

Changes in this version

- Updated survival statistics from 2024/25 annual report
- Removal of sentence “VA-ECMO not included; these patients qualify for super-urgent listing under Category 11” at the end of Category 51
- Addition of sentence “This includes Paediatric patients that are given Adult status” at end of Category 11
- Addition of Category 12d for Adult Congenital Single Ventricle patients, and approval requirements detailed in Section 8.1.1
- Section 8 revision of text relating to role of the CTAG Adjudication Panel

Policy

This policy has been created by the Cardiothoracic Advisory Group (CTAG) on behalf of NHSBT.

This policy previously received approval from the Transplant Policy Review Committee (TPRC). This committee was disbanded in 2020 and the current governance for approval of policies is now from Organ and Tissue Donation and Transplantation Clinical Audit Risk and Effectiveness Group (OTDT CARE), which will be responsible for annual review of the guidance herein.

Last updated: June 2026

Approved by OTDT CARE: June 2026

The aim of this document is to provide a policy for the selection of adult and paediatric patients on to the UK national transplant list and, where necessary, criteria for their de-selection. These criteria apply to all proposed recipients of organs from deceased donors.

In the interests of equity and justice all centres should work to the same selection criteria. Non-compliance to these guidelines will be handled directly by NHSBT, in accordance with *POL198 NHS Blood and Transplant Organ Donation and Transplantation: Policy on Non-compliance with Selection and Allocation policies POL198* (<http://www.odt.nhs.uk/transplantation/tools-policies-and-guidance/policies-and-guidance/>)

It is acknowledged that these guidelines will require regular review and refreshment. Where they do not cover specific individual cases, an Adjudication Panel will consider whether transplantation is appropriate.

Heart transplantation is an established treatment in patients who have a likelihood of poor survival or impaired quality of life secondary to acute or chronic heart disease.

Selection criteria for adult transplantation are largely based on prognosis without the intervention and expected outcome post-transplant. While the same general principles apply to children, in some circumstances, even a smaller probability of long-term success may be a worthwhile outcome for some children and their families.

In selected patients, heart transplantation improves survival and quality of life. Data on over 120,000 transplants from the Registry of the International Society for Heart and Lung Transplantation show that half of the patients survive for more than 10 years and the median survival for those who survived the first year after transplantation is currently 13.3 years¹. Current UK data (UK Transplant Registry) show that current 1- and 5- year survival rates are 89% and 75% for adults and 93% and 86% for paediatric patients, respectively (*Annual Report on Heart Transplantation 2024/2025, NHS Blood and Transplant*).

The decision to recommend heart transplantation depends on a balance of the benefits, risks and alternatives. However, the scarcity of suitable donor hearts makes it necessary to also consider the population of potential heart transplant candidates; selection is based both on the patient's clinical need and on their capacity to benefit. Decision-making should be fair and transparent.

Transplant centres make decisions about whether to list patients in a multi-disciplinary team (MDT) meeting and in the light of relevant guidelines. Nevertheless, selection cannot be an exact science, and any patient who is dissatisfied with the decision made in his/her case is entitled to an opinion from a second transplant centre.

1. Indications for Heart Transplantation

- a) Advanced heart failure usually secondary to ischaemic heart disease or idiopathic dilated cardiomyopathy with severe systolic ventricular dysfunction
- b) Severe ventricular dysfunction secondary to valve disease.
- c) Diastolic dysfunction usually secondary to idiopathic restrictive or hypertrophic cardiomyopathy
- d) Heart failure secondary to congenital heart disease

Patients with other conditions including specific heart muscle diseases may be candidates for transplantation and need to be considered on a case-by-case basis.

2. Referral

Clinicians looking after potential transplant candidates should discuss referral with one of the heart transplant centres in the UK and, when appropriate, arrange for formal referral. Paediatric patients will be referred to one of the two paediatric heart transplant centres. It is advisable to discuss patients with transplant centres at an early stage so a combined approach can be formulated. Guidance is available in the published national guidelines².

3. Assessment of Candidates for Transplantation

Patients should be fully assessed in one of the heart transplant centres. Patients should be discussed at an MDT meeting and, if appropriate for transplantation, should be offered listing.

