

# UNOS, The Waitlist, and Me

Debra J. Carter, MS, CRNP, CCTC  
Senior Heart Transplant Nurse Practitioner

Gina Pace, RN, BSN  
Lung Transplant Coordinator  
The Johns Hopkins Hospital

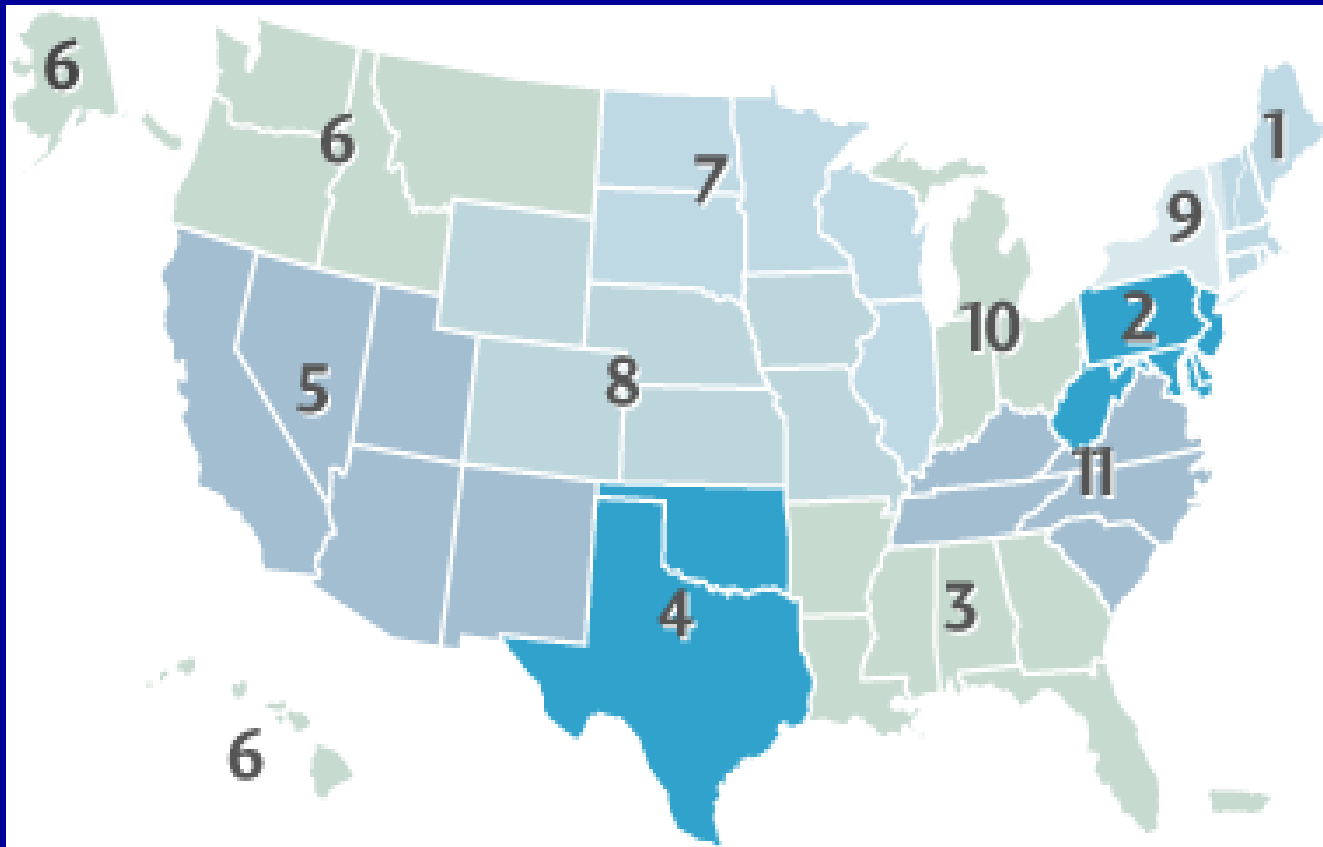
# United Network for Organ Sharing (UNOS)

- Non-profit member organization established in 1984
- Membership includes transplant hospitals, organ procurement organizations (OPO's), independent tissue typing labs, general public members, and voluntary health organizations
- As of 4/30/08 membership includes 254 transplant centers (130 heart programs and 65 lung programs)

# UNOS

- Purpose – to facilitate every organ transplant performed in the United States and ensure that organs are procured and distributed in a fair and timely manner

# UNOS REGIONS



# Region 2

- Includes Delaware, District of Columbia, Maryland, New Jersey, Pennsylvania, and West Virginia
- As of 5/22/09 heart candidates 328, lung candidates 209 and heart/lung candidates 15
- In 2008 heart transplants 285, lung transplants 262 and heart/lung transplants 10

