³Department of Cardiothoracic Surgery, Stanford University Chriversity School of Medicine, Stanford, CA2, Solid Organ T The INTER Willing Conservation of the International States ed for pediatric heart used, many hearts that ntial recipients are 17, our center initiated a t (QI) effort consisting of six donor heart offers. The s the effect of these r utilization at our center.

und

ds

at our center between . The pre-2008-12/31/2016 and vas 1/1/2017-7/1/2023.

six interventions to nded donor criteria"): ivo perfusion for otal cardiac volume lepatitis C+ donors, D positive PCR test, and ing a quarterly donor consideration of donors able (PHS risk criteria,

the total number of HTs tcomes included plant intubation days,

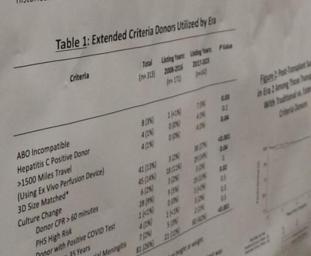
389 patients were listed for HT during the study series, 218 (SRI) and 171 (LRI) cohorts, respectively. Patients in the post-implementation operations and a line of the operation operation operations and a line operations operations operations and a line operations operations operations and a line operations operations and a line operations operations and a line operations operations operations and a line operations operations operations and a line op likely to self-identify as Caucasian (70 (41%) vs. 96 (44%) Acades assist device [78 (46%) vs. 75 (34%), P= 0.03], but were not set 0.5). There was no difference in waitlist mortality between takens to take the Over the course of the study period, the number of translates (n=313) performed analyse percentage of accepted heart offers utilizing at least one entended oritemon (22/7) 12% transmission and and post-implementation (P<0.001), Table 1, Figure 1). Institutional culture change and 10 You assess that was

Conor Heart Utilization

Christopher S Almond 1, Bets

Among those transplanted, waitlist duration was shorter post-implementation (77 (2) 49 vs. 618 allow 2400 which remained true in higher risk populations, including those with single ventrole dasse TIBLE + INCLUDE days, P=0.05, n=115], Fontan circulation [95/26, 181/vs. 183 (108, 572) days, P=0.02, ==62, et al. (10.00) pediatric status 1A or adult Status 2 [63 (12, 123) vs. 73 (33, 150) days, #=0.03, n=208].

Post-transplant intubation and CVICU days were similar between group, though postlonger post-implementation [24 (17, 49) vs. 18 (14.35) days, Pc 0.001]. Ponte historical versus extended criteria donor hearts warequivalent (P=07 Figure 2)



CALL FOR ABSTRACTS

UNOS TRANSPLANT MANAGEMENT FORUM

- May 5-7, 2025 | San Antonio, TX
- Submissions accepted
 - October 7, 2024 December 13, 2024

All abstracts will be considered for minioral, poster presentation and award

We encourage all to share the amazing work of your team

Submit your research/project findings to help other transplant professionals improve and promote organ donation and transplantation at their organization





The UNOS TMF Advisory Group invites individuals to share their research/project findings and experience by submitting an abstract for consideration in order to:

- Enhance the transplant professional's knowledge and skills in the area of transplant management
- Create an inclusive forum that meets the educational needs of participants regardless of their experience level
- Facilitate engagement among participants for further discussion and learning

Each abstract will be considered for presentation and/or poster and for one of the \$1,000 Transplant Management Forum Abstract sponsored awards, to be announced at the Annual Transplant Management Forum.

Trial in Progress Abstracts

- To be considered for acceptance:
 - Confirmation from the sponsor approving sharing of information must be provided to UNOS TMF Advisory Group
 - The abstract needs to provide results/outcomes

UNOS does not accept Study Design abstracts

- Only outcomes driven, data supported and evidence-based abstracts are accepted
- Idea sharing opportunities will be available throughout the TMF

Submission Deadline



- Abstract submissions for mini-oral presentations will be accepted **October 7, 2024 December 13, 2024**.
 - These abstracts will be considered for a mini-oral presentation, poster presentation and award.
 - If not approved for mini-oral presentation, it will be considered for poster presentation and award only.
- Final deadline for all abstract submissions is **December 13, 2024.**
- Abstracts will not be accepted past midnight Eastern Time of the stated deadline.
- All abstracts must be submitted using the <u>online form</u>.
- Questions can be submitted to <u>tmf.abstracts@unos.org</u>.



