

## ORGAN ALLOCATION SYSTEM FOR HEART TRANSPLANTATION

The Organ Procurement Organization (OPO) will notify the Canadian program(s) with potentially appropriate Status 4 recipient(s) nationwide of the potential donor heart. In the absence of an appropriate Status 4 patient, the heart will be allocated to the top Status recipient within the geographic area. All Canadian and out of country donor hearts or heart/lungs will be offered nationally to all programs with eligible Status 4 recipients. If there are competing Status 4 candidates, mandatory discussion is required in a timely manner, physician to physician, prior to allocation of the donor heart. If consensus is not reached, final allocation will be made by the centre with the longest listed Status 4 recipient

The criteria below are to be applied to patients in whom a decision has already been made as to the appropriateness for heart transplantation. It is not meant to represent criteria for listing. All patients must be proven neurologically eligible for listing.

LISTING STATUS	CRITERIA	HEART OFFERS
4	<ol style="list-style-type: none"> <li>1) Mechanically ventilated patient on high dose single or multiple inotropes +/- mechanical support (IABP, ECMO, abiomed BVS5000, or biomedicus), excluding VADs.</li> <li>2) Patient with VAD malfunction or complication such as thromboembolism, systemic device related infection, mechanical failure or life threatening arrhythmia.</li> <li>3) Patient should be recertified every 7 days as a Status 4 by a qualified physician if still medically appropriate.</li> </ol>	National priority after physician to physician consultation to whom the organ would be allocated otherwise
3.5	<ol style="list-style-type: none"> <li>1) High dose or multiple inotropes in hospital <i>and</i> patients not candidates for VAD therapy or no VAD available.</li> <li>2) High PRA (&gt;80%), or PRA &gt;20% with 3 prior positive crossmatches (<i>in the setting of</i> negative virtual or actual donor/recipient specific crossmatch and appropriate size and blood type of the prospective donor).</li> <li>3) Acute refractory ventricular arrhythmias</li> </ol>	BC priority only – these criteria are important when there is more than one transplanting centre in the province
3	<ol style="list-style-type: none"> <li>1) VAD not meeting Status 4 criteria.</li> <li>2) Patients on inotropes in hospital, not meeting above criteria.</li> <li>3) Heart/Lung recipient candidates</li> <li>4) Cyanotic congenital heart disease with resting saturation &lt;65%</li> <li>5) Congenital heart disease – arterial shunt dependent</li> <li>6) Adult-sized complex congenital heart disease with increasing dysrhythmic or systemic ventricular decline.</li> </ol>	BC only – as above. It is also useful for local prioritising
2	<ol style="list-style-type: none"> <li>1) In-hospital patient or patient on outpatient inotropic therapy not meeting the above criteria.</li> <li>2) Adult with cyanotic CHD: resting O<sub>2</sub> saturation 65-75% or prolonged desaturation to less than 60% with modest activity (i.e., walking).</li> <li>3) Adult with Fontan palliation with protein losing enteropathy.</li> <li>4) Patients listed for multiple organ transplantation (other than heart-lung).</li> </ol>	Local prioritising only
1	All other out of hospital patients.	Local prioritising only