4. Heart Allocation Overview

There are three tiers of allocation: the super-urgent heart allocation scheme (SUHAS), the urgent heart allocation scheme (UHAS) and the non-urgent allocation scheme (NUHAS). A patient may be registered on to one of these three schemes according to the selection criteria outlined in this document. The order in which patients are offered donor organs is outlined in **POL228 NHS Blood and Transplant Heart Allocation Policy**.

[\(http://www.odt.nhs.uk/transplantation/tools-policies-and-guidance/policies-and-guidance/\)](http://www.odt.nhs.uk/transplantation/tools-policies-and-guidance/policies-and-guidance/)

There are seven heart transplant centres in the UK: Birmingham Queen Elizabeth Hospital, Great Ormond Street Hospital (GOSH), Glasgow Golden Jubilee Hospital, Harefield Hospital, Manchester Wythenshawe Hospital, Newcastle Freeman Hospital and the Royal Papworth Hospital. Newcastle transplant adult and paediatric patients; GOSH transplant paediatric patients only.

4.1. Adult Patients

An adult patient is generally defined as being a patient aged 16 years or above at the time of registration.

4.2. Paediatric Patients

A paediatric patient is defined as being a patient aged less than 16 years at the time of registration. A paediatric patient who reaches their 16th birthday while on the waiting list will retain their paediatric status (unless transferred to an adult centre or adult waiting list).

4.3. Small Adult Patients

A Small Adult is defined as being a patient with a body weight of 30 kg or less at the time of listing. Paediatric patients and Small Adults will receive offers for hearts from a paediatric donor before adult patients.

A centre may request, through the Cardiothoracic Advisory Group (CTAG) Adjudication Panel (Section 7), registration of a Small Adult, weighing between 30 kg and 40 kg, when there are specific reasons to justify inclusion in this priority group (such as excess fluid retention which may not reflect lean body mass). In such cases, indication for Small Adult listing should be marked on the registration form.

4.4. Patient Categories

There are three patient categories for which a patient can be registered. Table 1 indicates which patient category (Paediatric, Small Adult or Adult) a patient is classed in depending upon the registered status of the patient (i.e. by age and whether they are registered as a Small Adult) and which type of centre they are registered at. The type of centre is important because generally a 15- year old patient, for example, registered at an adult centre will, by definition, be of adult size and hence require adult sized organs, whereas generally a 15-year old patient at a paediatric centre will require specialist paediatric treatment and hence paediatric sized organs. However, in some cases, a ‘large paediatric’ at a paediatric centre may require adult sized organs in which case the patient’s medical team may decide to register the patient on the adult list. This must be indicated on the registration form and applies to the UHAS and SUHAS only. A patient will only have one classification and cannot be ‘dual listed’ to receive offers as part of more than one scheme.

Status of patient	Adult Centre (Harefield, Papworth, Birmingham, Manchester, Glasgow)	Adult & Paediatric Centre (Newcastle*)	Paediatric Centre (GOSH)
Aged under 16	Adult	Paediatric	Paediatric
Aged 16 or above (not Small Adult)	Adult	Adult	Paediatric
Small Adult Aged 16 or above and weight ≤30kg or Aged 16 or above, weight between 30-40kg and agreed by Adjudication Panel	Small Adult	Small Adult	Paediatric
Large Paediatric Aged under 16 at a paediatric centre where it has been decided that they should be granted adult status	N/A	Adult	Adult

* Newcastle is counted as both an adult centre and a paediatric centre in this document.

5. Listing of Patients

Transplant centres should request NHSBT to place eligible patients on the UK national heart transplant list. Patients who have not been registered should not be offered an organ. Patients will be placed on the national transplant list when a registration form has been received and key information is validated by NHSBT. Discrepancies or missing information will be followed up with the local centre and might cause a delay in registration.

Eligibility for NHS treatment should be determined by the hospital and advice may be given by the national Department of Health. Accepted patients are classified as Group 1 or Group 2 (as defined by The NHS Blood and Transplant, England, Directions 2005 – Guidance:

https://nhsbt.dbe.blob.core.windows.net/umbraco-assets-corp/1864/nhsbt_directions_2005.pdf.

Nevertheless, it should be noted that nationals of a non-UK country may only be registered on a transplant list after they have been accepted by a consultant as suitable for treatment.

