

Mini-Brief

# Clarification to Requirements for Reporting Organ Laterality

*OPTN/UNOS Organ Procurement Organization (OPO) Committee*

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# Clarification to Requirements for Reporting Organ Laterality

<i>Affected Policies:</i>	<i>2.11.A (Required Information for Deceased Kidney Donors) and 2.11.D (Required Information for Deceased Lung Donors)</i>
<i>Sponsoring Committee:</i>	<i>Organ Procurement Organization (OPO) Committee</i>
<i>Public Comment Period:</i>	<i>N/A</i>
<i>Board of Director's Date:</i>	<i>June 11-12, 2018</i>

## Executive Summary

In December 2017, the Board approved a proposal to increase the efficiency of organ placement. The proposal included:

- Reducing the current time limits for responding to organ offers
- Establishing a new time limit for the primary transplant hospital to make a final decision on organ offers
- Limiting the number of organ offer acceptances
- Requiring OPOs to manage organ acceptances in real time
- Modifying *Policy 2.11: Required Deceased Donor Information*

During implementation discussions, UNOS staff noted that organ offer acceptances cannot be entered without knowing the laterality for both kidney and lung offers; these proposed updates to policy align with the system requirements. OPO Committee leadership noted that the goal of the proposal was to allow transplant hospitals to wait for critical information before the time limit for making a final decision begins. Because there can be differences between organs, hospitals cannot make decisions about organ offers without knowing the organ laterality. Therefore, the Committee is proposing that laterality for kidney and lungs offers be added to Policies 2.11.A (Required Information for Deceased Kidney Donors) and 2.11.D (Required Information for Deceased Lung Donors) to make it clear that this information is required before the time limit begins.

## What problem will this proposal address?

In December 2017, the Board approved changes to several policies, including *Policy 5.6.B (Time Limit for Review and Acceptance of Organ Offers)* and *Policy 2.11 (Required Deceased Donor Information)*<sup>1</sup>. Policy 5.6.B establishes a time limit for primary transplant hospitals to respond with an organ offer acceptance or organ offer refusal once all required information in Policy 2.11 is provided, with the exception of organ anatomy and recovery information. Policy language does not currently explicitly address kidney and lung laterality. One could interpret the “organ anatomy” clause to include organ laterality. If one assumes that interpretation, then OPOs are not required to inform hospitals of organ laterality before the hospital accepts the organ offer. The practical implication is that an OPO could offer a kidney or lung to a hospital without noting the organ laterality. The OPO could then skip the hospital if they did not accept the organ within the policy time limits.

## Why should you support this proposal?

OPO Committee leadership agreed that the time limit to make a decision should not start until the transplant hospital knows the laterality of the organ being offered. Additionally, the laterality for both kidney and lung is required in order for OPOs to enter organ offer acceptances into DonorNet®.

This policy change clarifies that OPOs must provide laterality information for deceased donor kidney and lung offers in order for transplant hospitals to make the final decision to accept or refuse an organ offer. Laterality information is required in order for the OPOs to enter acceptances into the system for kidney and lungs.

## How does this proposal impact the OPTN Strategic Plan?

1. *Increase the number of transplants:* The goal of the original proposal approved by the Board of Directors in December 2017 was to improve the placement of organs and decrease organ discards, leading to an overall increase in the number of transplants.
2. *Improve equity in access to transplants:* No expected impact on this goal.
3. *Improve waitlisted patient, living donor, and transplant recipient outcomes:* No expected impact on this goal.
4. *Promote living donor and transplant recipient safety:* No expected impact on this goal.
5. *Promote the efficient management of the OPTN:* This proposal promotes this goal by clarifying reporting requirements for kidney and lung laterality.

## How will the OPTN implement this proposal?

This policy change will be implemented following approval by the Board and notice to the members. There are no programming requirements.

## How will members implement this proposal?

This clarification does not require member action to implement this change.

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<sup>1</sup> [https://optn.transplant.hrsa.gov/media/2368/opo\\_policynotice\\_20171221.pdf](https://optn.transplant.hrsa.gov/media/2368/opo_policynotice_20171221.pdf)

**Will this proposal require members to submit additional data?**

This clarification does not require the submission of additional data; organ laterality is already required in DonorNet for kidney and lung.

**How will members be evaluated for compliance with this proposal?**

This clarification does not change how members will be evaluated for compliance.

## Policy or Bylaws Language

Proposed new language is underlined (example) and language that is proposed for removal is struck through (~~example~~).

1 **RESOLVED, that changes to Policies 2.11.A (Required Information for Deceased Kidney Donors)**  
2 **and 2.11.D (Required Information for Deceased Lung Donors), as set forth below, are hereby**  
3 **approved, effective June 12, 2018.**

### 5 **2.11.A Required Information for Deceased Kidney Donors**

6 The host OPO must provide *all* the following additional information for all deceased donor kidney  
7 offers:

- 8 1. Anatomical description, including number of blood vessels, ureters, and approximate length
- 9 of each
- 10 2. Biopsy results, if performed
- 11 3. Human leukocyte antigen (HLA) information as follows: A, B, Bw4, Bw6, C, DR, DR51, DR52,
- 12 DR53, DQA1, DQB1, and DPB1 antigens prior to organ offers
- 13 4. Injuries to or abnormalities of blood vessels, ureters, or kidney
- 14 5. Kidney perfusion information, if performed
- 15 6. Kidney laterality

### 18 **2.11.D Required Information for Deceased Lung Donors**

19 The host OPO must provide *all* the following additional information for all deceased lung donor  
20 offers:

- 21 1. Arterial blood gases and ventilator settings on 5 cm/H<sub>2</sub>O/PEEP including PO<sub>2</sub>/FiO<sub>2</sub> ratio and
- 22 preferably 100% FiO<sub>2</sub>, within 2 hours prior to the offer
- 23 2. Bronchoscopy results, if performed
- 24 3. Chest x-ray interpreted by a radiologist or qualified physician within 3 hours prior to the offer
- 25 4. HLA typing if requested by the transplant hospital, including A, B, Bw4, Bw6, C, DR, DR51,
- 26 DR52, DR53, DQA1, DQB1, and DPB1 antigens prior to final organ acceptance
- 27 5. Sputum gram stain, with description of sputum
- 28 6. Lung laterality

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31 If the host OPO cannot perform a bronchoscopy, it must document that it is unable to provide  
32 bronchoscopy results and the receiving transplant hospital may perform it. The lung recovery team may  
33 perform a confirmatory bronchoscopy provided unreasonable delays are avoided and deceased donor  
34 stability and the time limitations in *Policy 5.6.B: Time Limit for Review and Acceptance of Organ Offers*  
35 are maintained.

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