

The threshold change calculation evaluates whether the bilirubin change is 50% or higher. In this calculation, UNetSM will use highest and lowest values of bilirubin. The test date of the lowest value must be earlier than the test date of the highest value. The highest value must be at least 1.0 mg/dL. Test dates of these highest and lowest values cannot be more than 6 months apart. If necessary, UNetSM will use an expired lowest value, but not an expired highest value. If a value is less than 0.7 mg/dL, UNetSM will substitute the normal clinical value of 0.7 mg/dL before calculating change. The equation for threshold change is [(highest bilirubin – lowest bilirubin)/lowest bilirubin].

The threshold change maintenance calculation occurs after the candidate receives the impact from threshold change in the lung allocation score. This maintenance calculation determines the candidate's eligibility for retaining the impact from threshold change in the lung allocation score. To maintain the impact from threshold change in the lung allocation score, the current bilirubin value must be at least 50% higher than the lowest value used in the threshold change calculation. The equation for threshold change maintenance is [(current bilirubin – lowest bilirubin)/lowest bilirubin].

UNetSM will perform the threshold change maintenance calculation either when the current bilirubin value expires (Policy 3.7.6.3.2) or a new current bilirubin value is entered. For this calculation, the lowest and highest values that were used in the threshold change calculation can be expired. The current bilirubin value can be the highest one that was used in the threshold change calculation. If a current bilirubin value expires, the candidate's lung allocation score will lose the impact from threshold change. The reason for this loss is that when a current bilirubin value expires, UNetSM will substitute that expired value with the normal clinical value of 0.7 mg/dL. This normal value, therefore, cannot be 50% higher than the lowest value in the threshold change calculation.

If a center enters a new current bilirubin value for a candidate who has lost the impact from threshold change, UNetSM will perform the threshold change maintenance calculation. If the new current bilirubin value is at least 50% higher than the lowest value used in the threshold change calculation, UNetSM will reapply the impact from threshold change to the candidate's lung allocation score.

(v) Impact of Bilirubin Threshold Change in the Lung Allocation Score (Group B only)

A change in bilirubin that is 50% or higher, or threshold change, will impact a candidate's lung allocation score. The candidate will not lose the lung allocation score impact from threshold change provided that the current bilirubin is at least 50% higher than the lowest value used in the threshold change calculation.

NOTE: The amendments to Policy 3.7.6.1.c (Bilirubin in the Lung Allocation Score) shall be implemented pending Executive Committee approval of the related implementation plan. (Approved at the June 2009 Board of Directors Meeting.)

3.7.6.2 Candidates Age 0 - 11. ~~Candidates 0 – 11 years old are assigned priority for lung offers based upon waiting time, according to the status categories UNetSM ranks candidates who are 0 – 11 years old for lung offers according to the priorities defined below. Within each status priority, UNetSM will rank~~

~~candidates will be ranked by ABO (according to Policy 3.7.8.2) and then by waiting time, in descending order. For Priority Status 1, UNetSM will only consider the most current period of time a candidate has spent as Priority 1, i.e., UNetSM will not tally the time waiting during multiple Priority 1 periods, candidates will be ranked in descending order according to the length of time waiting at that status. For Priority Status-2 candidates, and if there is ever a tie among Priority 1 candidates, UNetSM will use these candidates' total waiting time to determine the order for receiving lung offers. Total waiting time includes time spent waiting as Priority 1, Priority 2, and inactive, total active waiting time (defined for this purpose as beginning when the candidate was added to the waiting list and ending when the lung match run was generated) will be used to rank candidates on the match run.~~