5.1. Non-Urgent Heart Allocation Scheme (NUHAS)

5.1.1. Listing criteria for NUHAS heart transplantation

Table 2 outlines guideline criteria for non-urgent heart registration. These criteria are applicable for all patient categories. Generally speaking, two or more criteria need to be met for listing.

Table 2: Guideline listing criteria for Non-Urgent Heart Allocation Scheme registration: two or more criteria need to be met

- Persistent NYHA Class III/IV symptoms despite optimum medical therapy (inc CRT if indicated)
- Peak VO₂ <14 ml/kg/min or <50% predicted in diagnostic CPEX test
- Unable to complete satisfactory CPEX because of cardiac status
- BNP persistently >400 pg/ml or NT-proBNP >1600 pg/mL, or increasing despite treatment
- Low cardiac index (<2 L/min/m²)
- Two or more admissions with decompensated heart failure in last 12 months despite adequate medical therapy and adherence
- Deteriorating WHO Group II pulmonary hypertension
- Deteriorating renal function due to cardiorenal syndrome
- Persisting hyponatraemia (<130 mmol/L) despite optimum medical treatment
- Recurrent ventricular arrhythmia despite drug, EP and device treatment
- Deteriorating liver function due to right heart failure despite optimum medical treatment
- Persistent/recurrent symptomatic pulmonary oedema or serious systemic congestion despite optimum medical treatment

5.1.2. NUHAS Registration Process

In order to register a patient on the NUHAS, the transplant centre must complete the *Heart/Lung Recipient Registration Form (FRM4847)* via ODT Online and select the option for 'Heart'.

5.2. Urgent Heart Allocation Scheme (UHAS)

Patients who have advanced heart failure and a very poor short-term prognosis are prioritised by placing them on the Urgent Heart Allocation Scheme (UHAS).

5.2.1. Listing Criteria for UHAS Heart Transplantation

Table 3 outlines the criteria for adult urgent heart registration. These criteria are applicable for patients registering under the Adult or Small Adult patient categories (see Table 1); a patient must meet one of the urgent categories listed below to be registered (note that the category numbers are not sequential due to the way they are programmed into the electronic system).

Table 3: Listing criteria for adult Urgent Heart Allocation Scheme registration

- Category 21 - Adult inpatient with advanced heart failure requiring continuous inotrope therapy and/or IABP support **AND** with a cardiac index of $<2.0\text{L}/\text{min}/\text{m}^2$ **AND** at least one of the following sub-categories:
 - Cardiogenic shock: blood lactate $>2.0\text{mmol}/\text{L}$ **AND** clinical evidence of hypoperfusion
 - Cardiorenal or hepatic indication: $\text{eGFR} <40\text{ml}/\text{min}/1.73\text{m}^2$ **AND/OR** bilirubin $>2\text{x}$ upper limit of normal ($40\mu\text{mol}/\text{L}$)
 - Adverse pulmonary haemodynamics: transpulmonary gradient (TPG) $>12\text{mmHg}$ **AND/OR** pulmonary vascular resistance (PVR) $>4\text{WU}$ at baseline, despite conventional medical therapy, leading to the use of inotropes and resulting in improvement in TPG and PVR, in patients where durable LVAD therapy is not preferred.
- Category 22 - Adult long-term VAD or TAH patient, agreed by CTAG Adjudication Panel (Section 8) and evidence of agreement emailed to NHSBT, with one of the following complications:
 - Right ventricular failure dependent on inotropes
 - Recurrent systemic infection related to VAD/TAH
 - Other VAD/TAH issues including recurrent or refractory VAD/TAH thrombosis.
- Category 23 - Exceptionally sick adult patient - high risk of dying or having an irreversible complication but does not meet urgent listing criteria. Patient registration must be agreed by CTAG Adjudication Panel and evidence of agreement emailed to NHSBT (Section 7).
- Category 31 - ACHD arrhythmia patients. Refractory arrhythmia (> 1 hospital admission over last 3 months with haemodynamic instability or associated with kidney or liver dysfunction).
- Category 32 - ACHD patients with no option for conventional escalation of therapy. Inpatients unsuitable for inotropes and/or VAD with one of the following:
 - Bilirubin and transaminases $> 2\text{x}$ normal
 - Deteriorating renal function ($\text{eGFR} <50\text{ml}/\text{min}/1.73\text{m}^2$, or 20% reduction from baseline);
 - Requirement for dialysis/CVVH for fluid or electrolyte management;
 - Recurrent admissions (> 3 in preceding 3 months) with episodes of right heart failure or protein losing enteropathy requiring ascites drainage.

