Modify Organ Offer Acceptance Limit

OPTN Organ Procurement Organization Committee



 Eliminate the scenario where allocation efficiency is diminished when a transplant program holds two primary acceptances for one candidate

Proposal

- Modify OPTN Policy 5.6.C: Organ Offer Acceptance Limit to only allow a transplant hospital to have one organ offer acceptance for each organ type for any one candidate
 - Transplant programs will still receive organ offers
 - Transplant programs can still decline offers if a better offer is received

Rationale

- Concurrent acceptances often lead to late turndowns
 - Most concurrent acceptances occur for livers
- On average, concurrently accepted recovered livers are declined 1.5 hours before cross clamp and lungs 5 hours before cross clamp
- When an organ is declined late in the process due to acceptance of another organ, it creates system challenges
 - Impacts donor families, donor hospitals, and OPOs if cases are delayed
 - Impacts other transplant programs that receive offers following a late turndown
 - Increases the number of out of sequence allocations
 - Potentially disadvantages other higher status candidates

Multiple Acceptance Events

Multiple Acceptance Events between March 15, 2021 and September 15, 2022 by Organ Type



Placement Process - Liver



Outcome of Livers Concurrently Accepted



Outcome of Lungs Concurrently Accepted

0 (0%) -20-26-30 -0 (0%) Match LAS 8 (26.67%) 35-40-5 (16.67%) 10-58 12 (40%) 50+-5 (16.67%) 22 Th. Lung Recipients

Match LAS of Recipients for Lungs Transplanted with Another Candidate (Not the Concurrent Acceptor)

Options Considered

- Reducing offer acceptance limit from two to one
- Exceptions for higher status liver and lung candidate
 - Would only reduce the number of concurrent acceptances by 30%
 - Does not address higher status candidates on second match run
- Exceptions for DCD donors
 - Data did not support this exception
- Timeframe prior to scheduled donor recovery
 - Recovery times change

What do you think?

- Why should transplant programs be allowed to hold two primary acceptances for one candidate while other candidates are also in need of a lifesaving organ?
- Which options that the committee discussed are you supportive or not supportive of and why?
- Are there other potential options the committee should consider?