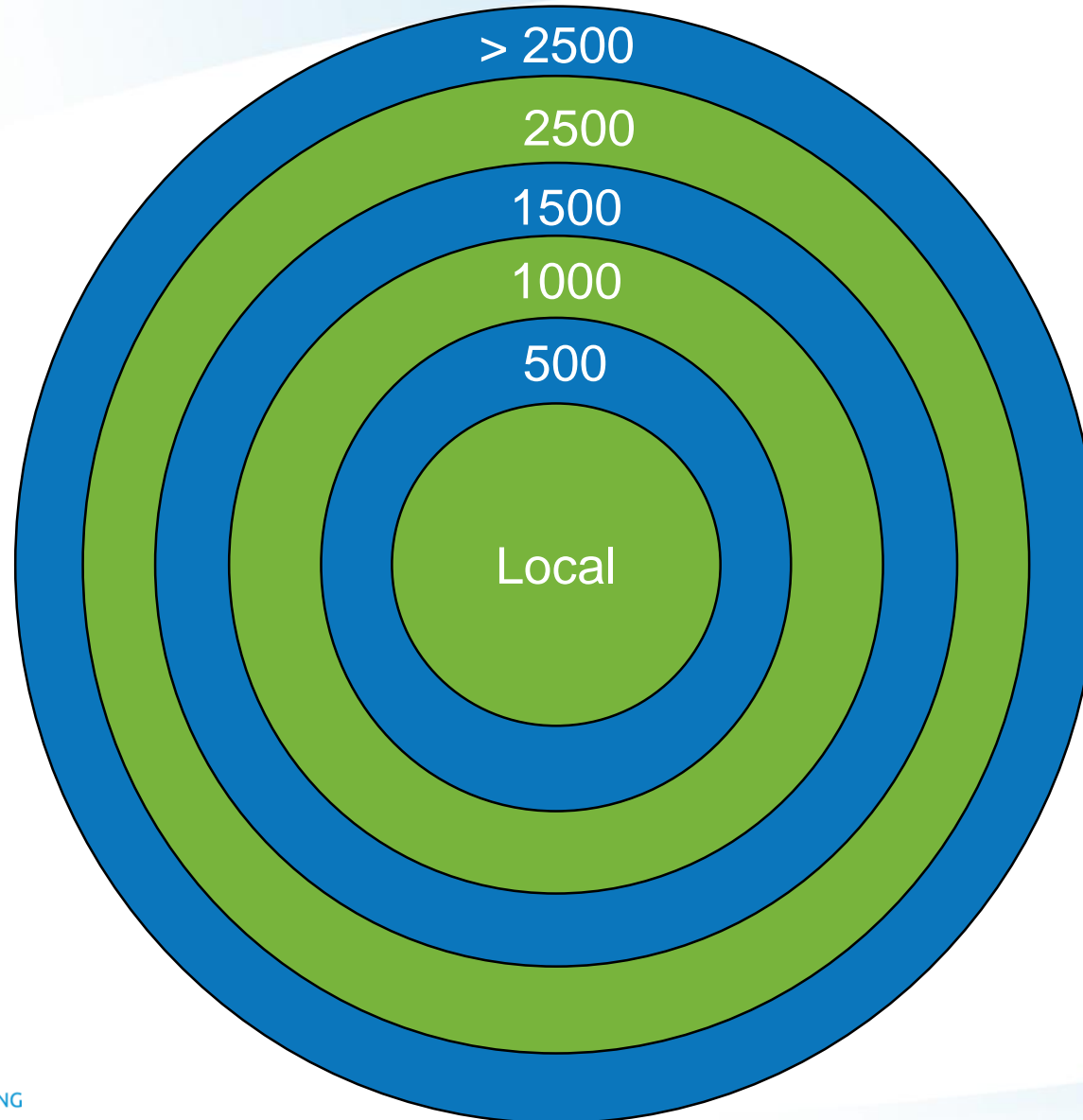


What Patients Should Know About the New Adult Heart Allocation System

How are hearts matched now?

- Three medical urgency statuses:
 - 1A (most urgent)
 - 1B
 - 2 (least urgent)
- Exceptions for some candidates
- Biological matching (blood type, size)
- Distance from donor hospital
- Waiting time is “tiebreaker”

Heart Geographic Distribution



Why are changes needed?