Table 4 outlines the criteria for paediatric urgent heart registration. These criteria are applicable for patients registering under the Paediatric patient category only (see Table 1); a patient must meet one of the urgent categories listed below to be registered (note that the category numbers are not sequential due to the way they are programmed into the electronic system).

Table 4: Listing criteria for paediatric Urgent Heart Allocation Scheme registration

- Category 51 - Paediatric with short-term mechanical circulatory support device (MCSD): Mechanical circulatory support for acute haemodynamic decompensation using a short-term right, left or bi-ventricular device (including Berlin Heart), implanted as a specific bridge-to-transplantation.
- Category 52 - Paediatric with MCSD with device-related complications: Mechanical circulatory support with objective medical evidence of significant device-related complications such as thrombo-embolism, device infection, mechanical failure and/or life-threatening ventricular arrhythmias. Panel reactive antibody sensitisation does not qualify for urgent registration in this criterion

- Category 54 - Paediatric with VA ECMO: Mechanical circulatory support using extra-corporeal membrane oxygenation as a specific bridge-to-transplantation (where not approved for super-urgent listing)
- Category 55 - Paediatric >15kg on high-dose inotropes: Patients >15kg on continuous central infusion of a high dose intravenous inotrope
- Category 56 - Paediatric ≤15kg on ventilation and inotropes: Patients ≤15kg who are ventilated and on inotropes.
- Category 59 - Paediatric patients outside the criteria listed above, but for whom the patient's transplant physicians believe urgent listing is justified using acceptable medical criteria not included above. Approval for listing under this category is as follows:
 - For paediatric patients whereby a maximum acceptable donor size has been specified to be <160 cm in height and <60kg in weight, their eligibility for registering under this category must be discussed and agreed by the other paediatric transplant centre and the CTAG Chair or deputy and evidence of agreement emailed to NHSBT.
 - For paediatric patients whereby a maximum acceptable donor size has been specified to be ≥160 cm in height or ≥60kg in weight, their eligibility for registering under this category must be discussed and agreed by the other paediatric transplant centre and the CTAG Adjudication Panel (Section 8) via the Chair or deputy and evidence of agreement emailed to NHSBT.

5.2.2. UHAS Registration Process

Request for registration on the UHAS must be made by submitting a *Super-Urgent/Urgent Heart Recipient Registration Form (FRM4351)* to Hub Operations by email. The centre must specify the UHAS as the scheme they wish to register on to as well as the UHAS listing category. The form must be completed fully and accurately and if there are any obvious errors or missing data, Hub Operations will call the centre immediately for clarification. If amendments to the form are needed, the centre must send through a new copy containing the amended details.

Centres must register patients on the UHAS with a maximum and minimum donor height and/or weight they are willing to accept for that patient. Patients will subsequently not receive offers of hearts from donors that fall outside of these specified criteria. Centres must use their judgement when choosing these ranges and may update them whilst their patient is on the waiting list if necessary.

When key information has been validated and it is confirmed that the patient is eligible, Hub Operations will place the patient on the UHAS and notify all heart transplant centres in the UK of an anonymised copy of the form to all designated heart transplant centres.

A summary of patients on the SU/UHAS will be sent by email to all designated centres by Hub Operations each day. Centres wishing to seek clarification of the details of a patient on the UHAS must notify Hub Operations. The clinician from the centre seeking clarification will make direct contact with the registering centre and discuss the case clinician to clinician. In cases where clarification has been sought, Hub Operations will seek confirmation of the patient's status from the registering centre 24 hours after a registration. Where there remains a dispute, this should be discussed with the Chair of CTAG who may refer the case to the Adjudication Panel (Section 8).

If a patient has been suspended from the UHAS waiting list for more than 14 days, the centre should remove the patient from the urgent heart list. If the patient needs to be re-activated on the UHAS waiting list after 14 days, a new registration form must be submitted and they will not retain any waiting time from their previous urgent registration. If a patient has been suspended from the urgent heart-lung list for more than 14 days, the centre should contact Hub Operations to remove the patient from this list.

