

A Review of Recent Thoracic Organ Allocation Changes

First article in an ongoing policy series



From the author: This new series in the Update, “Spotlight on Policy,” is one more way we are working to communicate critical and timely policy information directly to members. We’ll use this series to explain an especially complex new policy in a more simplified way, or we’ll highlight relevant changes to existing policies.

We’ve kicked off this series with a focus on recent changes to thoracic policy. We’ll start with a change in pediatric lung allocation; we’ll follow with UNOS’ response to recent technological advances in cardiac care and their impact on current policy involving candidates with total artificial hearts.

PRIORITY FOR THE SICKEST CHILDREN

Until Sept. 12, lung transplant candidates 11 or younger were prioritized for organ allocation based on time spent on the waiting list and other relevant medical characteristics.

To better classify their medical urgency and to broaden the geographic sharing of lungs from donors younger than 12, the OPTN/UNOS board of directors approved two policy modifications, both of which were implemented in September.

1. Medical urgency classification

Lung transplant candidates 11 or younger are now prioritized for organ allocation based on medical urgency status: Priority 1 and Priority 2. Priority 1 is the higher medical urgency status. UNetSM will, by default, classify candidates less than 12 as Priority 2.

For a Priority 1 listing, the candidate must either meet criteria listed in policy or receive an exception from the lung review board. Although the Priority 2 classification does not expire, the Priority 1 classification expires in six months unless the candidate meets Priority 1 status due to clinical data obtained through heart catheterization.

To ensure that your candidate is listed as Priority 1, you must enter your candidate’s clinical data in the Priority 1 form in WaitListSM. You may update the data any time a candidate’s medical condition warrants a change.

2. Broader geographic sharing of lungs from pediatric donors 11 or younger

Lungs recovered from donors 11 or younger are now allocated across a wider geographic area. The following areas are now combined into one area for allocating organs from donors 11 or younger:

- *first* to Priority 1 and Priority 2 candidates by blood type and other relevant medical characteristics: Local, Zone A, Zone B
- *second* to candidates from 12 to 17 by blood type and other relevant medical characteristics: Local, Zone A.

If the offer is not accepted, lungs from donors 11 or younger will then be offered first to adolescents (age 12–17) by geography (local, Zone A through Zone E), blood type, then to adult candidates.

ADAPTING TO NEW CARDIAC TECHNOLOGY

The OPTN/UNOS thoracic organ transplantation committee and board of directors have moved swiftly to address a new technological development that affected the medical urgency status of some adult heart candidates.


Recent advances now allow adult heart candidates implanted with a total artificial heart (TAH) to be discharged from the hospital while awaiting transplant. Previously, heart candidates implanted with a TAH waited in the hospital.


Policy classified *inpatient* adult heart transplant candidates with TAHs as Status 1A, the highest classification. Once a candidate was discharged from the hospital, however, policy lowered the status of those *outpatient* candidates to 1B.

The thoracic committee determined that the lower status was not appropriate; outpatient candidates with TAHs required some time on the waiting list as Status 1A.

To address that issue, the OPTN/UNOS board of directors approved an interim policy at its November meeting that allows outpatient candidates with TAHs to remain at status 1A for 30 days at any point after discharge from the hospital. After 30 days, if candidates continue to be outpatients and do not meet any Status 1A criterion, their listing status will become 1B.

This interim policy is in effect now and will expire Nov. 15, 2011. In the meantime, the OPTN/UNOS thoracic organ transplantation committee will consider making recommendations for permanent changes to the policy on candidates implanted with TAHs. The transplant community will be asked to provide feedback on the proposal when it is distributed for public comment in March.

Feedback also can be submitted to tah@unos.org before the official public comment period, and the thoracic committee will consider those comments before submitting a formal policy proposal to the board of directors in November 2011. 

 To access thoracic policy, visit the OPTN website, <http://optn.transplant.hrsa.gov> (policy management > policies > policy 3.7).

To download copies of the newly revised lung allocation brochures for patients and professionals, visit the UNOS website, unos.org (donation and transplantation > policy management > policy brochures).

Karen Sokohl, UNOS member communications specialist, has been the one of the prime movers behind many of UNOS’ recent efforts to communicate more directly with OPTN/UNOS members. This new feature, “Spotlight on Policy,” is one example; another is the monthly member communications e-newsletter, currently entering its second year.