

# Continuous Distribution of Hearts: Concept Paper

*OPTN Heart Transplantation Committee*

# Purpose of Concept Paper

- Continuous distribution allocation framework
  - Prioritizes candidates using organ-specific factors, known as attributes, identified in Final Rule
  - Scores of individual factors are totaled to create a Composite Allocation Score
  - Candidates are prioritized on allocation match runs by CAS, rather than sequential classifications
- OPTN is pursuing continuous distribution for all organ allocation systems
  - Improve equity of candidates on waitlist
  - Increase transparency of heart allocation system
  - Provide more flexibility for future policy changes and implementation
- Visit [Continuous Distribution information page](#) on OPTN website

# Identified Attributes and Final Rule Association

Attribute	Final Rule Association
Adult medical urgency	Medical urgency
Pediatric medical urgency	Medical urgency
Time on Left Ventricular Assist Device	Medical urgency
Congenital Heart Disease	Medical urgency
Restrictive / Hypertrophic Cardiomyopathy	Medical Urgency
Re-transplant / Cardiac Allograft Vasculopathy	Medical Urgency
Blood type	Reducing biological disadvantages
Sensitization (cPRA)	Reducing biological disadvantages
Priority for pediatric candidates	Patient access
Priority for prior living donors	Patient access
Waiting time	Patient access
Proximity efficiency	Placement efficiency

# What do you think?

- Are the identified attributes appropriate for the initial version of a continuous distribution of hearts allocation framework?
  - What attributes, if any, should be included that the Committee did not identify?
  - Has the Committee identified an attribute or attributes that should not be included?
- From the patient, family, donor perspectives, what are the most important factors the Committee should be considering?