- Changes in treatment of heart disease
 - More use of support devices or therapies (ECMO, VAD, artificial heart)
 - Better understanding of how patients do on devices
- Better understanding of candidate risk without a transplant
 - More categories allow more precise distinction of urgency
- Goal to reduce waiting list deaths
 - Transplant most urgent patients the soonest; broaden their access to available hearts

Implementation dates

- **September 18, 2018**

- Phase 1 – Your team will begin submitting information that justifies your new status

- **October 18, 2018**

- Phase 2 – Your new status will be used to match you with your new heart

What will change?

- Six new medical urgency statuses instead of three
 - More specific criteria to qualify
- Distribute hearts up to 500 miles for new Statuses 1 and 2
- You won't lose any waiting time from before

What will NOT change?

- Urgency statuses for pediatric candidates
- Medical matching criteria (blood type, size, etc.)

What are the expected outcomes?

- More transplants for the sickest candidates
 - More refined priority for the very sickest
 - Wider access to donors for the very sickest
- Will monitor and improve system as needed

Factors that influence urgency status

Likely HIGHER if...	Likely LOWER if...
You're currently on ECMO	You're not on ECMO
You have an implanted device (artificial heart or VAD) PLUS one or more of the following: <ul style="list-style-type: none"> You must stay in the hospital You're having device-related complications Your device has recently been replaced 	You either don't have an implanted device (artificial heart or VAD), or you have one AND: <ul style="list-style-type: none"> You're stable enough to leave the hospital You aren't having major complications You have been on the device longer-term
You are on medications to stimulate heart function	You don't need heart-stimulating medication
You have life-threatening, irregular heart function (tachycardia, fibrillation, arrhythmia)	You currently don't have life-threatening irregular heart function
You need one or more additional organs (such as a lung or liver)	You don't need any additional organs

- Your status may go up or down as your condition changes.
- Your transplant team can tell you how these factors affect your individual score.

What do I need to do?

- Be aware of changes – ask transplant team any questions
- Let your team know of any complications or concerns
- Make sure you attend all your doctors' appointments

How can I find out more?

- Your transplant team
- TransplantLiving.org (UNOS site for patients and caregivers)
 - Organ facts>Heart>Heart Q&A
- **patientservices@unos.org** (E-mail)
- UNOS Patient Services: (888) 894-6361

Optional slides to follow

How does exception process work?

- Transplant team provides medical information to review board
- Review board will now be from a different region of the country
- Considered on medical facts only (no personal or hospital information provided to reviewers)
- Transplant team may appeal decision if it chooses
- Exceptions can be renewed
 - More urgent exceptions require more frequent renewals and updated information/test results from the transplant hospital

Criteria for medical urgency statuses

■ Status 1

- VA ECMO
- Non-dischargeable, surgically implanted, non-endovascular biventricular support device
- MCSD with life-threatening ventricular arrhythmia

■ Status 2

- Non-dischargeable, surgically implanted, non-endovascular LVAD
- IABP
- V-tach / V-fib, mechanical support not required
- MCSD with device malfunction/mechanical failure
- TAH, BiVAD, RVAD, or VAD for single ventricle patients
- Percutaneous endovascular MCSD

Criteria for medical urgency statuses

■ Status 3

- Dischargeable LVAD for discretionary 30 days
- Multiple inotropes or single high-dose inotrope with continuous hemodynamic monitoring
- VA ECMO after 7 days; percutaneous endovascular circulatory support device or IABP after 14 days
- Non-dischargeable, surgically implanted, non-endovascular LVAD after 14 days
- MCSD with one of the following:
 - device infection
 - hemolysis
 - pump thrombosis
 - right heart failure
 - mucosal bleeding
 - aortic insufficiency

Criteria for medical urgency statuses

- Status 4
 - Dischargeable LVAD without discretionary 30 days
 - Inotropes without hemodynamic monitoring
 - Retransplant
 - Diagnosis of one of the following:
 - congenital heart disease (CHD)
 - ischemic heart disease with intractable angina
 - hypertrophic cardiomyopathy
 - restrictive cardiomyopathy
 - amyloidosis

Criteria for medical urgency statuses

- **Status 5**
 - On the waitlist for at least one other organ at the same hospital
- **Status 6**
 - All remaining active candidates