ASTS Responses to OPTN Proposals Open for Public Comment

March 15, 20203

Modify Heart Policy for Intended Incompatible Blood Type (ABOi) Offers to Pediatric Candidates – Public Comment Proposal

What factors or considerations are preventing transplant programs and/or candidates and candidate support teams from indicating a willingness to accept an intended incompatible blood type donor heart or heart-lungs?

A survey of pediatric transplant cardiologists/pulmonologists and surgeons would be encouraged to answer this question. The ASTS suspects a lack of outcome data would be the reason.

What steps can be taken to improve the use of this policy, even if no changes are made?

The ASTS encourages OPTN/UNOS to gather outcome data and disseminate it, along with disseminating any policy changes. We encourage outcome data for ABOi transplants to be made available in the proposal.

Are candidates who are registered on the heart waiting list put at unnecessary risk by the proposed changes to the eligibility criteria for receiving a heart from an intended blood group incompatible deceased donor?

The ASTS does not think this will be a concern if there are steps involving an intentional acceptance of the incompatible donor.

To what extent might adult heart candidates be impacted by increasing pediatric candidates' access to intended incompatible blood type donor hearts and heart-lungs?

The ASTS does not think adult heart candidates would be substantially impacted by this change.

Are pediatric candidates who are registered on the lung waiting list put at unnecessary risk by the proposed changes to the eligibility criteria for receiving a heart-lung from an intended blood group incompatible deceased donor?

The ASTS does not think this will be a concern if there are steps involving an intentional acceptance of the incompatible donor. To our knowledge the data for ABO incompatible heart-lung, lung transplant is extremely limited.

The proposal will expand eligibility to receive a heart from an intended blood group incompatible deceased donor to pediatric heart status 2 candidates. Is that appropriate? Should only the pediatric

heart status 1A and status 2A candidates continue to be eligible? Why or why not? Should a pediatric candidate be hospitalized at the time of listing to qualify for eligibility?

The availability and use of such organs is quite limited. It would be reasonable to remove restrictions based on status and then audit use of organs to determine its impact. The impact would likely be small.

***Policy 6.6.B: Eligibility for Intended Blood Group Incompatible Offers for Deceased Donor Hearts* currently states that a "candidate must not have received treatments that may have reduced isohemagglutinin titers to 1:16 or less within 30 days of when this blood sample was collected." The proposal maintains the timeframe of 30 days from when the blood sample was collected for candidates with titers of 1:16 or less. Is 30 days the appropriate timeframe? Why or why not? If not, what is the appropriate timeframe?**

The ASTS recommends consulting with experts in this particular area to answer this question.

Are there opportunities to make pediatric candidates, their families, and their caregivers aware of the opportunity to accept ABOi donor hearts and lungs?

Knowledge of these proposals should be disseminated amongst recipients and transplant centers to the extent possible. Opportunity might lie in pediatric patient support groups.

ASTS Position: Support