~~A program may update clinical data used to justify a candidate's status priority may be updated at any time a program it believes a candidate's medical condition warrants such modifications. For a candidate listed as Priority 1, a program must update every candidate variable each qualifying criterion, except those candidate variables that which is are obtained only by heart catheterization, for Status 1 candidates, at least once every in each six months period following the candidate's registration after initial listing on the lung waiting list WaitlistSM. If at any time, more than six months have elapsed since the last six-month "anniversary" date of the candidate's initial listing without an update, without data updates after the candidate's last six-month "anniversary" of his or her WaitlistSM registration, then the candidate's status Priority 1 will automatically revert to Status Priority 2. UNetSM will assess the currency of lung variables for each candidate on every six-month "anniversary" date. (For example, if a candidate is first registered on the WaitlistSM on January 1, 2011, and the most recent six-month "anniversary" is January 1, 2012, then UNetSM will consider any variables collected on or after July 1, 2011 as current until June 30, 2012. UNetSM will reassess the currency of the lung variables on July 1, 2012, and then any variables with test dates that are on or after January 1, 2012 would be considered current.)~~

~~If multiple candidates have accrued the same amount of time waiting as Status 1, these candidates' total active waiting time will be used to determine priority on the match run for receiving lung offers. The total waiting time is the amount of time spent waiting as a Status 1 and Status 2.~~

Status Priority 1: Candidates with one or more of the following criteria:

- **Respiratory failure, defined as:**
 - Requiring continuous mechanical ventilation; *or*,
 - Requiring supplemental oxygen delivered by any means to achieve FiO_2 greater than 50% in order to maintain oxygen saturation levels greater than 90%; *or*,
 - Having an arterial or capillary PCO_2 greater than 50 mmHg, or a venous PCO_2 greater than 56mmHg.

- **Pulmonary hypertension, defined as:**
 - Having pulmonary vein stenosis involving 3 or more vessels; *or*
 - Exhibiting any of the following, in spite of medical therapy: suprasystemic PA pressure on cardiac catheterization or by echocardiogram estimate, cardiac index less than 2 L/min/M², recurrent syncope, or hemoptysis

Examples of accepted medical therapy for pulmonary hypertension will be listed in UNetSM. Transplant centers must indicate which of these medical therapies the candidate has received. If the candidate has not received any of the listed therapies, the transplant center must submit

an exception request to the Lung Review Board for prospective consideration as described below.

~~of:~~

~~• Having pulmonary vein stenosis involving 3 or more vessels.~~

• Exceptional cases by prospective submission to An exception case approved by the Lung Review Board:

- In its review of exception requests, the Lung Review Board will follow the prospective review process described in Policy 3.7.6.4 (Lung Candidates with Exceptional Cases).

Status 2: Candidates who do not meet the criteria for Status Priority 1 must be listed Status as Priority 2.

NOTE: The amendments to Policy 3.7.6.2 (Candidates Age 0-11) shall be implemented pending distribution of appropriate notice and programming in UNetSM. (Double lines and double strikeouts were added and approved at the June 23, 2009 Board of Directors Meeting.)

NOTE: The amendments to Policy 3.7.6.2 (Candidates Age 0-11) shall be implemented pending distribution of appropriate notice and programming in UNetSM. (Approved at the June 20, 2008 Board of Directors Meeting.)

3.7.6.3 Candidate Variables in UNetSM. Entry into UNetSM of candidate clinical data responding to the variables shown in Tables 1 and 2 above, as they may be amended from time to time, is required when listing a candidate for lung transplantation. Diagnosis, birthdate (used to calculate age), height, and weight (used to calculate BMI) must be entered for a candidate to be added to the waitlist. Candidates will receive a Lung Allocation Score of zero, if the Functional Status class or assisted ventilation variable is missing at any time. If pulmonary artery systolic pressure, pulmonary capillary wedge pressure, or pulmonary artery mean pressure are missing, then a default value will be assigned that represents a normal clinical value for the missing pulmonary pressure variable. (A default value of 20 mm/Hg will be assigned for missing pulmonary artery systolic pressure, a default value of 5 mm/Hg will be assigned for missing pulmonary capillary wedge pressure, and a default value of 15 mm/Hg will be assigned for missing pulmonary artery mean pressure.) The default values for pulmonary pressures will also be used in the calculation of Lung Allocation Scores for those candidates whose actual values are provided, but are lower than the default value. If any other candidate variables are missing, then a default value, which will be the value that results in the lowest contribution to the Lung Allocation Score for that variable field ("Least Beneficial Value"), will be selected for the candidate. Programs are permitted to enter a value deemed medically reasonable in the event a test needed to obtain an actual value for a variable cannot be performed due to the medical condition of a specific candidate. Prior to entering such estimated values, programs must request review and approval from the Lung Review Board to determine whether the estimated values are appropriate and whether further action is warranted. Estimated values will remain valid until those values are either updated with an actual value or a new estimated value is entered pursuant to the procedures set forth in Policy 3.7.6.4.

