideration. Staff asked if there was any interest in exploring the potential of adding a candidate exclusion option that could allow a transplant program to exclude candidates from consideration under the filter based on certain criteria, for example heart status?

3. Update regarding Heart Committee's public comment proposal: "Escalation of Status for Time on Left Ventricular Assist Device" and regional meeting feedback

OPTN contractor staff provided an update of public comments associated with the *Escalation of Status for Time on Left Ventricular Assist Device* proposal and the general themes among the comments.

Summary of discussion:

No decisions were made as part of this discussion.

According to OPTN contractor staff, a total of 135 comments had been received through 03/17/2025. In addition to the comments from patients and transplant hospital staff, the total included feedback from

the OPTN Transplant Coordinators Committee (TCC), various societies and professional organizations, as well as summaries of the discussions during regional meetings. Analysis of the public comments was assisted by the use of Microsoft Copilot, which helped summarize and identify key themes.

Contractor staff noted strong support for the proposal, with many commenters recognizing the challenges faced by LVAD candidates and the need for more equitable and timely access to transplantation. The feedback emphasized the physical and psychological issues associated with long-term LVAD support and the potential for improved transplant outcomes. Although the majority of comments supported the proposal, at least one commenter suggested waiting for data analysis results from the status 2 changes involving mechanical device requirements before implementing the proposal.

The Committee reviewed specific feedback from various stakeholders, including transplant hospitals, patients, family members, and donor families. There was a strong consensus supporting the proposed prioritization, with requests for shorter eligibility timeframes. The feedback highlighted the benefits of LVAD support, such as reducing the risk of infection and improving psychological well-being, while also acknowledging the day-to-day challenges of maintaining the device.

The primary criticism of the proposal has been that the proposed eligibility timeframes are too long. Concerns about the length of the timeframes included that a LVAD candidate is at increased risk of complication the longer they remain on the device. A more recent comment raised a concern about the potential for older candidates to age out of transplant eligibility before becoming eligible under the proposed timeframes. The Committee discussed the need to balance medical urgency with time on the device, recognizing that the current allocation system already escalates LVAD candidates when medical complications occur.

Support from societies and professional organizations was also discussed. Entities such as the American Society of Transplant Surgeons (ASTS), American Society of Transplantation (AST), Heart Failure Society of America (HFSA), and Mended Hearts expressed their support for the changes. Recommendations from the entities included considering a three to five-year eligibility timeframe and addressing the age-out consideration for older candidates. HFSA suggested prioritizing candidates based on urgent complications versus predictable complications.

Next steps:

The Committee plans to review the final results from the public comment period and potentially vote on the proposed policy language at the 04/18/2025 meeting.

4. Other Committee Business

There was no discussion of other Committee business as the Chair had updated the members about those items at the beginning of the meeting.

5. Open Forum

No requests from the public were received prior to the meeting to address the Committee during open forum.

6. Closing remarks

The Committee members were reminded that the 04/18/2025 meeting is scheduled for 11:00 am to 4:00 pm (ET). They were also informed that the initial results from SRTR's match run analysis should be

available for presentation during the Committee's 04/01/2025 meeting. The Chair thanked the members for their participation.

Upcoming Meeting(s)

- ~~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 – Cancelled~~
- April 18, 2025 from 11:00 am to 4:00 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
  - Kim Baltierra
  - Jennifer Cowger
  - Kevin Daly
  - Rocky Daly
  - Jill Gelow
  - Timothy Gong
  - Eman Hamad
  - Earl Lovell
  - Cindy Martin
  - Mandy Nathan
  - John Nigro
  - Jason Smith
  - Martha Tankersley
  - Dmitry Yaranov
- **HRSA Representatives**
  - None
- **SRTR Staff**
  - Yoon Son Ahn
  - Monical Colvin
  - Avery Cook
  - Grace Lyden
- **UNOS Staff**
  - Nicole Brown
  - Matt Cafarella
  - Cole Fox
  - Shaina Kian
  - Kelsi Lindblad
  - Carlos Martinez
  - Cass McCharen
  - Eric Messick
  - Holly Sobczak
  - Kaitlin Swanner
- **Other Attendees**
  - None