

<b>Type</b>	<b>Canadian Transplant Registry</b>
<b>Program</b>	<b>Inter-provincial Sharing: Heart</b>
<b>Policy Title</b>	<b>Requirement to Offer</b>

<b>Policy Number</b>	CTR.10.003
<b>Version (Date)</b>	v1.0
<b>Policy Sponsor</b>	Heart Transplant Advisory Committee (HTAC)
<b>Committee Review</b>	CCTN (2016-10-21), NHLAAC (2017-04-20), DTAAC (2017-08-25), ODTEAC (2017-08-25)
<b>Committee Endorsement</b>	NHLAAC (2017-04-21), DTAAC (2017-10-18), ODTEAC (2017-08-25), CCTN (2017-10-20)
<b>Provincial/Territorial Sign-Off</b>	See Appendix A
<b>Effective Date</b>	2018-02-06

## Purpose

The Canadian Transplant Registry (CTR) identifies transplant opportunities across Canada for heart transplant candidates who are highly sensitized to Human Lymphocyte Antigens (HLA) and/or designated as medically urgent (i.e., designated as medical status 4<sup>1</sup>). This policy describes the procedure with respect to offering donor hearts under the *Inter-provincial Sharing: Heart* program.

## Policy

### 1. Offer Requirements

- 1.1 All consented heart donors are entered in the CTR.
- 1.2 Provinces participating in the *Inter-provincial Sharing: Heart* program make available all hearts from deceased donors deemed to be transplantable.
- 1.3 When a donor heart is made available, the CTR will generate a ranked list of all potential recipient matches.
  - 1.3.1 The Organ Donation Organization (ODO) makes an offer to the first potential recipient on the list. Should this offer be declined, the ODO is obliged to make an offer to the second, then third, and subsequent potential recipients on the list.

<sup>1</sup> As defined by the Canadian Cardiac Transplant Network (CCTN)

- 1.3.1.1 If Status 4 potential recipients are listed, then the donor ODO must offer to the first Status 4 potential recipient on the allocation list and notify all ODOs, who have a Status 4 potential recipient listed. This notification is required to provide the opportunity for Transplant Programs to have a discussion in order to request the heart on behalf of their Status 4 potential recipient(s).
- 1.3.1.2 If only one Status 4 potential recipient appears on the allocation list then the donor ODO must make the offer, and further notification is not required.
- 1.3.1.3 If multiple Status 4 potential recipients appear on the allocation list then the donor ODO must make the first offer to the top-ranked potential recipient on the allocation list and the following are required:
- The donor ODO must notify the ODOs associated with each of the Status 4 potential recipients on the allocation list and provide the donor information.
  - Once an offer is created in the CTR then the CTR must send an alert to the ODOs of all Status 4 potential recipients on the allocation list, notifying them of the Status 4 offer taking place, their rank on the allocation list and the ODO of the top-ranked potential recipient.
  - The ODO associated with each of the Status 4 potential recipients on the allocation list must notify their Transplant Program physician or surgeon based on their standard operating procedures to provide the opportunity for discussion between program physicians if requested
  - The Transplant Program physician or surgeon who has the rank 1 potential recipient must provide the outcome of the discussion to their ODO.
  - The ODO who has the rank 1 potential recipient must record the offer acceptance or decline (with reason) or deferral (with reason and deferred) in the CTR.
  - If after the discussion the Transplant Program declines or defers the offer, then the ODO associated to the rank 1 potential recipient must notify the donor ODO, so the donor ODO makes an offer to the deferred or the next potential recipient on the allocation list.
  - If consensus cannot be reached, then the heart remains allocated to the first potential recipient on the list.
- 1.3.1.4 The allocation list is frozen once the offer is accepted by the receiving Transplant Program.