5.3. Super-Urgent Heart Allocation Scheme (SUHAS)

Patients who are critically ill with advanced heart failure and are placed on temporary mechanical circulatory support (tMCS) or are not suitable for tMCS are prioritised by placing them on the Super-Urgent Heart Allocation Scheme (SUHAS).

5.3.1. Listing Criteria for SUHAS Heart Transplantation

Table 5 outlines the criteria for Super-Urgent heart registration. These criteria are applicable for patients registering under the Adult, Small Adult and Paediatric patient categories (see Table 1); a patient must meet one of the super-urgent categories listed below to be registered. Patients on long-term VAD support with conjunction tMCS/VA-ECMO support are not eligible for super-urgent listing under category 11. If SUHAS is required for these patients, agreement is required from the CTAG (Heart) Adjudication Panel – if approved, they must be registered under category 12b.

Table 5: Listing criteria for Super-Urgent Heart Allocation Scheme registration

- 11 - Category 11 - Adult or Small Adult patient on temporary ventricular assist device (VAD) or veno-arterial extra-corporeal membrane oxygenation (VA-ECMO) support. **This includes Paediatric patients that are given Adult status.**
- 12 - Category 12 - Agreed by CTAG (Heart) Adjudication Panel and evidence of agreement emailed to NHSBT, and either:
 - a) on intra-aortic balloon pump (IABP) support
 - b) at imminent risk of dying or irreversible complications. Meets criteria for urgent listing but is not suitable for long-term VAD and/or other exceptional circumstances.
 - c) Paediatric patient on VA-ECMO where agreed by the other paediatric transplant centre and the CTAG Chair or deputy
 - d) Adult congenital heart disease patient with single ventricle physiology, meeting all of the following criteria (requires confirmation email from CTAG Chair/Deputy):
 - i. Inotrope-dependent, on maximally tolerated doses
 - ii. Ineligible or high-risk anatomy for temporary MCS (ineligible or too high-risk for EXCOR Revive/Fontan venous cannula MCS)
 - iii. ICU admission requiring >1 inotrope with signs of (a) hypoperfusion secondary to cardiogenic shock (lactate >2) and (b) worsening renal (oliguria <1.0L/24 hours, eGFR <40), or (c) liver dysfunction (bilirubin >2x upper limit of normal (40µmol/L) or transaminases >2x upper limit)
 - iv. Normal renal size on imaging with eGFR >40 in the last 3 months.
 - v. Liver size and function deemed acceptable for heart-only transplantation by combined heart/liver MDT

5.3.2. SUHAS Registration Process

Request for registration on the SUHAS must be made by submitting a *Super-Urgent/Urgent Heart Recipient Registration Form (FRM4351)* to Hub Operations by email. The centre must specify the SUHAS as the scheme they wish to register on to as well as the SUHAS listing category. The form must be completed fully and accurately and if there are any obvious errors or missing data, Hub Operations will call the centre immediately for clarification. If amendments to the form are needed, the centre must send through a new copy containing the amended details. Centres must register patients on the SUHAS with a maximum and minimum donor height and/or weight they are willing to accept for that patient. Patients will subsequently not receive offers of hearts from donors that fall outside of these specified criteria. Centres must use their judgement when choosing these ranges and may update them whilst their patient is on the waiting list if necessary.

When key information has been validated and it is confirmed that the patient is eligible, Hub Operations will place the patient on the SUHAS and notify all heart transplant centres in the UK of an anonymised copy of the form to all designated heart transplant centres.

A summary of patient on the SU/UHAS will be sent by email to all designated centres by Hub Operations each day. For cases where a centre wishes to seek clarification of the details of a patient on the SUHAS, the process is the same as for the UHAS (see Section 5.2.2).

If a patient has been suspended from the SUHAS waiting list for more than 14 days, the centre should remove the patient from the super-urgent heart list. If the patient needs to be re-activated on the SUHAS waiting list after 14 days, a new registration form must be submitted and they will not retain any waiting time from their previous super-urgent registration.

6. Heart-Lung Transplantation

A patient who requires a heart-lung block can register on to the non-urgent heart-lung allocation scheme (NUHLAS) or urgent heart-lung allocation scheme (UHLAS). Any patient (Paediatric, Small Adult and Adult patient categories) has access to these schemes if they meet selection criteria for heart and lung registration (see **POL231**: Lung Selection Policy for lung selection criteria <http://www.odt.nhs.uk/transplantation/tools-policies-and-guidance/policies-and-guidance/>).

