The authors reported no conflicts of interest.

The *Journal* policy requires editors and reviewers to disclose conflicts of interest and to decline handling or reviewing manuscripts for which they may have a conflict of interest. The editors and reviewers of this article have no conflicts of interest.

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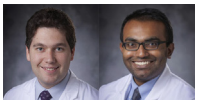
https://doi.org/10.1016/j.jtcvs.2020.07.088



REPLY FROM AUTHORS: HEART DONOR BRAIN DEATH DURATION—

EXTERNAL VALIDATION FROM ACROSS THE POND

Reply to the Editor:

We thank Dr Dark and colleagues for their interest in our work examining the association between heart donor brain death duration and recipient survival using data from the United Network for Organ Sharing (UNOS) Registry.[1] As mentioned in our article, an important limitation of our study was the inability to account for the time interval between the occurrence of donor brain death and its declaration, which can be highly variable. We commend Drs Mehew and Venkateswaran for their 2018 study examining the association between donor brain death duration and organ utilization rates in the United Kingdom.[2] In a retrospective analysis of the UK Transplant Registry, they analyzed the time between brain death—defined as the time when fixed pupils were first noted—and cardiac assessment at organ retrieval. We agree that this is a more accurate marker of brain death duration than what is documented in the UNOS dataset, although we are reassured by the very similar findings reported in the 2 articles. In fact, the functional form of the association between brain death duration and recipient survival modeled using splines were nearly identical-appearing in the 2 analyses, providing further external validation of our conclusions.

Ultimately, when interpreted together, findings from the 2 studies suggest that longer donor brain death duration is not associated with worse survival following heart transplantation. When evaluating donor allografts with borderline function early after brain death, it may be reasonable to engage in further organ optimization and reevaluation over a period of 48 to 72 hours to increase organ utilization.

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