

**OPTN Operations & Safety Committee  
Match Run Rules Workgroup  
Meeting Summary  
October 21, 2021  
Conference Call**

**Alden Doyle, MD, MPH, Chair**

## **Introduction**

The Match Run Rules Workgroup (the Workgroup) met via Citrix GoToMeeting teleconference on 10/21/2021 to discuss the following agenda items:

1. Project Overview and Goals
2. Review and Discussion: Proposed Policy Modifications

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

### **1. Project Overview and Goals**

The Workgroup reviewed the objectives and goals 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 I 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. Review and Discussion: Proposed Policy Modifications**

The Workgroup discussed feedback from the Operations & Safety Committee, and the Policy Oversight Committee. The Workgroup continued their discussions regarding potential policy modifications related to organ offer and acceptance practices.

#### Summary of discussion:

Operations & Safety Committee Feedback

- Policy recommendations:
  - Tiered approach to provisional yes
    - Reviewed

- Provisional Acceptance
- Policy proposal to include:
  - Defining and outlining requirement of each tier of provisional yes
  - Clarifying and outlining requirements of primary and back up offers

The Chair explained that the tier for “reviewing” would be an option for transplant programs to enter to indicate they have reviewed the offer and, at that moment in time, it is an organ offer they are interested in. The tier for “provisional acceptance” would be a higher tier, which has associated responsibilities transplant programs would have to adhere to. The Chair added that the threshold on the match run sequence for entering of “provisional acceptance” will need to be decided and the specific associated responsibilities. The Chair stated that the level for provisional acceptance may be based upon organ type or organ quality.

The Chair stated that the tiered approach would work in regards to the dynamic match run. The Chair explained that the provisional acceptances would become locked in sequence on the match run, while the transplant programs entering the “reviewed” option would be able to be reorganized based on new donor and candidate information.

A member expressed interest in further defining primary and back up offers. The member explained that, especially for kidney, it is difficult for transplant programs to determine whether they are primary or backup for an organ offer. The member explained that OPOs will often tell the transplant program that the offer is not primary until the operating room procedure is completed, which creates a large workload for the transplant program.

Another member stated that the Multi-organ Transplantation Committee is working on how to inform transplant programs of multi-organ offers across match runs. The member added that the Workgroup should also address OPTN Policy 5.6.D: Effect of Acceptance. The member explained that the policy states that an organ offer is binding once an OPO makes a transplant program primary. This leads to OPOs not making primary offers because they are worried about being penalized. For example, if a backup liver offer is a multi-organ offer for a kidney and a liver, then the OPO will hold the kidney in case the primary liver declines in order to allocate for the multi-organ offer due to policy requirement of binding primary organ offers. A member suggested to add language to indicate where in the process of allocation an OPO is. The member explained that OPOs should be able to make primary offers within an hour and a half of the operating room time in order to have teams en route.

A member stated, that in their experience, they have had a kidney retracted from their transplant program twice in ten years, and both were for multi-organ transplants. The member added that their transplant program has kidneys held from them on a daily basis.

Another member stated that transplant programs decide on an individual basis on when to contact a patient based on the likelihood of organ quality at recovery. The member added that deciding the threshold on the match run for provisional acceptance should be dependent on organ type. Another member responded that for transplant programs who are within the provisional acceptance threshold, a decision maker must be consulted on the organ offer. Another member responded that for kidney, it would not be reasonable to call a patient farther than the back up offer.

A member asked how policy modifications will change transplant program behavior related to organ review and acceptance practices. The Chair responded that OPTN policy currently does not have any formal expectations related to the entry of provisional yes. The Chair explained that providing these guardrails in policy may help change behavior in conjunction with the national roll-out of offer filters as well as other current and ongoing organ offer and acceptance efficiency projects.

The Workgroup discussed the lack of available data surrounding organ acceptance and refusal behaviors.

Next Steps:

The Workgroup will continue to discuss policy modifications related to organ offer and acceptances.

**Upcoming Meeting**

- November 18, 2021 (teleconference)

## Attendance

- **Workgroup Members**
  - Alden Doyle
  - Audrey Kleet
  - Charles Strom
  - Chris Curran
  - Jennifer Muriett
  - Jill Campbell
  - John Stallbaum
  - Kimberly Koontz
- **HRSA Representatives**
  - Raelene Skerda
- **SRTR Representatives**
  - Katie Audette
- **UNOS Staff**
  - Carlos Martinez
  - Joann White
  - Kristine Althaus
  - Leah Slife
  - Meghan McDermott
  - Melissa Lane
  - Rob McTier
  - Tina Rhodes