3.7.6.3.1 Candidate Variables in UNetSM upon Implementation of Lung Allocation Scores Described in Policy 3.7.6. Candidates registered on the Lung Waiting List at the time of implementation of the Lung Allocation Score described in Policy 3.7.6 with no or incomplete clinical data will receive the Least Beneficial Value or the default pulmonary pressure value for each incomplete variable or a Lung Allocation Score of zero, as described in Policy 3.7.6 above.

3.7.6.3.2 Updating Candidate Variables. Programs may update their candidates' clinical data at any time they believe a change in candidate medical condition warrants such modification. Programs must update every candidate variable, except those candidate variables that are obtainable only by heart catheterization, for each candidate at least once every six months beginning on the date of initial listing on the lung waitlist. If at any time, more than six months have elapsed since the last six-month "anniversary" date of the candidate's initial listing, without an update, then the variable will be considered expired. (For example, if a candidate was first registered on the waitlist on January 1, 2005, and the most recent six-month "anniversary" is January 1, 2006, then any variables older than July 1, 2005, will be considered expired.)

If the Functional Status or assisted ventilation variable is expired, then the candidate will receive a Lung Allocation Score of zero. If any other candidate variable, excluding pulmonary artery systolic pressure, pulmonary capillary wedge pressure, or pulmonary artery mean pressure, is expired, then the candidate will receive the Least Beneficial Value for that variable. The frequency of updating those candidate variables that are required to be obtained by heart catheterization (pulmonary artery pressures and pulmonary capillary wedge pressure) will be left to the discretion of the transplant center. Actual values or estimated values for pulmonary pressures will be valid until they are either updated with a new actual value or a new estimated value is entered pursuant to Policy 3.7.6.4.

3.7.6.4 Lung Candidates With Exceptional Cases. Special cases require prospective review by the Lung Review Board. Transplant programs may request approval of estimated values, diagnosis, or a specific Lung Allocation Score. The transplant center will accompany each request for special case review with a supporting narrative. Once complete, the request must be sent to the OPTN contractor. The Lung Review Board will have seven (7) calendar days to reach a decision, starting from the date that the contractor sends the request to the Lung Review Board. If a request is denied by the Lung Review Board upon initial review, then the center may choose to appeal the decision for reconsideration by the Lung Review Board. The center will have seven (7) calendar days from the date of the initial request denial to appeal. The Lung Review Board will have seven (7) calendar days to reach a decision on the appeal, starting from the date that the contractor sends the appealed request to the Lung Review Board. If the Lung Review Board has not completed its review of an initial request or an appeal within seven (7) calendar days of receiving it, then the candidate will receive the requested Lung Allocation Score, diagnosis, or estimated value, and the request or appeal will be forwarded to the Thoracic Organ Transplantation Committee for further review.

Should the Lung Review Board deny a transplant center's initial request or appealed request for an estimated value or a specific Lung Allocation Score, the transplant center has the option to override the decision of the LRB. If the transplant center elects to override the decision of the Lung Review Board, then the request or appeal will be automatically referred to the Thoracic Organ Transplantation Committee for review; this review by the Thoracic Organ Transplantation Committee may result in further referral of the matter to the Membership and Professional Standards Committee for appropriate action in accordance with Appendix A of the Bylaws.

