

HEART RETRANSPLANTATION OUTCOMES BEFORE AND AFTER UNOS ALLOCATION SYSTEM CHANGE



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BACKGROUND

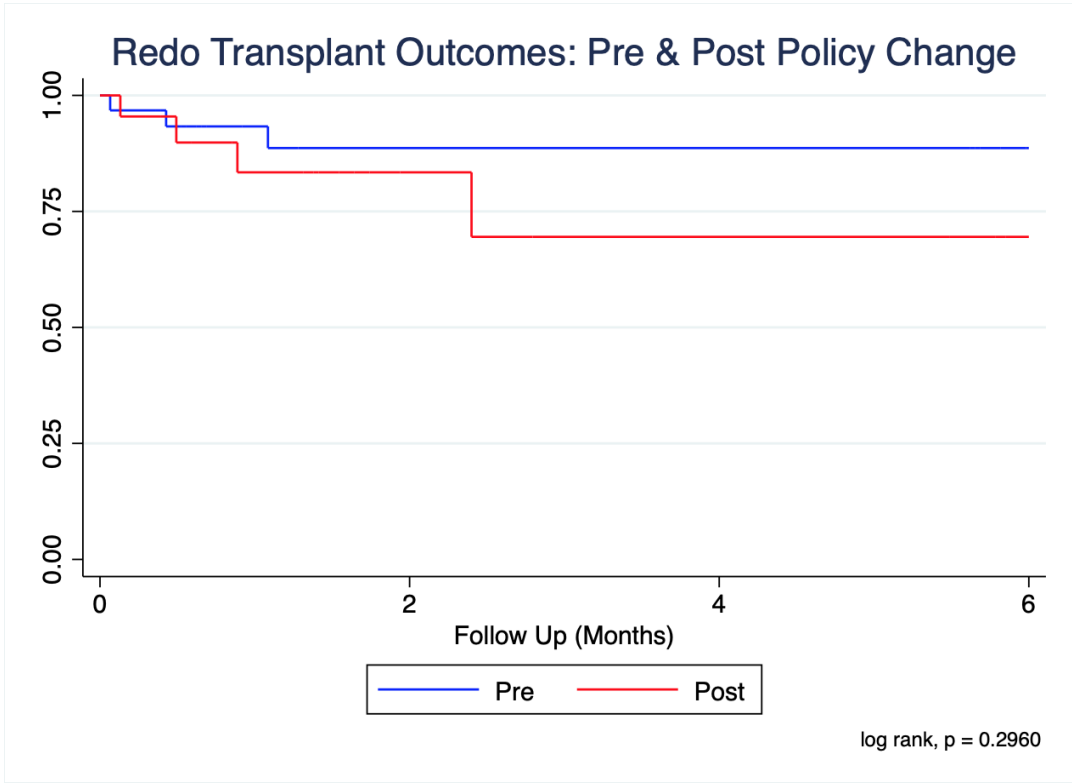
Patients needing heart retransplantation (reHTx) are a vulnerable population. The United Network of Organ Sharing (UNOS) instituted new heart organ allocation rules in 2018. We wanted to evaluate if the new organ allocation system affected reHTx outcomes.

METHODS

Using the UNOS Organ Registry, we compared mortality rates for patients undergoing reHTx 6 months before and after the initiation of the UNOS allocation system change with a multivariate Cox proportional hazard regression analysis, adjusting for age, sex, diabetes, race, ischemic time, need for dialysis, need for life support, waitlist time, and HLA mismatch. The exclusion criteria included age <10, patients lost to follow-up, and multi-organ transplant recipients. Survival was censored at 6 months.

DATA/GRAPHS

	PRE (%)	POST (%)	P-value
Total #	31	24	
Age ± SD	36.9 ± 17.4	38.3 ± 21.3	0.78
Male	17 (55)	12 (50)	0.72
White/Caucasian	21 (68)	15 (62)	0.53
DM	11 (35)	3 (12)	0.052
Donor Age ± SD	29.3 ± 11.4	24.6 ± 12.1	0.15
Ischemic Time			0.77
0-1 hr	5 (16)	2(9)	
2<3 hr	14 (45)	4 (18)	
3<4 hr	10 (32)	11 (50)	
4+ hr	2 (6)	5 (23)	
On Life Support (all)	15 (48)	16 (70)	0.12
On Life Support (IABP)	2 (6)	5 (21)	0.11
On Life Support (Vent)	2 (6)	6 (25)	0.053
VAD	1 (3)	3 (12)	0.19
Total Days on Waitlist (+ inactive), mean	52.0	12.5	0.005
Smoking	6 (19)	5 (21)	0.89
Non-CV Death	1 (33)	2 (50)	0.66
CV Death	2 (67)	2 (50)	0.66



RESULTS

There were a total of 31 patients who underwent reHTx 6 months before and after the initiation of the UNOS heart organ allocation system change. The total days on the waiting list was significantly longer prior to the UNOS allocation change (52.0 versus 12.5 days, p=0.005). There was no statistically significant difference in mortality rates between recipients 6 months pre- and post-UNOS allocation system change (11.5% versus 30.5% respectively, p=0.2960).

CONCLUSIONS

Under the new UNOS allocation system, patients requiring reHTx have shorter waitlist times and no significant difference in mortality compared to before the allocation system change.

DISCLOSURES

None