

CTAG-Hearts Adjudication Panel Terms of Reference Review

JR Dalzell, J Simmonds, G MacGowan, F Riesgo Gil, S Lim, C Lewis, P Callan, SJ Pettit, A Ranasinghe.

Background

At the Spring 2025 CTAG meeting, it was decided to temporarily mandate that all requests for registration on the super-urgent heart allocation scheme should be panel adjudicated. This temporary arrangement resulted in queries over the remit of the panel both in that particular circumstance and in general. Specifically, this arrangement potentially placed the panel in the position of making decisions outwith the agreed CTAG-ratified criteria. There has also been longstanding dubiety regarding the role of the panel in assessing urgency vs overall suitability. The adjudication process carries clinical and ethical responsibilities that can be challenging and stressful. Any ambiguity regarding the role of the panel should be addressed in order to facilitate an easier and more harmonious process. It was therefore requested that current terms of reference (TOR) for the panel (published in document POL229/12) be reviewed alongside other aspects of panel activity as suggested by the CTAG chair.

Review Process

Open and closed questions regarding panel remit, membership and voting processes were sent to CTAG chair, CTAG deputy chair and all panel members from each of the 7 centres (this included all centre directors). All 9 responded and had the opportunity to contribute to further discussions regarding the responses.

Responses

1. In addition to adjudicating clinical requests against CTAG-approved selection criteria, should the panel be able to impose novel, non-CTAG approved treatment pathways?
Yes – 1, No – 8
2. Should panel membership change? **Yes – 0, No – 9**
3. Are you happy with the CTAG chair/deputy chair having the “deciding vote” in the event of a 3-3 tie? **Yes – 7, No – 2**
4. Should the submitting centre have a vote to avoid the scenario in “3”? **Yes – 0, No – 9**
5. Opportunity for further comments opened discussions surrounding
 - Solely assessing urgency vs overall suitability for transplant
 - Utilisation of scoring systems vs binary yes/no decisions
 - Involving panel members’ wider teams in decision making.

Recommendations based on majority consensus

- The CTAG-Hearts adjudication panel decides on access to the transplant list based on established current CTAG eligibility criteria.
- Panel members place overall UK transplant outcomes and organ utilisation at the centre of decision making.

- As such, whilst panel decisions should respect the autonomy of the requesting centre as far as possible with regards to suitability for listing, the panel must be able to make decisions regarding suitability if there are clear and significant concerns regarding prohibitive risk.
- The panel does not dictate individual treatment pathways/therapeutic strategies (eg. with regard to temporary or durable MCS strategy).
- It is good practice for the panel members to take a wider opinion from within their respective teams, especially in complex and/or potentially contentious cases
- Any agreement/request for the panel to potentially function outwith established CTAG guidelines requires comprehensive and specific TOR prior to initiation.
- The current panel membership and voting method should not change.

Resultant suggested amendment to existing TOR POL229/12 (additions in red)

“The CTAG Heart Adjudication Panel is made up of the CTAG Chair plus one representative from each of the 7 designated heart transplant centres. The panel decides on access to the transplant list based on established current CTAG eligibility criteria. In reaching decisions, panel members place overall UK transplant outcomes and organ utilisation at the centre of decision making. As such, whilst decisions should respect the autonomy of the registering centre as far as possible with regards to suitability for listing, the panel must be able to make decisions based upon suitability if there is clear and significant concern regarding prohibitive risk. The panel does not dictate individual treatment pathways/therapeutic strategies (eg. with regard to temporary or durable MCS strategy). The registering centre does not get a vote and must provide the panel with relevant details by email. The patient may be registered if the majority agree on the case for listing but if the panel cannot reach a consensus, the CTAG Chair has the casting vote. In cases where the patient is from the same centre as the CTAG Chair, the process will be administrated by the Deputy CTAG Chair. A decision will be made within 24 hours of receiving the request, however in complex cases more time may be required. It is good practice for the panel members to take a wider opinion from within their respective teams, especially in complex and/or potentially contentious cases. The decisions of the Adjudication Panel will be presented annually at meetings of the CTAG. For paediatric requests for urgent or super-urgent listing under categories 59 or 12 whereby a maximum acceptable donor size has been specified to be $\geq 160\text{cm}$ in height or $\geq 60\text{kg}$ in weight, the full CTAG Heart Adjudication Panel must be approached.” Any agreement/request for the panel to potentially function outwith established CTAG guidelines requires comprehensive and specific TOR prior to initiation.