Abstract Categories

- Abstracts must be pertinent to the principles and methods of organ donation/transplantation and appropriate to conference goals
- Abstracts will be considered for one of the designated award categories listed below. Select ONE category that best fits the scope of work the abstract describes
 - **Financial Operations**: Financial workflows, reimbursement strategies, budgeting, cost containment, or fiscal responsibility
 - **QAPI, Safety and Regulatory**: Quality initiatives, improvements in patient safety, center or OPO culture of safety, adoption of new quality methodologies, or other benchmarking/metrics, regulations including how they were met, including training/education requirements
 - **Clinical, Operations**: Innovative approaches to staffing/personnel, managing workload and services, logistical projects/improvements, new clinical programs, Information Technology projects
 - **Strategy/Marketing/Leadership**: Outreach, marketing, physician or customer relationships, work to extend referral base, branding, and succession planning
 - Advancing Organ Donation: Demonstrate success in efforts that increase organ donation, organ donation awareness or registering donors in your service area, unique collaboration activities between transplant centers and OPO's

Abstract Formatting

- Abstracts must conform exactly to the instructions provided for electronic submission:
 - Do not include identifiable information in the abstract. If included, the abstract will be declined automatically:
 - **PLACES** (UNOS regions, cities or states) in the title, body of the abstract, tables, graphics, etc.
 - AUTHORS, COMPANIES OR ORGANIZATIONS (e.g., centers-either by name, acronym or UNOS center code) in the title, body of the abstract, tables, graphics, etc.
 - You can cut and paste content into the form
 - Upload all referenced figures/charts/tables under the Section "Abstract Submission Upload"
 - Graphs, etc. must be labeled and legible with no identifiable information in the label or graphs/charts/tables themselves
 - Use standard abbreviations, like kg, g, mg, ml, %, etc.
 - Place special or unusual abbreviations in parentheses after the full word the first time it appears
 - Use numerals to indicate numbers, except to begin a sentence
 - For therapeutic options/drugs, use only generic names
 - Ensure all authors are listed (first and last names and degrees held by each).
 - Be sure to select "Primary Author" for one of the authors listed this will be the person that is contacted about the abstract submission
 - Proper citing of references when applicable
- You may submit an abstract presented elsewhere or published in abstract form up to one year prior to the UNOS Transplant Management Forum, as long as you include a citation of original publication or presentation



Criteria for Evaluation of Abstracts – Each abstract must describe:



Problem/Situation: Briefly and clearly state the problem/situation to be investigated or described, including the objectives of the research, program, or activity, and how it applies to the principles and methods of organ donation/transplantation



Methods/Practices/Interventions: Describe how the research was performed using rigorous scientific methods, and/or demonstrate that appropriate program planning and evaluation methods were employed



Findings/Solutions/Conclusions: Describe the results/outcomes along with relevant data that correlates the problem/Situation with findings/solutions/conclusions



Implications/Relevance: Discuss relevance to the professional practice of other transplant professionals and to the award category selected