- If a new Status 4 potential recipient is listed on the National Waitlist before the allocation list is frozen then Offering ODO must re-run the allocation.
- 1.3.2 The obligation to offer a donor heart to a matched recipient includes both in-province and out-of-province matches.
  - 1.3.3 A heart can be offered as an open offer if all offers to high-status recipients (highly sensitized or medically urgent) are declined or no potential high status or local recipients match the donor.
    - 1.3.3.1 If a heart is offered as an open offer then local allocation practices apply including the ability to cross antibodies.
  - 1.3.4 Should a potential recipient be listed for both heart and lung transplant, only the donor heart is subject to the mandatory offer through the *Inter-provincial Sharing: Heart* program.
  - 1.3.5 Any decision to offer lung(s) or any other organ in the case of a potential recipient match who is listed for multiple organs is an optional discussion between the programs/agencies.
  - 1.3.6 Transplant Programs receiving offers have 120 minutes (2 hours) to accept or decline an offer from the time the verbal offer is made.
    - 1.3.6.1 If the donor ODO does not receive a response (accept or decline) within 120 minutes from the time of the verbal offer, the donor ODO must notify the transplant program's ODO that the offer is now being extended to the next ranked recipient.
  - 1.3.7 Offer confirmation must occur verbally (by telephone) between the donor and recipient ODO's and between the associated HLA laboratories.
    - 1.3.7.1 Offer confirmations should include a discussion of donor information; a determination of donor heart acceptability, and other relevant logistics.
    - 1.3.7.2 The nature of the HLA laboratory conversations is to discuss pertinent aspects to determine the HLA match. This conversation should occur as soon as possible after the offer is made.
    - 1.3.7.3 If there are specific surgical requirements, communication between donor and recipient surgeons is recommended.
  - 1.3.8 The offer is considered final once the offer has been accepted by the receiving transplant program, after which time the addition of a new participant in the *Inter-provincial Sharing: Heart* program does not necessitate reconsideration of the allocation decision.

## 2. Exceptions

- 2.1 The requirement to offer through the *Inter-provincial Sharing: Heart* program does not apply when there is no compatible recipient.

### 3. Allocated Heart Not Transplanted Into Intended Recipient

3.1 Should a transplant program receive a donor heart that was accepted through the *Inter-provincial Sharing: Heart* program and determine that it cannot be transplanted into the intended recipient, the province allocates the heart:

- 3.1.1 Firstly, to another high-status recipient (highly sensitized or medically urgent) from that province who is a participant in the *Inter-provincial Sharing: Heart* program;
- 3.1.2 Secondly, to any other recipient from that province in accordance with the relevant jurisdiction's allocation policy.
- 3.1.3 All transplants to not intended recipients are reviewed annually at a meeting of representatives from a majority of transplant programs and ODOs.

### 4. Allocated Heart Deemed Not Transplantable

4.1 Should the donor heart be received by the transplant program and deemed non-transplantable, the ODO of the transplant program:

- 4.1.1 Informs the ODO and determines if there are specific legal or family requirements to return the donor heart to the ODO.
- 4.1.2 If 4.1.1 does not apply, disposes of the organ according to that jurisdiction's applicable biological waste, research or medical education regulations and/or policies.
- 4.1.3 All cases where the heart was deemed not transplantable are reviewed annually at a meeting of representatives from a majority of transplant centres and donation program/agencies.

### 5. Review

This policy is reviewed at the discretion of the Heart Transplant Advisory Committee (HTAC), Donation and Transplantation Administrators Advisory Committee (DTAAC) and the Organ Donation and Transplantation Expert Advisory Committee (ODTEAC).

References
Cardiac Transplantation: Eligibility and Listing Criteria in Canada (2012)

Version History		
Version	Date	Comments /Changes
v1.0	2018-02-06	Original Version

## Appendix A – Provincial/Territorial Approvals

Version	Jurisdiction	Clinical Authority			Administrative Authority		
		Name	Title	Date	Name	Title	Date
v1.0	British Columbia	Dr. David Landsberg	Provincial Medical Director	2017-11-24	Edward Ferre	Provincial Operations Director	2017-11-24
v1.0	Edmonton	Dr. Norman Kneteman	Zone Clinical Section Chief Transplant	2017-11-07	Deanna Paulson	Director Transplant	2017-10-30
v1.0	Calgary	Dr. Serdar Yilmaz	Medical Director	2017-12-21	Carol Easton	Executive Director	2017-12-21
v1.0	Saskatchewan	Dr. Ahmed Shoker	Medical Director	2017-11-19	Carol Brown	Director	2017-11-07
v1.0	Manitoba	Dr. Peter Nickerson	Medical Director (TM-GLP)	2017-10-25	Kim Werestuik	Manager of Patient Care	2017-10-25
v1.0	Ontario	Dr. Jeff Zaltzman	CMO TGLN	2017-11-27	Ronnie Gavsie	CEO TGLN	2017-11-27
v1.0	Québec	Dr. Prosanto Chaudhury	Medical Director – Transplantation	2018-02-05	Louis Beaulieu	General Director – Transplant Quebec	2018-02-06
v1.0	New Brunswick	Dr. Robert Adams	Medical Director NBOTP	2017-11-10	Mary Gatien	Director NBOTP	2017-11-10
v1.0	Nova Scotia	Dr. Miroslaw Rajda	Medical Director	2017-12-06	Brian Butt	Director	2017-12-11
v1.0	Newfoundland	Dr. Sean Connors	Clinical Chief, Cardiac Care	2017-12-12	Cathy Burke	Regional Director of Cardiac Critical Care Program	2017-12-14