Key Words: heart transplantation, allocation system, prolonged waitlisting
And the date is in the SRTR, so that you can tell patients who were listed who get ECMO as opposed to patients who were listed with ECMO, which is a very important difference. My question to you is we have these data—and then I’ll ask the question. So what? What do you do differently? What is the actionable item? Is it the patients—the sick patients who don’t get transplanted because they’re not really ready for transplant or is it the doctors? They’re picking and choosing the hearts that they want. They’re not willing to take a 50-year-old heart for a 30-year-old who’s receiving ECMO. What is the factor? And the reality is, it’s probably variable in different places, but we wanted on the committee ECMO 7 days only. And we didn’t want to renew because at some point, as Donna Mancini said, “ECMO becomes a chronic choice because there’s a game advantage of transplants.”

Dr Kawabori. I think that’s a very good point. In the UNOS database it doesn’t have data on how many days were there on ECMO prior to this date. So, there is acute and also chronic ECMO patients, which cannot be captured from these data. And I understand that the ECMO duration is 1 of the factors, so I totally agree with you that ECMO >7 days might be overused.