

Cardiac specialists recommend donor heart allocation changes

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A group of leading cardiac specialists has proposed new guidelines for the allocation of donor hearts to patients awaiting transplant. The changes are aimed at improving the organ distribution process to increase the survival rate of patients awaiting transplant and posttransplant.

The proposed guidelines, which would replace a three-tiered system adopted in 1998, are detailed in an article published in the January 2015 edition of the *American Journal of Transplantation*.

"We think the proposed, modified multitiered allocation system embraces the key aspects of our charge, providing organs to the group of patients with the greatest need and who will gain the greatest benefit from [heart transplant](#)," said Dan M. Meyer, M.D., a cardiothoracic surgeon with Scripps Health and former chairman of the [heart](#) subcommittee for the United Network for Organ Sharing (UNOS). Meyer, the article's lead author, is also a professor of cardiovascular and thoracic surgery at the University of Texas Southwestern Medical Center in Dallas.

Recommended changes include considering a patient's severity of illness, estimates of [waiting list](#) mortality and posttransplant survival, geographic variations in heart allocations, the emerging population of patients surviving with ventricular assist devices and other potentially disenfranchised groups.

The inclusion of additional tiers provides further stratification of the patients' level of illness, taking into account the expected waiting list mortality and posttransplant survival, rather than having time on the waiting list be a major driver of organ allocation.

UNOS serves as the Organ Procurement and Transplantation Network through its contract with the U.S. Department of Health and Human Services. Ensuring equitable and fair distribution of donor organs is a key responsibility of UNOS/OPTN, which asked its heart subcommittee to assess the limitations of the current three-tiered system because the waiting list for organs has continued to grow while the number of donor organs has not. The current heart allocation system, based upon urgency, waiting time, geography and blood type, was first introduced in 1988 and has had only two major policy changes since then.

The heart subcommittee includes regional and at-large representatives from heart failure cardiology, surgery, administrators from [organ procurement](#) organizations, a patient advocacy representative, and transplant coordinators.

The proposal provides a framework for simulation modeling that will allow the committee to project whether transplant candidates would have better waitlist survival in the revised allocation system, and whether posttransplant survival would remain stable. After conducting further review and analysis, the committee will present the proposed changes for public comment. The committee will then make necessary changes before presenting the proposed guidelines to UNOS.

"Much of the impetus for this change in the allocation system stems from the dramatic increase in the use of [ventricular assist devices](#) for end-stage heart failure, an area that Scripps has focused on through the development of our successful Mechanical Circulatory Support Program," Meyer said. "Ventricular assist devices help to stabilize many

patients on the waiting list."

The Mechanical Circulatory Support Program is an extension of Scripps' leadership in heart care and research. The \$456 million Scripps Prebys Cardiovascular Institute, which is scheduled to open in March, will be a center for innovation that brings together top researchers, physicians and staff. The institute will incorporate leading-edge wireless technologies and individualized medicine for the best in patient care.

Each year more than 76,000 patients receive their cardiovascular care from Scripps, making it San Diego County's largest heart care provider and the only one in the region consistently recognized by U.S. News & World Report as one of the best in the country.

Provided by The Scripps Research Institute

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