Continuous Distribution: A New Approach to Deceased Donor Organ Allocation

The Organ Procurement and Transplantation Network is developing a new, more equitable system of allocating deceased donor organs. The new approach is called *continuous distribution*.

**What is “continuous distribution”?**

Continuous distribution is a new organ allocation framework aimed at making the national system even more equitable, and the organ allocation policymaking process more accessible. This new approach will ensure *more meaningful engagement with patients and the general public about the values that should guide organ allocation in the U.S.*

The new continuous distribution framework will dissolve the hard boundaries that exist in the current system and change how patients are prioritized by *considering all patient factors together as part of a weighted score*. Every organ type will have a specific set of attributes that will be considered. These attributes will tie to a number of goals such as prioritization of the sickest candidates and increasing transplant opportunities for patients who are medically harder to match.

The score will consider factors like patient medical urgency, outcomes and biology in balance with the efficient management of organ placement, providing the sickest patients with even better access to lifesaving organs.

**Why does the current system need to evolve?**

Right now, a *classification-based* system of organ allocation is in place. The current system gives points to waitlisted patients at various steps of a sequence in the organ offer process.

That can mean that when certain characteristics – such as pediatric status, distance from the donor hospital, or waiting time - place the patient on one side of a hard boundary that stops them from being prioritized further on the match run. A “match run” is the list that is generated when an organ donor’s information is entered into the national waiting list computer system, to identify potential recipients that are a biological match for that organ.

Some examples of a candidate’s attributes or factors include:

<table>
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<tr>
<th>Medical urgency</th>
<th>Biology</th>
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<tr>
<td>Distance from the donor hospital</td>
<td>Expected outcomes</td>
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Continuous distribution will make it possible to balance multiple factors when determining the best fit for a transplant. Instead of placing patients into rigid categories, this framework will consider a variety of factors all at once and arrive at an overall score, ensuring that no single attribute determines a patient’s ability to receive a transplant.

How will the new policies be developed? How can patients, donors and their families participate?

Each organ-specific committee will move through a series of steps to develop a policy proposal that will open for public comment and be submitted to the OPTN Board for final approval. The donation and transplant community, patients and the general public will be invited to participate in collaborative exercises during each organ’s respective public comment period to determine how attributes are weighted and prioritized.

The policy development process for these frameworks will include, in addition to public comment periods, opportunities for the public to participate in prioritization exercises. These exercises ask participants to compare two patient characteristics, or attributes, against one another when considering a candidate for organ transplant. Each organ-specific committee will move through the steps below to develop a policy proposal that will open for public comment and be submitted to the Board for final approval. The patient voice is essential in the policy development process, and obtaining this detailed input even earlier in the process will ensure these voices are heard.

When will the OPTN implement these policies?
To develop a framework that works for each organ, each organ type will be considered individually, beginning with implementation of the lung allocation policies in spring 2023. For the latest project status, visit Continuous Distribution: A Closer Look at https://optn.transplant.hrsa.gov/policies-bylaws/a-closer-look/continuous-distribution/.