Public Comment Proposal

Expedited Placement of Livers

OPTN/UNOS Organ Procurement Organization Committee

Prepared by: Robert Hunter
UNOS Policy and Community Relations Department

Contents

Expedited Placement of Livers

Affected Policies:	*1.2 (Definitions), 5.3.D (Liver Acceptance Criteria), 5.4.C (Liver Offers), 5.6.B (Time Limit for Review and Acceptance of Organ Offers), 9.10.A (Expedited Placement Acceptance Criteria), and 9.10.B (Expedited Liver Offers)*
Sponsoring Committee:	*Organ Procurement Organization Committee*
Public Comment Period:	*January 22, 2019 – March 22, 2019*

Executive Summary

Expedited organ placement has been an important part of organ allocation for many years. Organ procurement organizations (OPOs) utilize this method to quickly place organs that are at risk of not being used for transplant. OPTN policy does not currently address expedited placement with the exception of *Policy 11.6: Facilitated Pancreas Allocation*. Consequently, during recent discussions about broader distribution and system optimization, the community expressed the desire to better understand expedited placement, its impact on transplant candidates, and to maximize utilization of transplantable organs. Therefore, the goal of this proposal is to address the following issues:

1. Lack of transparency with the current system
2. Lack of guidance for OPOs and transplant hospitals
3. Lack of consistent practice across the country
4. Inconsistent access to organs for candidates in need of transplant

The OPO Committee is proposing policy language that will allow for the quick identification of transplant candidates willing to accept an expedited offer when a liver has been declined late in the process. This will be accomplished by requiring transplant hospitals to enter candidate-level acceptance criteria that will allow for additional screening on an expedited liver match run. As part of this proposal, OPOs will be permitted to make expedited offers if the donor has entered the operating room and the OPO is notified of a liver turndown. These offers will be sent out with an abbreviated time limit of 20 minutes to identify those candidates willing to accept an expedited liver offer. At the end of this time limit, the liver will be placed with the candidate that appears highest on the match run.

Is the sponsoring Committee requesting specific feedback or input about the proposal?

The Committee encourages all interested individuals to comment on the proposal in its entirety. Members are asked to comment on both the immediate and long-term impact on budgets and other resources that may be required if this proposal is approved; this information assists the Board in considering the proposal and its impact on the community.

What problem will this proposal address?

The issue of expedited placement has been addressed in several publications and editorials. In a 2012 editorial in the *American Journal of Transplantation*, Washburn et al[1] raised the same questions about utilization, equity, and transparency being discussed by the OPO Committee. Kinkhabwala et al[2], recommended the development of policies governing expedited placement "in order to improve access to available organs."

Current OPTN policy addresses the facilitated placement of pancreata, but does not address the placement of other organs when OPOs need to place organs in an expedited fashion. The absence of policy language creates the following problems:

1. Lack of transparency about how organs are placed using expedited placement
2. Lack of guidance for OPOs and transplant hospitals when there is a need to utilize expedited placement
3. Lack of consistent practice across the country because there are no current requirements
4. Inconsistent access to organs for candidates in need of transplant because candidates on the match run might be bypassed during expedited placement

The goal of this proposal is to create a transparent system that addresses these problems without compromising the ability to get livers transplanted. The absence of policies require OPOs to justify any deviation from the match run when they use expedited placement. Additionally, OPOs might be reluctant to make additional liver placement efforts due to concerns about Membership and Professional Standards Committee (MPSC) review.

While the OPTN does not collect information on late turndowns in the donor operating room, there is anecdotal evidence that suggests that the numbers could be quite significant. Of those expedited liver offers reviewed by the MPSC, 60% were associated with intra-operative turndowns[3].

Why should you support this proposal?

This proposal will provide fair and equitable access to livers that are turned down late in the process. MPSC data previously referenced showed that four liver transplant programs received almost 50% of the expedited liver offers during a one year review period. While this might allow for the expedited placement of livers at risk of not being used for transplant to those transplant programs willing to accept them, it could also disadvantage candidates in greater need of a liver transplant by bypassing candidates on the match run.

By establishing requirements for both OPOs and transplant hospitals, the intent is to increase access while creating a process that allows for the quick identification and placement of late turndown livers. This process will adjust to changes liver allocation policies and use specific liver acceptance criteria to identify candidates for expedited placement.

Due to the complexity of this issue, the OPO Committee made the decision to initially address liver allocation. This is based on recommendations from the Ad Hoc Subcommittee on Increasing Liver Donation and Utilization that presented at the 2015 Liver Forum[4]. The intent is to develop a framework for expedited placement that could eventually be applied to the other organ systems.

