

Organ Allocation



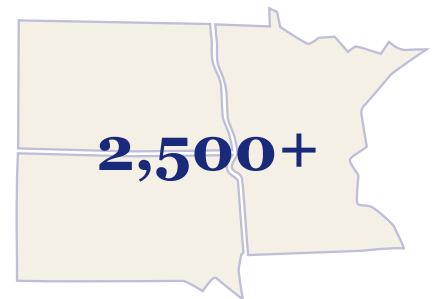
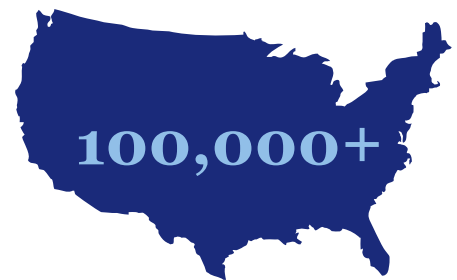
Understanding organ allocation and the transplant waiting list

The national organ transplant waiting list is used to prioritize and match patients in need of a transplant with an available organ donor. Often, people think of the transplant waiting list, they imagine a ladder or a line of people. But the waiting list is more of a pool that becomes a pyramid as the best candidate for each organ is identified.

How does organ allocation work?

1. Potential donor is identified. A patient in a hospital has suffered from an injury or illness and is at or near death. A medical evaluation determines they have the potential to donate any of their organs. Authorization is verified by donor registration or obtained from loved ones.
2. Medical testing determines which organs are transplantable and to be matched. Information entered into OPTN system.
3. Organ Procurement and Transplantation Network (OPTN) system matches the organs with patients in need. For each organ available, the matching program sets the order of people to receive transplant offers in accordance with the OPTN allocation policy. Depending on the organ available and blood type, one donor match list may return thousands of transplant candidates.
4. The OPO contacts the transplant teams caring for the best-matched patients and sends detailed medical status and social history about the donor and the available organ(s).
5. The transplant team reviews the information and decides whether to accept or decline the organ offer on behalf of their patient. Transplant centers are not required to inform the patient when an offer is declined or accepted on their behalf; however, the care team is required to inform recipients if the organ they are evaluating for the recipient is classified as a “high risk” organ.
 - If the transplant program declines, the organ will continue to be offered by the OPO in the same way for other patients in order of the match.
 - If the transplant program accepts, the OPO arranges the organ recovery process with the transplant team.
6. LifeSource continues to manage clinical care of the donor through the organ recovery procedure. Throughout the process, LifeSource communicates with the transplant centers on any updates to the organ health or status of the organ recovery.

On the organ transplant waiting list



Based on OPTN data as of May 8, 2025.

Each organ has a specific and very short timeframe in which it must be transplanted following procurement:

Heart: 4 – 6 hours	Pancreas: 12 – 18 hours
Lungs: 4 – 8 hours	Intestines: 8 – 16 hours
Liver: 8 – 12 hours	Kidneys: 24 – 36 hours



7. Surgical teams arrive at the donor hospital or a Donor Care Unit to procure and preserve the organs. The OPO arranges the transport of the organ to the transplant center, where the recipient is prepared for the procedure.
8. Transplant center teams return to the waiting recipient and complete the surgery. Ongoing post-transplant care is facilitated by the patient's transplant team.
9. OPO provides follow-up information to the donor family and involved hospital staff regarding the outcome of the donations.

Challenges

Coordination constraints – Organs have a limited window of time during which they remain viable for transplantation. Delays in identifying a match; last-minute allocation declines by transplant programs; the availability of surgical teams and operating room resources can and does result in otherwise viable organs not getting transplanted. OPOs coordinate a vast network of hospitals, transplant centers, surgeons, and transportation services, which is logistically challenging

Misalignment of performance metrics for OPOs and transplant centers – Transplant centers are measured on the outcomes for transplant recipients while OPOs are measured on volume of organs transplanted. This is a misalignment in measurement which leads to lower acceptance rates as transplant programs are risk adverse. Source: Alexandra K. Glazier, *“Out-of-sequence, out of alignment, and out of time: Why the Organ Procurement Organization measures are at the root of this problem,”* American Journal of Transplantation, 2025.

A dramatic shift in demographics of organ donors – Per the United States Census Bureau *Older Population and Aging* May 2023 Report, 17% of the nation's population is age 65 and older (one in six people). In the younger donor population, we are seeing more complex medical histories. These factors result in more of the donated organs considered “high risk.”

The ripple effect of the 2018 allocation policy changes – Organ Procurement and Transplant Network (OPTN) allocation policy changes began to be implemented in 2018, first for kidneys, followed by other organ types. These policy changes involve broader matching allocation, meaning organs must travel greater distances from donor hospital to transplant center. The intent for the policy changes was to create greater equity and access to transplantation. They also added logistical complexities and therefore, there is a need for (1) a modern, dynamic waiting list management solution, (2) updated technological systems and (3) rescue pathway use for navigating late organ offer declines (most occurring minutes before organ recovery and even while in the operating room).