Estimated values will remain valid until an actual value is entered in the system or a new estimated value is entered pursuant to the procedures described in this

policy. A diagnosis that has been approved by the Lung Review Board or the Thoracic Organ Transplantation Committee will remain valid indefinitely or until an adjustment is requested and, if necessary, approved by the Lung Review Board. Lung Allocation Scores will remain valid for six (6) months from the entry date (or the candidate's twelfth birthday, whichever occurs later). If the candidate continues to be on the Waiting List six months after the entry date, then the candidate's Lung Allocation Score will be computed as described in Policy 3.7.6.1 and Policy 3.7.6.3 unless a new Lung Allocation Score request is entered pursuant to the procedures described in this policy or the center chooses to use the computed Lung Allocation Score instead.

The Thoracic Committee shall establish guidelines for special case review by the Lung Review Board.

3.7.7 Allocation of Thoracic Organs to Heart-Lung Candidates. When the candidate is eligible to receive a heart in accordance with Policy 3.7, or an approved variance to this policy, the lung shall be allocated to the heart-lung candidate from the same donor. When the candidate is eligible to receive a lung in accordance with Policy 3.7, or an approved variance to this policy, the heart shall be allocated to the heart-lung candidate from the same donor if no suitable Status IA isolated heart candidates are eligible to receive the heart. Heart-lung candidates shall use the ABO matching requirements described in Policy 3.7.8 when they are included in the heart match run results. Heart-lung candidates shall use the ABO matching requirements described in policy 3.7.8.2 when they are included in the lung match run results.

3.7.8 ABO Typing for Heart Allocation. Within each heart status category, hearts will be allocated to patients according to the following ABO matching requirements:

- (i) Blood type O donor hearts shall only be allocated to blood type O or blood type B patients;
- (ii) Blood type A donor hearts shall only be allocated to blood type A or blood type AB patients;
- (iii) Blood type B donor hearts shall only be allocated to blood type B or blood type AB patients;
- (iv) Blood type AB donor hearts shall only be allocated to blood type AB patients.
- (v) If there is no patient available who meets these matching requirements, donor hearts shall be allocated first to patients who have a blood type that is compatible with the donor's blood type.
- (vi) Following allocation for all born transplant candidates who have blood types that are compatible with donors, hearts will be allocated locally first and then within zones in the sequence described in 3.7.10, by heart status category to born Status IA or IB pediatric heart candidates who are eligible to receive a heart from any blood type donor. Allocation to *in utero* candidates eligible for any blood type donors is initiated after all eligible born candidates have received offers.

A center may specify on the waiting list that a candidate is eligible to accept a heart from any blood type donor if one of the following conditions is met:

- (i) Candidate is *in utero*;
- (ii) Candidate is less than 1 year of age, and meets all of the following:
 - a. Listed at Status IA or IB, and

- b. Current isohemagglutinin titer information for A and/or B blood type antigens reported in UNetSM.
- (iii) Candidate is greater than or equal to 1 year of age, and meets all of the following:
 - a. Is ~~listed~~ prior to age 2;
 - b. Is ~~listed~~ at Status 1A or 1B;
 - c. Has ~~current~~ isohemagglutinin titer level(s) less than or equal to 1:4 for A and/or B blood type antigens reported in UNetSM; and,
 - d. Has ~~not~~ received treatments (such as plasmapheresis or transfusions) within the prior 30 days that could potentially alter spontaneously produced titer values may have reduced titer values to 1:4 or less.