# Lung Allocation

- Every lung transplant candidate age 12 and older receives an individualized lung allocation score
- Determining priority for receiving lung transplant is an important factor when a donor lung becomes available
- Scoring system used by UNOS determines the order of everyone awaiting a lung transplant
- Lung allocation score reflects the seriousness of each candidate's medical status before transplant and the likelihood of a successful transplant

# Lung Allocation

- Lung allocation scores, blood type, chest size and geographic distance between the candidate and the lung donor hospital also play a role in allocation
- Pediatric and adolescent donor lungs are offered first to pediatric and adolescent candidates prior to being offered to adults

# Lung Allocation

- The LAS (Lung Allocation Score) utilizes a complex clinical calculator derived from clinical predictors of survival that is reported on a scale of 0 to 100 (0 is least ill and 100 is the most ill)
- In the past 2 years, over half of all lung transplants were performed in patients with scores less than or equal to 40

# Clinical Data used in Determining the LAS

- Lung diagnosis
- Date of birth
- New York Heart Association Class
- Assisted ventilation
- Height and weight
- Diabetes
- Supplemental oxygen
- Percent predicted FVC
- Six minute walk distance
- Serum creatinine
- Pulmonary artery pressures

# LAS Calculator

- DOB: 12/22/1962
- Height: 5 ft 6 in
- Weight: 130 lbs
- Lung Diagnosis: COPD/Emphysema
- NYHA Class III – comfortable only at rest
- Diabetes: Not diabetic
- Vent needs: No assisted ventilation needed
- Vent needs: No assisted ventilation needed
- O2 req: at rest, 4 L
- FVC: 52%
- PAS: 35 mmHg
- PCWP: 20 mmHg
- 6 min walk: 650 feet
- Serum Cr 0.8 mg/dl
- **LAS Score 33.6271**

# Lung Allocation

- Waiting Time – Limited role, used only to break a tie if two lung candidates happen to have the same score
- No specific allocation score that will guarantee receiving a donated lung
- Donor lungs become available, a “match run” list is created to match the lungs with suitable candidates based on ***blood type, distance from donor hospital to the transplant center, and age group***. Candidates matching the donor will be offered the lungs in order of their lung allocation scores.

# Lung Allocation

- Example: Match run listed all candidates with  
**Blood Group O**  
**Donor in Region 2**  
**> 12 years old**

If no appropriate recipient is found among candidates locally then potential recipients in Zone A will be offered the lungs. Distance equates to the time between donor and recipient hospital. Donated lungs should be procured and transplanted within 4-6 hours

# Candidate Listing

- The transplant team decides with you when the time is right for you. This occurs after the transplant workup is complete and follow up in clinic visits obtained.
- Updating Medical Information – Clinical data must be updated **every 6 months**. Your information can be updated anytime in the system when the team thinks it is necessary to reflect a change in your condition which may effect your LAS score

# Waiting List

- You may be listed at multiple centers as long as they are with different OPO's
- After listing keep in touch with transplant office of any changes in condition, weight, insurance, or if you are going out of town

# Heart Waiting List

- Status 1A – highest priority
- Candidate must be admitted to the listing transplant center
- Specific criteria includes:
  - Mechanical circulatory support
  - Mechanical circulatory support with significant device related complications
  - Continuous Mechanical ventilation
  - Infusion of inotropes with hemodynamic monitoring
  - Exception criteria

# Heart Waiting List

- Listing as Status 1A under exception criteria must go through Regional Review Board
- Regional Review Board – 9 Region 2 cardiologists, surgeons review request need 5 approvals to list as Status 1A under exception criteria
- Status 1A is valid for 14 days
- Status 1B – next highest priority listing
- Criteria includes mechanical circulatory support or intravenous inotropes

# Heart Waiting List

- Status 2 – Stable on no life support
- Status 7 – Temporarily inactive and unsuitable for transplant
- Pediatric candidates are less than 18 years of age with same status listings but different criteria parameters

# Heart Allocation

- Donor matched to recipient based on size and blood type
- Geographic allocation – heart and lungs are to offered locally first and then within five zones
- Five zones are delineated by concentric circles of 500, 1000, 1500, and 2500 miles radii with the donor hospital at the center
- Offers based on match and urgency of listing
- Hearts matched based on blood type and body size (particularly weight)

# Heart Allocation

- Donor hearts allocated in following sequence
  - Local
    1. Status 1A
    2. Status 1B
  - Zone A
    3. Status 1A
    4. Status 1B
  - Local
    5. Status 2

# Heart/Lung Allocation

- Candidates eligible for heart shall be allocated lung from same donor
- Candidates eligible for lung shall be allocated the heart from same donor unless a suitable Status 1A isolated heart candidate is eligible to receive the heart
- Questions call the transplant office 410-955-7935 (Heart) 410-614-4898 (Lung) or UNOS Patient Services Dept. 888-894-6361

*THANK YOU*

Questions?