

Questions and answers for transplant candidates about the adult heart allocation system

Welcome to our question and answer page for adult heart allocation.

We address the most common information requested by people seeking a transplant for themselves or a loved one, as well as for transplant recipients or their caregivers who want to know more about their treatment. If you have a more general interest in transplantation, we hope you find it helpful as well.

If you have other questions or comments, contact the Organ Procurement and Transplantation Network (OPTN) Patient Services line at [\(888\) 894-6361](tel:888-894-6361) or [submit them here](#).

How do I register as a heart transplant candidate?

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

How does the system match hearts for adult candidates?

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

You might have special medical needs or issues that the standard policy does not address. Your transplant team can ask for an exception to list you in a status that better reflects how soon you need a transplant. A group of medical experts reviews your team's request based only on your medical information.

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

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

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.

For candidates who match a nearby donor, the transplant team gets detailed medical information about the organ offer. The team may accept the offer or decline it. They might decline the offer because the candidate is too sick at the moment to be transplanted. They also may decline it because certain medical facts suggest the organ is not a match.

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 patients 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.

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

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 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 will have higher priority status if:

- You will have higher priority if you are on one or more advanced support treatments. These treatments may include ECMO, 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.
- You will be in a higher status if your current treatment is complicated by an infection or clotting. Also, you will be in a higher status if your treatment requires you to stay in the hospital.

Your transplant program must report data to the OPTN about your current treatment and symptoms. The program then lists you in the applicable status.

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 with 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 team will change your status as needed. Your transplant team is the best source of current information about your status and any treatment options.

How is my urgency status determined?

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 status.

The following key factors help determine your status:

- Do you have an implanted device to replace or boost circulation, such as a total 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-arterial 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?

In general, you are more likely to be in a high 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 status. Your transplant team can discuss how these factors affect your status in more detail.

What does the heart allocation system mean for me?

The heart allocation system responds to your personal medical needs. 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 team will report any major change in your medical condition or the treatment you are getting. This information could change your urgency status.

It is important that your transplant hospital 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 team must frequently re-certify 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.

Does a child under age 18 have the same urgency statuses as an adult?

No. Children younger than age 18 have three statuses: 1A, 1B and 2. The medical criteria used to prioritize children under the age of 18 is 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 team will keep you informed of changes in the system and what they may mean for you.

What if I have more questions?

You should contact your transplant team 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](tel:8888946361) or [submit them here](#).

Additional information is available at the following websites:

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

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.

Intraaortic 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.