



*Questions and Answers
for Transplant Candidates about*

Heart Allocation

Who are UNOS and the OPTN?

United Network for Organ Sharing (UNOS) is a mission-driven, non-profit organization. It serves as the nation's transplant system, the Organ Procurement and Transplantation Network (OPTN), under contract with the federal government.

We lead the network of transplant hospitals, organ procurement organizations (OPOs) and thousands of volunteers who are dedicated to honoring the gifts of life entrusted to us and to making lifesaving transplants possible for patients in need. Working together, we leverage data and advances in science and technology to continuously strengthen the system, increase the number of organs recovered and the number of transplants performed and ensure patients across the nation have equitable access to transplant.

How do I register as a heart transplant candidate?

A doctor who specializes in heart disease must first refer you to a transplant hospital. Based on your medical profile, the transplant hospital will decide if and when to list you for a heart transplant. You will need to undergo a series of medical tests and will also talk with a transplant coordinator, and often with a social worker. The transplant hospital will use your medical information and details about your current treatment to calculate your medical urgency status.

How does the system match hearts for adult candidates?

If you are an adult listed at a hospital for a heart transplant, your transplant program will assign you an urgency status. This status is based on specific medical criteria that estimate how soon you need a transplant. Your urgency status may go up or down based on changes in your health or current treatment status.

When donor hearts become available, the system offers them first to transplant candidates who are:

- The most medically urgent
- A match with the donor's blood type
- Listed at a transplant hospital relatively close to the donor hospital

The most medically urgent candidates (Status 1) are considered first, followed by less urgent candidates who are a good match to the donor.

Because organs can only be preserved for a short time from donation to transplant, the matching system considers the distance from the donor hospital to the transplant hospital where a patient is listed. A shorter distance means a shorter amount of time the organ must be preserved. This makes it more likely the transplant will be a success.

Candidates listed at transplant hospitals closest to the donor hospital will get more matching priority than other candidates who are in similar medical condition but listed at transplant hospitals farther away.

If you match a nearby donor, your transplant program will get detailed medical information about the organ offer. Your transplant program may accept the offer or decline it. They might decline the offer because you are too sick at the moment to be transplanted or because certain medical facts suggest the organ may not be good match for you.

Sometimes there may be no transplant candidates at hospitals close to the donor location who match the donor. In other cases, an organ is offered for candidates at the nearest transplant hospitals, but no transplant program accepts the offer. In those cases, the matching system will then offer the organ to patients listed at more distant transplant hospitals.

At any level of match, if two or more candidates share the same status, then the person who has been waiting the longest gets priority.

How many urgency statuses are there?

Transplant programs list adult heart transplant candidates according to six medical urgency statuses. Status 1 is the most urgent and Status 6 is the least urgent. While each status is based on detailed criteria, the system considers several factors:

- You are on one or more advanced support treatments. These treatments may include extracorporeal membrane oxygenation (ECMO) ventricular assist device (VAD) or an artificial heart. You will also have higher priority if you have a life-threatening condition that is difficult to control, such as severe heart rhythm problems.
- Your current treatment is complicated by an infection or clotting. You will also be in a higher urgency status if your treatment requires you to stay in the hospital.

If you are in Status 1 or 2, you are in the most urgent need for a heart transplant. The system will consider you first for heart offers from a larger geographic area before candidates in Status 3, 4, 5 or 6.

Your status may change if your symptoms get better or worse, or if your form of treatment changes. If you were in a higher status but no longer meet the criteria for it, your transplant program will change your status as needed. Your transplant program is the best source of current information about your status and any treatment options.

How is my urgency status determined?

Your medical information is used to assess how soon you need a heart. No other personal information, such as your insurance type or cause of your heart disease, is used to decide your urgency status.

The following key factors help determine your status:

- Do you have an implanted device to replace or boost circulation, such as an artificial heart or VAD? If so:
 - Can you leave the hospital, or do you need to stay in the hospital?
 - Are you having device-related problems such as clotting or infection?
 - Has your device recently been replaced?
- Are you on other support for circulation or breathing, such as ECMO or an intra-aortic balloon pump?
- Are you on drugs to stimulate heart function?
- Do you have life-threatening irregular heart function, such as tachycardia, fibrillation or arrhythmia?
- Do you need one or more other organ transplants, such as a heart-lung or heart-liver?

Your transplant program must report data to the OPTN about your current treatment and symptoms. Based on this information, your transplant program will list you in the applicable urgency status.

In general, you are more likely to be in a higher urgency status if you are on advanced treatment and are having complications or very severe symptoms. If your medical condition is currently stable, you are likely to be in a somewhat lower urgency status. Your transplant team can discuss how these factors affect your urgency status in more detail.

What if my medical condition requires me to have a higher urgency status than the one I was assigned?

You might have special medical needs or issues that should be considered for assigning you to a higher urgency status than standard policy permits. Your transplant program can ask for an exception to list you in a status that better reflects how soon you need a transplant. In this case, your transplant program will send your medical information to a group of medical experts known as the Heart Regional Review Board. The Board will then approve or deny your transplant program's request based only on your medical information.

What does the heart allocation system mean for me?

The heart allocation system responds to your medical urgency. Your current medical information is used to determine when you may get a donor offer based on your specific condition. It reflects how immediate your need is compared to others who need a transplant.

How often should my medical information be updated?

Your transplant program will report any major changes in your medical condition or the treatment you are getting. This information could change your urgency status.

It is important that your transplant program has your most current information and test results. Work with your transplant team to schedule appointments and tests that will allow them to keep your information up to date.

If you are at the highest level of medical urgency, your transplant program must frequently recertify your information. This is done to ensure that patients in the highest status are still in urgent need of a transplant. Other status criteria require medical information to be re-sent every few weeks or months.

Do children under age 18 have the same urgency statuses as an adult?

No. Children younger than age 18 are listed according to three statuses: 1A, 1B and 2. The medical criteria used to prioritize children under 18 are also different from the adult criteria.

Will the heart allocation system change in the future?

The transplant system is designed to be flexible and allow for improvements. New forms of treatment and new understanding of patient care help us learn how to save more lives and help enhance people's quality of life through transplantation.

Transplant professionals review the heart allocation system regularly and adjust it to meet the needs of transplant candidates. Your transplant program will keep you informed of changes in the system and what they may mean for you.

Acronyms and terms

Allocation – The process used to match donated organs with candidates needing transplants.

Arrhythmia – An abnormal pattern of the heart’s pumping rhythm.

ECMO – Extracorporeal membrane oxygenation—a heart-lung bypass pump outside the body that adds oxygen to the blood.

Fibrillation – Irregular or uncoordinated contractions of heart muscle.

Intra-aortic balloon pump – A temporary device inserted into the main aorta with a balloon that inflates and deflates to assist the heart.

Tachycardia – An abnormally fast heartbeat.

VAD – Ventricular assist device—an implanted mechanical pump that restores normal blood flow.

What if I have more questions?

You should contact your transplant program first if you have questions or concerns. They will have the most detailed information about your medical status and treatment options.

If you have other questions or comments, contact the Organ Procurement and Transplantation Network (OPTN) Patient Services line at (888) 894-6361. Additional information is available at the following websites:

- <https://optn.transplant.hrsa.gov/>
- <https://www.srtr.org/>
- <https://organdonor.gov/>
- <https://www.nih.gov/>
- <https://transplantliving.org/>
- <https://unos.org>

*Our mission is to unite and strengthen the donation
and transplant community to save lives.*

follow us on



@unosnews

UNOSSM

UNITED NETWORK FOR ORGAN SHARING

700 North 4th Street, Richmond, VA 23219

unos.org