~~Following allocation for all born transplant candidates who have blood types that are compatible with donors, hearts will be allocated locally first and then within zones in the sequence described in Policy 3.7.10, by heart status category to Status 1 pediatric heart candidates less than one year up to less than two years of age at time of listing identified as being compatible with any eligible to receive a heart from any blood type donor, (typically based on having Eligibility is defined as age < 6 months 1 year old or recipient candidate isohemagglutinin titers less than or equal to 1:4 for A and/or B blood type antigens) for infants >6 months old > 1 year old who have a blood type that is incompatible with the donor's blood type if the candidate is been listed with the blood type "Z" designation as willing to accept a heart from a donor of any blood type. The isohemagglutinin titer used for recipient selection modifiers, such as plasmapheresis or transfusions, within 30 days. When isohemagglutinin titers in recipients/candidates >6 months old >1 year old cannot be accurately determined due to modifiers received within 30 days that could potentially manipulate titer values, then status Z listing the candidate shall not be designated as eligible to accept donor hearts of any blood type under this policy used. Following allocation for born pediatric candidates who are eligible to accept donor hearts of any blood type "Z" incompatible pediatric heart candidates, less than one year of age, hearts will be allocated locally first and then within zones in the sequence described in Policy 3.7.10, to patients listed in ~~area~~.~~

NOTE #2 Additional amendments (indicated by double strikethrough and double underline formatting) to Policy 3.7.8 (ABO Typing for Heart Allocation) shall be approved and implemented pending distribution of appropriate notice and programming in UNetSM. Approved by the Executive Committee on August 10, 2009)

NOTE #1: The amendments to Policy 3.7.8 (ABO Typing for Heart Allocation) shall be approved and implemented pending distribution of appropriate notice and programming in UNetSM. (Approved at the Executive Committee Meeting on December 18, 2007.)

3.7.8.1 Heart Allocation to Pediatric Candidates Less Than 2 Years of Age Willing Eligible to Accept a Donor Heart of Any Blood Type. A center may specify on the waiting list that a candidate is eligible to accept a heart from any blood type donor if the eligibility requirements set forth in Policy 3.7.8 are met.

Anti-A and/or Anti-B titers must be reported:

- (i) At time of listing (except for *in utero* candidates);
- (ii) Every 30 days after listing (all eligible born candidates);
- (iii) At transplant; and
- (iv) In the event of graft loss or death within one year after transplant (for all candidates transplanted with other than blood type identical or compatible donor hearts).

Listing and transplant outcomes for candidates determined to be eligible under this policy will be monitored on a quarterly basis by a subcommittee of the Pediatric Transplantation Committee, including at least two non-Committee members with analytical and/or other professional expertise in this area of medicine, and reported to the Pediatric Committee. Transplant programs that list candidates for receipt of donor hearts of any blood type shall be required to provide information requested for review by the subcommittee, including, for example, autopsy reports.

~~**Heart Allocation to Pediatric Candidates Registered Under Blood Type "Z". Heart Allocation to Pediatric Candidates < 2 Years of Age Willing to Accept a Donor Heart of Any Blood Type.** For pediatric candidates less than two years of age at time of listing who meet the eligibility requirements set forth in Policy 3.7.8, including *in utero* candidates for whom blood type is unknown, centers may specify on the Waiting List those candidates who will accept a heart from a donor of any blood type. The blood type "Z" designation may be added as a suffix to the actual blood type (e.g., "AZ") of a pediatric patient less than one year up to less than two years of age, or used alone if actual blood type is not known for *in utero* candidates. Patients older than two years of age may be listed with the type "Z" designation suffix upon an application by his/her transplant physician(s) providing justification to the applicable Regional Review Board. Timing of the review of these cases shall be prospective. Anti A and anti B titers shall must be reported at the times of listing, (except for *in utero* candidates), monthly after listing (all eligible candidates), at transplant and in the event of graft loss or death within one year after transplant (for candidates transplanted with other than blood type identical or compatible donor hearts). Listing and transplant outcomes for status Z candidates determined to be eligible under this policy will be monitored on a quarterly basis by a subcommittee of the Pediatric Transplantation Committee, including at least two non-Committee members with analytical and/or other professional expertise in this area of medicine, and reported to the Pediatric Committee. Transplant programs that list candidates with the blood type Z designation for receipt of donor hearts of any blood type shall be required to provide information requested for review by the subcommittee, including, for example, autopsy reports.~~

