

Pediatric heart transplant wait-list mortality has declined since 1999

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Pediatric heart transplant (HT) wait-list mortality has declined, but the 2016 pediatric HT allocation policy revisions do not appear to be the reason, according to a study [published](#) in the Aug 13 issue of the *Journal*

of the American College of Cardiology.

Alyssa Power, M.D., from the Stanford University School of Medicine in Palo Alto, California, and colleagues examined whether 2016 United Network for Organ Sharing [revisions](#) of pediatric HT allocation policy were associated with reduced wait-list [mortality](#). Children listed for HT from 1999 to 2023 were identified and grouped according to era (1999 to 2006 [era 1]; 2006 to 2016 [era 2]; 2016 to 2023 [era 3]).

The researchers found that across eras, wait-list mortality declined 8 percentage points (21, 17 and 13 percent, respectively). At listing, [children](#) were less sick in era 3 than era 1, with 6, 11, and 1 percentage points less extracorporeal membrane oxygenation use, ventilator use, and dialysis use, respectively. Ventricular assist device (VAD) use was 13 percentage points higher, and there was a 9 percentage point decrease in VAD mortality.

The 2016 revisions were not associated with lower wait-list mortality in multivariable analyses, but they were associated with VAD use (in era 3), ABO-incompatible transplant, improved patient selection, and narrowing racial disparities.

"Wait-list mortality has declined, which is a very good thing, but based on our analysis, it doesn't look like the allocation changes made the difference," senior author Christopher S. Almond, M.D., M.P.H., also from the Stanford University School of Medicine, said in a statement.

More information: Alyssa Power et al, Contemporary Pediatric Heart Transplant Waitlist Mortality, *Journal of the American College of Cardiology* (2024). [DOI: 10.1016/j.jacc.2024.05.049](https://doi.org/10.1016/j.jacc.2024.05.049)

David L.S. Morales et al, Getting to Transplant Should Not Be the Goal, *Journal of the American College of Cardiology* (2024). [DOI:](#)

[10.1016/j.jacc.2024.06.009](https://doi.org/10.1016/j.jacc.2024.06.009)

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