NHS BLOOD AND TRANSPLANT

CARDIOTHORACIC ADVISORY GROUP – HEART

ADJUDICATION PANEL REFERRALS 1 JANUARY 2023 – 31 DECEMBER 2025

LAY SUMMARY

Hearts are offered to patients through an offering sequence that was updated in 2016. Patients are placed on one of three lists: non-urgent, urgent, or super-urgent depending on how serious their condition is and therefore what criteria they meet. These lists determine how quickly a patient is offered a transplant. Patients can move between lists if their condition changes and they meet the criteria for a different category. For some categories, additional clinical consideration is needed before a patient can be listed on the urgent or super-urgent lists. In these cases, a clinician from each heart transplant centre in the UK reviews the case and provides their judgement on whether the patient should be placed on a high priority list. This group of clinicians forms the adjudication panel; the panel must approve the case before the patient can be listed. This report looks at how many patients reviewed by the adjudication panel are approved and provides information on survival rates after transplantation for patients who are approved and go on to receive a transplant.

INTRODUCTION

1. The following cases require approval from the CTAG-Heart Adjudication Panel in order for the patient to be registered onto the urgent or super-urgent heart transplant list:

    - Urgent (or super-urgent) heart-lung registrations
    - Urgent heart-liver registrations
    - Super-urgent category 12 registrations
    - Urgent adult registrations under category 22 or 23
    - Urgent paediatric registrations under category 59
    - Small adult registrations weighing 30-40kg
    - Urgent or super-urgent registrations for re-transplant

2. The Adjudication Panel is made up of the CTAG-Heart Chair plus one representative from each of the 7 designated heart transplant centres. The registering centre must provide the Chair with relevant details by email and the panel aim to make a decision within 24 hours of receiving the request. 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.

3. For paediatric patients (urgent or super-urgent) requiring a small donor (height<160cm and weight<60kg), rather than the full Adjudication Panel, the case must be referred to the CTAG Chair and a representative from the other paediatric centre for approval. Otherwise, the full CTAG Heart Adjudication Panel must be approached. However, in September 2025 it was clarified that paediatric patients on ECMO being registered on the super-urgent adult list do not require panel approval, in-line with adult patients.

4. Since October 2016, Statistics and Clinical Research (S&CR) have maintained records of all Adjudication Panel referrals and whether the request was approved or rejected. Note that re-transplant cases have only required approval since 29 March 2023. Also note that CTAG-Heart mandated that all super-urgent heart candidates go through adjudication panel on 26 March 2025, however this decision was reversed on 8 May 2025.

DATA

5. This paper reports on adult and paediatric, urgent and super-urgent, heart Adjudication Panel referrals between 1 January 2023 and 31 December 2025. It also reports on urgent or super-urgent heart-lung and re-transplant referrals.

6. Information on whether the patient was on a long-term ventricular assist device (VAD) at time of referral is included, for adults only. For reference, data on all registrations, including both those approved by the panel and those meeting standard listing, are provided for the time period, for each patient group.

7. 90-day survival information is presented for those patients that were approved and subsequently received a heart transplant.

RESULTS

8. Between 1 January 2023 and 31 December 2025, there were 88 adult referrals and 42 paediatric referrals to the Heart Adjudication Panel for urgent or super-urgent listing. Of the 88 adult referrals, 66 were for urgent listing and 22 for super-urgent listing with approval rates of 83.3% and 68.2% respectively as shown in **Table 1** and **Table 2**. Of the 30 paediatric referrals, 14 were for urgent and 28 for super-urgent cases, as shown in **Table 3** and **Table 4**, respectively. All except 1 were approved.

9. Of the 66 urgent adult referrals, 26 (39.4%) patients had a long-term VAD implanted at time of application. For the super-urgent adult referrals, 2 of the 22 (9.1%) patients had a long-term VAD implanted at the time of application.

10. In the time period, 12 referrals were made for urgent or super-urgent heart-lung listing and 11 (91.7%) were approved as shown in **Table 5**. There were no urgent or super-urgent heart-lung registrations without prior approval, as indicated by the far-right column.

11. Between 29 March 2023 and 31 December 2025, 12 referrals were made for urgent or super-urgent re-transplantation. All except 2 were approved as shown in **Table 6**. There were no urgent or super-urgent re-transplant registrations without prior approval, as indicated by the far-right column. Note that these re-transplant cases are duplicated in other tables in the report.

12. Please note that when referring to the tables below, a patient whose appeal was approved may not have been registered due to reasons such as deteriorated health (hence the approved column is not necessarily a subset of the total number of registrations).

13. A total of 142 appeals were reviewed by the adjudication panel, with 122 (85.9%) approved. This led to 73 transplants being performed across all groups. A total of 7 patients died within 90 days post-transplant among these cases. Urgent adults approved by the panel had a 90-day survival rate of 85.7% (95% CI: 66.3 – 94.4) (**Table 7**). This compares to an overall 90-day survival rate of 92.9% (95% CI: 90.7 – 94.7) for adult recipients, as published in the Annual Report on Heart Transplantation 2024/2025.

