

**OPTN Operations & Safety Committee
Match Run Rules Workgroup
Meeting Summary
August 19, 2021
Conference Call**

Alden Doyle, MD, MPH, Chair

Introduction

The Match Run Rules Workgroup (the Workgroup) met via Citrix GoToMeeting teleconference on 08/19/2021 to discuss the following agenda items:

1. Project Overview and Goals
2. Debrief of 7/29 Workgroup call
3. Review and Discussion: Proposed Policy Modifications

The following is a summary of the Workgroup's discussions.

1. Project Overview and Goals

The Workgroup was provided an overview of the Match Run Rules project.

Summary of discussion:

The Workgroup will address their identified projects through a phased approach. Phase I of the project will address the development of a framework for the standardization of processes related to organ offers and acceptances. The two projects, which will be worked on simultaneously, within Phase 1 are as detailed:

- Project 1
 - Redefining provisional yes
 - Limiting amount of offers sent out
 - Time limits on offers
- Project 2
 - Offer filers for kidney – mandatory usage

Phase II of the project will address dynamic match run through (1) capabilities to filter off candidates from match run who no longer meet acceptance criteria once donor information is updated, and (2) continuously evolving match run.

2. Debrief of 7/29 Workgroup call

During the Workgroup's July 29 meeting, the members reviewed the Provisional Yes project outline and approach. The members reviewed identified challenges and added an additional challenge as follows:

- Organ procurement organizations (OPOs) send high numbers of offers due to high number of provisional yes responses that do not result in final acceptances (cyclical issue)

The Workgroup discussed potential solutions related to policy modifications, information technology (IT) enhancements, and potential data requests.

There were no questions or comments.

3. Review and Discussion: Proposed Policy Modifications

The Workgroup discussed specific policy modifications related to provisional yes, organ offer, and organ acceptance.

Summary of discussion:

The Chair emphasized that while the Workgroup develops potential policy modifications, it will be important to consider how transplant programs will respond to formal expectations placed on their programs.

A member stated that there would be pushback related to the ability to assess each individual organ offer. The member stated that if formal expectations were implemented requiring staff to adequately assess every organ offer that their program receives, they would have to increase their staff by tenfold. The member stated that often times there are incomplete organ offers due to the lack of information provided by OPOs, which presents the challenge to adequately assess organ offers in those specific circumstances. The member added that for donation after cardiac death (DCD) organ offers, they have to call the OPOs to receive more information since DonorNet does not have places to enter relevant DCD information. The member stated that, recently, many organ offers have a note for the transplant program to refer to the attachments for information. The member explained that all of these various nuances lead to a lot of work for transplant program staff to adequately assess each organ offer. Another member added that the time the organ is offered is also important to consider.

The Chair stated one potential policy modification could be that transplant programs within a specified range of top transplant programs on the match run would be held to formal expectations in policy. A member stated that being able to assess how many transplant programs are ahead, not just patients, is crucial. The member added that the top ranges would be dependent on type of organ offer; for kidney offers, the top four or five would be an acceptable range. The Chair asked if that range is still acceptable for high kidney donor profile index (KDPI) kidney offers. The member responded that their center reviews high KDPI kidney offers with their program-specific criteria. The member added that organ offer filters will help screen a lot of offers which will in turn help with the number of organ offers received and reviewed.

Another member stated that DonorNet enhancements, which are being worked on simultaneously by other OPTN Committees, will be helpful in increasing the efficiency of organ offer and acceptance practices. A member asked whether provisional yes is still needed given future DonorNet enhancements. The member responded that in conjunction with those enhancements, policy modifications should be implemented as formal expectations in order to hold transplant programs and OPOs accountable.

A member asked what the number of organ offers would need to be in order to be manageable by current transplant program staff levels. Another member responded that this is a pertinent question but it would be difficult to determine those levels. Another member mentioned the challenges OPOs face with managing multiple back up offers due to the new OPO metrics.

Another member suggested that the processes could be created to be so onerous that transplant programs will only continue forward with provisional yes if their entering of provisional yes is genuine. The Chair responded that based on the current amount of organ offers transplant programs receive it would be difficult to implement such a multi-staged approach.

A member stated that recently, OPOs will use vague verbiage as to whether a transplant program is primary or not. Another member responded that OPTN policy binds OPOs to organ offers. The member explained that the reason OPOs give the vague verbiage is that they do not want to confirm a primary

kidney offer because they are concerned that the backup liver offer is a liver-kidney multi-organ transplant. The member suggested that multi-organ transplant considerations be made in these policy modifications. The member suggested that the policy could delineate for multi-organ offers to take precedent, so that OPOs are not penalized for withdrawing a single organ offer in order to fill a multi-organ offer.

A member asked if there could be an automatic notification system for when an OPO makes a primary offer, then the next two candidates on the match run with a provisional yes entered receive a notification. Members agreed this to be a reasonable concept.

The Workgroup discussed potential policy modifications for creating formal expectations. The Workgroup discussed these formal expectations would be dependent on transplant programs' ranking on match runs, and those specified rankings to be dependent on organ type.

- Transplant programs must not turn down organ offers based on information that was previously available
- Transplant programs must confirm candidate availability for transplant (there was debate regarding contacting patients for organ offers, discussion detailed below)
- Transplant programs must review candidate's medical record
- Transplant programs must confirm surgeon availability
- Transplant programs must evaluate organ offers to see if the offer immediately meets any of their internal refusal reasons (the Workgroup recognized this should be accomplished through application of organ offer filters)
- Transplant programs must assess histocompatibility (the Workgroup discussed further specifics, discussion detailed below)
- Transplant programs must assess whether the candidate has had a recent COVID-19 exposure
- Transplant programs must document a patient's consent to receiving increased risk organs before receiving organ offers (i.e. transplant programs must not deny organ offers on the basis that it is Hepatitis C Virus positive)

In regards to confirming patient availability for transplant, the Workgroup members had the following discussion. A member stated that it is not ethically responsible to contact a patient for a potential kidney offer if they are fifth on the match run. The member stated it is a reasonable expectation to check the candidate's electronic medical record, check if the candidate has been seen by a medical professional recently, and check if the surgeon would be available to perform the transplant. A member asked if it is appropriate to contact a patient that is third on a kidney match run. The member responded that is not appropriate, and that a formal expectation which requires contacting patients further than back up also would require more transplant program staff.

In regards to assessing histocompatibility, a member stated that it may be difficult due to various internal transplant program policies and practices. A member asked if having a negative virtual crossmatch is a reasonable expectation. The member suggested that the expectation could be outlined to require virtual crossmatch unless the candidate has a high calculated panel reactive antibody (cPRA). The member explained that there may be pushback to this expectation because of staffing availability to perform virtual crossmatches.

The Chair encouraged members to continue to consider potential policy modifications to enhance organ offer and acceptance efficiencies.

There were no additional comments or questions. The meeting was adjourned.

Upcoming Meetings

- September 16, 2021 (teleconference)
- October 21, 2021 (teleconference)

Attendance

- **Workgroup Members**
 - Alden Doyle
 - Charles Strom
 - Chris Curran
 - Christopher Yanakos
 - Jennifer Muriett
 - Jill Campbell
 - John Stallbaum
 - Kimberly Koontz
 - Maria Casarella
- **HRSA Representatives**
 - Vanessa Arriola
- **SRTR Representatives**
 - Katie Audette
- **UNOS Staff**
 - Carlos Martinez
 - Joann White
 - Leah Slife
 - Meghan McDermott
 - Melissa Lane
 - Nicole Benjamin
 - Supraja Malladi