<u>Criteria for Evaluation of Abstracts – Each abstract must describe and will</u> <u>be reviewed against the following Criteria</u>	Review your abstract using the following questions?
Title and Category Selected	Does the title reflect your project? Is the project appropriate for the category selected? Were the reported results in line with the topic?
Problem/Situation : Briefly and clearly state the problem/situation to be investigated or described, including the objectives of the research, program, or activity , and how it applies to the principles and methods of organ donation/transplantation	Is the problem or situation clearly described? Is the rationale for doing the work evident? Are the project goals stated? Does the project have an application within the field of transplantation and donation?
Methods/Practices/Interventions : Describe how the research was performed using rigorous scientific methods, and/or demonstrate that appropriate program planning and evaluation methods were used	Are the methods/practices/interventions described? Are they appropriate to the project goals? Are the methods Innovative? Is this a new approach?
Findings/Solutions/Conclusions : Describe the results/outcomes along with relevant data that correlates the problem/Situation with findings/solutions/conclusions	Are the outcomes reported and are they appropriate to the methods? Does the data demonstrate the impact of the interventions?
Implications/Relevance : Discuss relevance to the professional practice of other transplant professionals and to the award category selected	Are the implications and relevance of the findings/solutions/conclusions stated? Why was this work important for transplant? Are/Could the findings relevant to other programs?
Importance of the topic (work) to the Category selected	Final Review – Includes scoring of all above criteria, plus a score for Importance – Is the work important and beneficial to transplant in the category selected as compared to others in the category? Cite references when applicable

Abstract Scoring



Abstracts will be blinded for anonymous peer review



Abstracts that do not follow submission guidelines or include reference to the following will not be reviewed, declined and returned to submitter **Places** (UNOS regions, cities or states) in the title, body of the abstract, tables, graphics, etc.

Authors, companies or organizations (e.g., centers-either by name, acronym or UNOS center code) in the title, body of the abstract, tables, graphics, etc.



Proprietary abstracts will not be reviewed and declined.

It is recommended that abstracts commercial in nature be included in the paid sponsor/exhibitor activities of the forum

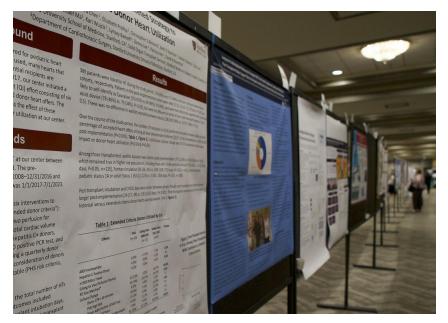


Please Note:

Any abstracts not following submission guidelines will be declined and submitter notified of non-acceptance



General Information for Accepted Abstracts



All accepted abstracts will be posted prior to the meeting on the TMF mobile app

Poster format for an accepted abstract is to be **46**"**x 46**" **maximum** for presentation at the forum

A study group representative will present the accepted abstract at a designated time to discuss the abstract with forum attendees

Award winners will be announced at the Annual Transplant Management Forum

The UNOS Transplant Management Forum Advisory Group reserves the right to recommend that abstracts of a commercial nature be included in the paid sponsor/exhibitor activities of the forum

Publication

- It is highly recommended that authors submit a full manuscript to the journal <u>Progress in Transplantation</u> for publication
- Visit <u>https://unos.org/about</u> /<u>tmf/</u> to access the new submission form, view learning module and sample abstract.

Submission guidelines Submission guidelines (i) Submit manuscript Please read the guidelines in full before submitting your manuscript. Manuscripts not conforming to these guidelines may be returned. Progress in Transplantation (The Journal, P/T), the official publication of NATCO (The Organization for Donation and Transplant Professionals) with partners from the Australasian Transplant Co-Ordinators Association, publishes a broad range of peer-reviewed clinical and procurement articles for transplant professionals. PIT has moved to online with limited print availability. There are no fees payable to submit or publish in this Journal. Open Access options are available - see section below. PIT offers optional open access either discounted or free of charge depending on the agreement with Sage. Find out if your institution is participating by visiting Open Access. Agreements, at Sage. For more information on Open Access publishing options at Sage please visit. Sage's Author Archiving and Re-Use Guidelines and Publishing Policies. The author guidelines are designed to facilitate time to publication. Read and follow. Browse journal	Sage Journals	Search this journal \vee Enter	er search terms Q Advanced search			Access/Profile
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