ACTION

14. This report is provided for information and to monitor the number of Adjudication Panel referrals and outcomes.

Table 1 **Urgent adult heart adjudication panel referrals and all urgent adult heart registrations by centre, 1 January 2023 - 31 December 2025**

Centre	Number of referrals (On long-term VAD at time of application)	Number approved		All urgent registrations
		N	%	
Birmingham	5 (1)	3	60.0	63
Glasgow	3 (0)	3	100.0	68
Harefield	19 (4)	17	89.5	78
Manchester	11 (9)	11	100.0	34
Newcastle	17 (9)	10	58.8	78
Papworth	11 (3)	11	100.0	54
Total	**66 (26)[1]**	**55**	**83.3**	**375**

[1] Includes 2 patients with multiple appeals, 1 of which had two approvals

Table 2 **Super-urgent adult heart adjudication panel referrals and all super-urgent adult heart registrations by centre, 1 January 2023 - 31 December 2025**

Centre	Number of referrals (On long-term VAD at time of application)	Number approved		All super-urgent registrations
		N	%	
Birmingham	4 (1)	3	75.0	44
Glasgow	3 (0)	2	66.7	34
Harefield	7 (1)	5	71.4	53
Manchester	3 (0)	2	66.7	27
Newcastle	3 (0)	1	33.3	17
Papworth	2 (0)	2	100.0	27
Total	**22 (2)[1]**	**15**	**68.2**	**202**

[1] Includes 1 patient with multiple appeals

Table 3 **Urgent paediatric heart adjudication panel referrals and all urgent paediatric heart registrations by centre, 1 January 2023 - 31 December 2025**

Centre	Number of referrals	Number approved		All urgent registrations
		N	%	
Great Ormond Street Hospital	9[1]	9	100.0	50
Newcastle	5	5	100.0	50
Total	**14**	**14**	**100.0**	**100**

[1] Includes 1 referral for a paediatric patient to be listed on the adult list

Table 4 **Super-urgent paediatric heart adjudication panel referrals and all super-urgent paediatric heart by centre, 1 January 2023 - 31 December 2025**

Centre	Number of referrals	Number approved		All super-urgent registrations
		N	%	
Great Ormond Street Hospital	19[1]	19	100.0	18[3]
Newcastle	9[2]	8	88.9	10
Total	**28**	**27**	**96.4**	**28[4]**

[1] Includes 9 referrals for a paediatric patient to be listed on the adult list and 1 patient with 2 referrals and approvals
[2] Includes 2 referrals for a paediatric patient to be listed on the adult list
[3] Includes 1 patient who was approved for super-urgent list but was listed as urgent
[4] Includes 2 patients that were registered without panel approval

Table 5 **Urgent/super-urgent heart-lung adjudication panel referrals and all urgent/super-urgent heart-lung registrations by centre, 1 January 2023 - 31 December 2025**

Centre	Number of referrals	Number approved		All urgent/super-urgent HL registrations
		N	%	
Birmingham	2	2	100.0	2
Great Ormond Street Hospital	2	2	100.0	2
Harefield	1	1	100.0	1
Newcastle	6	5	83.3	5
Papworth	1	1	100.0	1
Total	**12**	**11**	**91.7**	**11**

Table 6 **Adjudication panel referrals for urgent/super-urgent re-transplantation and all urgent/super-urgent re-transplant registrations by centre, 29 March 2023 – 31 December 2025**

Centre	Number of referrals	Number approved		All urgent re-transplant heart registrations
		N	%	
Harefield	6	5	83.3	5
Manchester	1	1	100.0	1
Newcastle	4[1]	3	75.0	3
Papworth	1	1	100.0	1
Total	**12[2]**	**10**	**83.3**	**10**

[1] Includes 2 paediatric patients
[2] Includes 3 patients with multiple appeals

Table 7 Number of transplants and 90-day outcome post-transplant for patients transplanted following adjudicated panel approval by group, 29 March 2023 – 31 December 2025

Group	Number of appeals[2]	Number of appeals approved	Number of Transplants[2]	Number of deaths within 90 days of transplant	% 90-day survival rate[1] (95% CI)
Urgent Adult Heart	66	55	30	4	85.7 (66.3-94.4)
Super-urgent Adult Heart	22	15	11	2	-
Urgent Paediatric Heart	14	14	5	0	-
Super-urgent Paediatric Heart	28	27	20	0	-
Urgent/Super-urgent Heart-Lung	12	11	7	1	-

[1] 90-day survival rate for groups with 20 transplants or less are not presented due to small numbers
[2] Includes 5 adult, 2 paediatric, and 1 heart-lung patient removed following the appeal. 3 adult patients were upgraded to super-urgent status, and 3 paediatric patients were downgraded to urgent status. Any subsequent transplants for these patients were excluded. 1 adult and 1 heart-lung patient died following the appeal.

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March 2026