In very exceptional cases, a suitable patient may meet the super-urgent heart criteria and also have lung failure, therefore requiring a super-urgent heart-lung transplant. Such cases will be dealt with on a case-by-case basis, they require approval from both the CTAG heart and lung adjudication panels, and there may be delays in registration due to the ad-hoc nature of such requests.

6.1. **Non-Urgent Heart-Lung Allocation Scheme**

In order to register a patient on the NUHLAS, the transplant centre must complete the *Heart/Lung Recipient Registration Form (FRM4847)* via ODT Online and select the option for 'Heart and Lung'.

6.2. **Urgent Heart-Lung Allocation Scheme**

In order to register a patient on the UHLAS, the transplant centre must first seek approval from the CTAG Lung Adjudication Panel (see **POL231**: Lung Selection Policy <http://www.odt.nhs.uk/transplantation/tools-policies-and-guidance/policies-and-guidance/>). Approval may also be required from the CTAG Heart Adjudication Panel (Section 8) if the patient does not meet standard urgent heart listing criteria. If approved, the centre must submit the *Super-Urgent/Urgent Heart Recipient Registration Form (FRM4351)* to Hub Operations with evidence of approval, indicating the requirement for urgent heart with lungs. There is no need for the centre to complete the *Heart/Lung Recipient Registration Form (FRM4847)* as the lung requirement will be registered via **FRM4351**. For details of urgent heart-lung allocation see **POL228**: Heart Allocation Policy (<http://www.odt.nhs.uk/transplantation/tools-policies-and-guidance/policies-and-guidance/>)

7. Patients Requiring Other Multi-Organ Transplantation

7.1. **Heart and Liver Transplant**

A patient can be registered on either the UHAS or NUHAS while also registered to receive a liver, but not the SUHAS. Patients should be assessed for both organs by the relevant multi-disciplinary teams (MDT) and should meet minimal listing criteria for both organs. If they do not meet minimal listing criteria for either organ, the patient should be referred to the relevant Adjudication Panel(s) for approval before listing (see Section 8 and **POL195**: Liver Selection Policy:

<https://www.odt.nhs.uk/transplantation/tools-policies-and-guidance/policies-and-guidance/>)

and in the case of an urgent heart-liver registration, the patient must always be referred to the CTAG Heart Adjudication Panel (Section 8) prior to registration. Non-urgent registrations should be made via *Heart/Lung Recipient Registration Form (FRM4847)* and urgent registrations via the *Super-Urgent/Urgent Heart Recipient Registration Form (FRM4351)*. The liver registration should be made via the elective liver registration form.

7.2 Heart and Kidney Transplant

A patient can be registered on either the UHAS or NUHAS while also registered to receive a kidney, but not the SUHAS. Patients should be assessed for both organs by the relevant multi-disciplinary teams (MDT). The decision to urgent list a heart-kidney patient who does not meet standard urgent listing criteria should be referred to the CTAG Heart Adjudication Panel (Section 8). Non-urgent registrations should be made via *Heart/Lung Recipient Registration Form (FRM4847)* and urgent registrations via the *Super-Urgent/Urgent Heart Recipient Registration Form (FRM4351)*. The kidney registration should be made via the kidney/pancreas recipient registration form.

8. Referral Process

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 (e.g. 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 ≥ 160 cm in height or ≥ 60 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.

For cases where approval is granted, confirmation of approval by the Adjudication Panel must be sent to Hub Operations via email at the same time as the *Super-Urgent/Urgent Heart Recipient Registration Form (FRM4351)*. Such patients will not be registered until the confirmation documentation is received and the registering centre must immediately call Hub Operations to clarify that the information has been sent. Confirmation documentation should be sent either by email to: odthub.operations@nhsbt.nhs.uk and odthuboperations.shiftmanagers@nhsbt.nhs.uk.

8.1. Types of Referral

The following cases can be referred to the relevant panel to obtain a decision over patient registration.

8.1.1. Super-Urgent Heart Registration

For an Adult, Small Adult or Paediatric to be registered on to the SUHAS under Category 12, the case must be accompanied by proof of approval from the CTAG Adjudication Panel. For

adult congenital heart disease patients with single ventricle physiology meeting all criteria in Category 12d, a confirmation email from the CTAG Chair/Deputy only is required.