NOTE: *The amendments to Policy 3.7.8.1 (Heart Allocation to Pediatric Candidates Eligible to Accept a Donor Heart of Any Blood Type ABO Typing for Heart Allocation) shall be approved and implemented pending distribution of appropriate notice and programming in UNerSM. (Approved at the Executive Committee Meeting on December 18, 2007)*

3.7.8.2 ABO Typing for Lung Allocation. Candidates who have the identical blood type as the donor and are awaiting an isolated lung transplant will be allocated thoracic organs before candidates who have a compatible (but not identical) blood type with that of the donor and are awaiting an isolated lung transplant

3.7.9 Time Waiting for Thoracic Organ Candidates. Calculation of the time a candidate has been waiting for a thoracic organ transplant begins with the date and time the candidate is first registered as active on the Waiting List. Waiting time will not be accrued by candidates awaiting a thoracic organ transplant while they are registered on the Waiting List as inactive, except as specified in Policy 3.7.9.3 (Waiting Time Accrual for Lung Candidates Less than 12 Years of Age). When time waiting is used for thoracic organ allocation, a candidate will receive a preference over other candidates who have accumulated less waiting time within the same status/priority category. Where applicable, waiting time accrued by a candidate for a single thoracic organ transplant (heart or single lung) while waiting on the Waiting List also may be accrued for a second thoracic organ, when it is determined that the candidate requires a multiple thoracic organ (heart-lung or double lung) transplant. In addition, where applicable, waiting time accrued by a candidate for a multiple thoracic organ transplant while waiting on the Waiting List may be transferred to the Waiting List for a single thoracic organ transplant.

NOTE: The amendments to Policy 3.7.9 (Time Waiting for Thoracic Organ Candidates) (stricken text; double-underlined text) shall be implemented pending distribution of appropriate notice and programming in UNetSM of Policy 3.7.6.2 (Candidates Age 0-11). (Approved at the June 22-23, 2009 Board of Directors Meeting.)

3.7.9.1 Waiting Time Accrual for Heart Candidates. Candidates listed as a Status 1A, 1B, or 2 will accrue waiting time within each heart status; however, waiting time accrued while listed at a lower status will not be counted toward heart allocation if the candidate is upgraded to a higher status. For example, a candidate who is listed as a Status 2 for 3 months and then is upgraded to a Status 1A for one week will accrue one week of waiting time as a Status 1A. If the candidate is downgraded to a Status 2 for another 3 weeks, then the candidate will have 4 months of total accrued time. If the candidate subsequently is upgraded for another week as a Status 1A, then the candidate's Status 1A waiting time will be 2 weeks.

3.7.9.2 Waiting Time Accrual for Lung Candidates Age 12 and Older Following Implementation of Lung Allocation Scores Described in Policy 3.7.6 ~~Waiting time accrued by lung candidates age 12 and older at the time of implementation of the Lung Allocation Score described in Policy 3.7.6 and thereafter will be used to determine priority in lung allocation among candidates with Lung Allocation Scores of zero. In the event that multiple candidates receive identical Lung Allocation Scores greater than zero, whether computed Lung Allocation Scores or assigned Lung Allocation Scores that have been approved by the Lung Review Board pursuant to an exceptional case request, and have identical priority for a lung offer considering all other allocation factors, then priority among those candidates will be determined by their total active waiting time accrued.~~

*** BOLD language that appears in Policy 3.7.9.2 was approved by the Executive Committee on March 11, 2005, and was implemented on May 4, 2005.*

In the event that multiple candidates receive identical computed Lung Allocation Scores greater than zero, and have identical priority for a lung offer considering all other allocation factors, then priority among those candidates will be determined by the earliest date and time of each candidate's most recent update in UNetSM by the member, of variables used in calculation of the Lung Allocation Score. (For example, if Candidate A and Candidate B have an identical Lung Allocation Score and identical priority for a lung offer, and Candidate A's data variables were most recently updated by the transplant center on May 1, 2005, and Candidate B's data variables were most recently updated by the transplant center on June 1, 2005, then Candidate A would receive higher priority for the lung offer because his most recent data update by the transplant center occurred first and the same set of data variables has been used to calculate Candidate A's Lung Allocation Score for the longest amount of time.)

