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Session Title : Donor Issues in Heart Transplantation

Donor Assessment and Donor Management in Japanese Heart Transplantation

Osamu Seguchi

National Cerebral and Cardiovascular Center, Nagaya Clinic, Japan

Donor shortage is the universal issue in transplant clinical practice and is more critical especially in Japan. In our country, 79 heart transplantations (HTx) have done in 2022 [0.65 per million population (pmp)] which is only one-twentieth of those in United State (12.6 pmp), a county with world largest transplant program. Given this background, we have been endeavored to accept likely high-risk marginal donors with over 70% of the donor heart usage rate, whereas overall survival rate after HTx has been acceptable (10-year overall survival rate, 88.8%). To accomplish such high donor usage rate with acceptable post-transplant clinical outcome, both careful donor management and donor assessment is essential. Japanese transplant program has been introduced the medical consultant (MC) system with serial potential donor heart assessment before procurement. The MC system is the second evaluation of the status of potential donor organs, following the initial evaluation performed by the donor hospital, which is managed by the Japanese organ transplant network in collaboration with all transplant centers in our country. With respect to HTx, when potential donors were identified after first being declared brain dead, registered transplant cardiologists or transplant surgeons were offered to determine the status of potential donor hearts as MCs and assessed the eligibility of potential donor heart function for cardiac allografts. They were also involved in donor management. If the dosage of inotropic drugs is high at this stage, antidiuretic hormones can be used to reduce the dosage of inotropic drugs as much as possible. If the MCs approve the transplant eligibility of the potential donor's heart, a second evaluation of brain death is performed and matched recipients were selected. In this lecture, I would like to share our experience of donor management and donor heart assessment based on current Japanese HTx clinical practice.