8.1.2. Urgent Heart Registration

The following cases must be accompanied by proof of approval from the relevant panel:

- an Adult or Small Adult to be registered on to the UHAS under Category 22 or 23
- a Paediatric patient to be registered on to the UHAS under Category 59

8.1.3. Urgent Heart Patients Who Also Require Lungs

An urgent heart patient who also requires lungs must be discussed and approved by the CTAG (Lung) Adjudication Panel before the centre is able to request donor lungs (Section 6.2). In exceptional circumstances, a centre may request to list a patient for a super-urgent heart-lung transplant. Such cases need approval from both the Heart and Lung Adjudication Panels.

8.1.4. Urgent Heart Patients Who Also Require Liver

An urgent heart patient who also requires a liver must be discussed and approved by the CTAG (Heart) Adjudication Panel before the centre is able to register the patient for both organs.

8.1.5. Small Adult Registrations

The CTAG Adjudication Panel is also used to make decisions over whether a patient between 30 kg and 40 kg in weight should be registered as a Small Adult (Section 4.3). In such cases, the registering centre must provide the panel with relevant details and the Panel will respond with their decision within 24 hours. Small Adult patients have access to the NUHAS, UHAS and SUHAS.

8.1.6 Urgent Re-Transplantation

Requests for urgent (or super-urgent) re-transplant listing should be referred to the CTAG Adjudication Panel for approval prior to listing. This is regardless of the time interval between first transplant and re-listing.

8.1.7 Disputes Over Existing Patient Registrations

For cases where a centre has sought clarification over the details of a patient on either the SUHAS or the UHAS and disputed the registration of such patient with the registering centre, the case may be referred to the CTAG Adjudication Panel.

9. Contraindications, Risk-factors and Comorbidities

Not all patients who meet criteria for transplantation are suitable for a variety of reasons. Patients need full evaluation by a discussion at an MDT meeting. Some contraindications are absolute, and others are relative. The team needs to take a balanced decision based on need and avoiding futility.

A full discussion of the contraindications, risk factors and comorbidity is available in *Reference 2*.

The factors below need to be considered, although the list is not exhaustive

- Cardiorenal syndrome and other causes of renal dysfunction
- Liver dysfunction
- Pulmonary hypertension caused by heart failure and other factors
- Age (since older age is associated with co-morbidities)
- Previous cardiac surgery
- Diabetes mellitus
- Obesity
- Vascular disease
- Infection that is resistant to treatment
- Pulmonary embolism
- Immunosuppression

- Current and previous malignancy
- Autoimmune disease
- Social factors that, despite full support, will result in poor outcomes
- Substance misuse and alcohol abuse
- Smoking/ Vaping
- Non-adherence to treatment, despite support, that is likely to result in graft failure
- Mental capacity that, despite support, will result in poor outcomes
- Mental illness that, despite full assessment and treatment, will result in poor outcomes
- Other comorbidity

10. Selection for Re-transplant

A small number of patients may require and be suitable for a second heart transplant. They will need to be assessed in a similar way to other potential recipients and a decision made based on the risks and benefit for that individual, relative to other potential recipients. A patient may be registered for re-transplantation on a non-urgent basis if deemed appropriate by the treating centre. A patient may only be registered for re-transplantation through the urgent or super-urgent heart allocation schemes if approval has been granted by the CTAG Adjudication Panel (see Section 8.1).

11. Follow-up on List and De-listing

Patients who are listed for transplantation should be monitored at appropriate intervals to ensure their suitability for transplantation, maintain current clinical and other data, address any concerns of the patient and their carers, and ensure consent continues to be current. Some patients waiting on the list may deteriorate to the point where they need urgent or super-urgent listing, or mechanical circulatory support. Occasionally it may be appropriate to de-list patients and palliate appropriately. This must be done with tact and sensitivity. In these circumstances, patients are entitled to a second opinion.

References

1. Taylor DO, Stehlik J, Edwards LB, *et al.* Registry of the International Society for Heart and Lung Transplantation: twenty-sixth official adult heart transplant report 2009. *J Heart Lung Transplant* 2009;**28**:1007e22.
2. Banner NR, Bonser RS, Clark AL *et al.* UK guidelines for referral and assessment of adults for heart transplantation. *Heart* 2011;**97**:1520-1527