In the event that multiple candidates receive identical assigned Lung Allocation Scores pursuant to an exceptional case request, and have identical priority for a lung offer considering all other allocation factors, then priority among those candidates will be determined by the earliest date and time that each candidate's most recent approval of that Lung Allocation Score by the Lung Review Board was entered in UNetSM (For example, if Candidate X and Candidate Y have identical Lung Allocation Scores assigned to them by the Lung Review Board and identical priority for a lung offer, and the approval for Candidate X's score was entered in UNetSM on June 1, 2005, and the approval for Candidate Y's score was entered in UNetSM on July 1, 2005, then Candidate X would receive

higher priority for the lung offer because his most recent Lung Allocation Score was approved and entered in UNetSM first.)

Candidates that receive a Lung Allocation Score of zero due to missing or expired candidate variables as described in Policy 3.7.6.3 will be screened from the lung match following notification of the listing center, and will not receive isolated lung offers. Upon the entry or update of previously missing or expired candidate variables as described in Policy 3.7.6.3, those candidates will appear on the lung match.

Candidates awaiting a lung transplant on the Waiting List ~~that are placed~~ at inactive status ~~by the listing center~~ will be subject to the same requirements for updating candidates' clinical data as indicated in Policy 3.7.6.3 and Policy 3.7.6.4 and will not accrue any waiting time while at inactive status.

NOTE: Policy 3.7.9.2 (Waiting Time Accrual for Lung Candidates Age 12 and Older Following Implementation of Lung Allocation Scores Described in Policy 3.7.6) (BOLDED and as of the June 24, 2005 Board of Directors Meeting) shall be approved and implemented pending distribution of appropriate notice and programming on UNetSM, if and as applicable.

3.7.9.3 Waiting Time Accrual for Lung Candidates Less than 12 Years of Age.

Candidates listed as a Status Priority 1 or Status Priority 2 will accrue waiting time within each status priority. When waiting time is used for thoracic organ allocation, a Priority 1 and Priority 2 candidates will receive a preference over other candidates within a match run classification who have accumulated less waiting time within the same status category (see Policy 3.7.9). However, a candidate's waiting time accrued while listed as Status 2 will not be used in prioritizing the candidate for lung allocation if the candidate is upgraded to Status 1. For Priority 1 candidates, UNetSM will only consider the most recent time spent as Priority 1, i.e., UNetSM will not tally the time waiting during multiple Priority 1 periods.

If multiple candidates have accrued the same amount of time waiting as Status 1, those candidates' total active waiting time will be used to determine priority on the match run for receiving lung offers. The total accrued waiting time is the amount of time spent waiting as a Status 1 and Status 2. For Priority 2 candidates, and if there is ever a tie among Priority 1 candidates, UNetSM will use total waiting time. Total waiting time includes time spent waiting as Priority 1, Priority 2, and inactive.

NOTE: New Policy 3.9.7.3 (Waiting Time Accrual for Lung Candidates Less than 12 Years of Age) shall be implemented pending distribution of appropriate notice and programming in UNetSM. (Double lines and double strikeouts were added and approved at the June 23, 2009 Board of Directors Meeting.)

NOTE: New Policy 3.9.7.3 (Waiting Time Accrual for Lung Candidates Less than 12 Years of Age) shall be implemented pending distribution of appropriate notice and programming in UNetSM. (Approved at the June 20, 2008 Board of Directors Meeting.)

3.7.10 Sequence of Adult Heart Allocation. Donor hearts recovered from donors age 18 and older shall be allocated in the following sequence in accordance with Policies 3.7.3, 3.7.4, 3.7.5, 3.7.7, 3.7.8, and 3.7.9:

Local

1. Status 1A candidates
2. Status 1B candidates