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[1] Washburn K, Olthoff K. Truth and Consequences: The Challenge of Greater Transparency in Liver Distribution and Utilization. Am J Transplantation 2012; 12: 808-809.

[2] Kinkhabwala M, Lindower J, Reinus JF, Principe AL, Gaglio PJ. Expedited Liver Allocations in the United States: A Critical Analysis. Liver Transplantation 2013; 19: 1159-1165.

[3] 1 Descriptive data request prepared for Aug. 28, 2017 work group conference call

[4] https://unos.org/liver-public-forum-final-agenda-and-presentations-available/

How was this proposal developed?

Following the approval of this project, the OPO Committee formed a joint work group (hereafter referred to as the "work group") with representation from the following Committees:

- OPO Committee
- Liver and Intestinal Organ Transplantation Committee
- Memberships and Professional Standards Committee
- Transplant Coordinators Committee

Overall, the number of expedited placement cases by OPOs make up less than 2% of all transplants each year. According to OPTN data[5], over a two year period between January 1, 2015 and December 31, 2016, there were 476 liver transplants documented as using expedited placement.[6] The OPTN monitors every allocation and "out of sequence" allocations are reviewed by the Membership and Professional Standards Committee (MPSC).

The work group reviewed the following information provided by the MPSC:

- Each year, approximately 70% of OPOs had at least one expedited placement case reviewed by the MPSC
- Most OPOs had between 1 and 10 cases
- A small number of OPOs had approximately 40 expedited placement cases reviewed per year
- 60% of liver expedited placements reviewed were associated with intra-operative turndowns
- 20% of expedited liver offers were associated with pre-cross clamp refusals for organ quality
- Four liver transplant programs received almost 50% of the expedited liver offers
- Approximately 30% of the expedited livers are reported to have greater than 20% macro vesicular fat
- The vast majority of expedited placements reviewed by the MPSC were determined to be an appropriate use of expedited placement

The work group members agreed that the components of expedited placement should include specific acceptance criteria provided by the transplant hospitals, criteria for allowing OPOs to initiate expedited placement, and a mechanism for efficiently sending and receiving expedited liver offers.

Requirements for Transplant Hospitals

The OPO Committee distributed a concept paper[7] for public comment in early 2018. One of the major themes from public comment was the lack of support for allowing past acceptance history to determine whether or not transplant hospitals receive expedited offers. The work group agreed that in order to gain support for this proposed new system, transplant hospitals should be allowed to "opt in" to receive expedited liver offers. There was some discussion about creating a limit on the number of candidates eligible to receive expedited liver offers at each transplant hospital. However, the work group eventually agreed not to mandate such a limit at this time and allow transplant hospitals to make this determination based on the needs of their candidates. The work group also agreed that transplant hospitals should be required to specify which of their candidates would be willing to accept an expedited offer. Work group members acknowledged that higher status candidates might not be ideal candidates for expedited liver offers, particularly if it is a marginal donor. Again, this will be left to the discretion of each transplant hospital. The work group acknowledged that most transplant hospitals, including "non-aggressive" hospitals may initially opt-in to receive expedited offers.

The work group discussed the acceptance criteria that must be entered by the transplant hospital in order to participate in expedited placement. The work group members unanimously supported proposing a requirement that transplant hospitals agree to allow any procurement team to recover the liver if necessary. In a late turndown scenario, there is usually limited time for the center accepting the expedited

[5] Descriptive data request prepared for Aug. 28, 2017 work group conference call

[6] For this analysis, expedited placement is defined as any match run that had at least one candidate prior to the final acceptor that was bypassed for an "expedited" reason.

[7] https://optn.transplant.hrsa.gov/governance/public-comment/concept-paper-on-expedited-organ-placement/

liver offer to send a team to recover the liver. Allowing the surgical team currently in the donor operating room or a local recovery team to procure the organ will allow for a more efficient process. The Operations and Safety Committee is currently developing a guidance document that addresses this issue.

The other criteria identified by the work group include the following:

- Minimum and maximum age
- Maximum body mass index (BMI)
- Maximum distance from the donor hospital to transplant hospital
- Minimum and maximum height
- Percentage of macrosteatosis
- Minimum and maximum weight

While age, height, weight, and BMI are currently part of the standard liver acceptance criteria, the work group agreed that transplant hospitals should be required to enter the criteria specifically for expedited placement. Transplant hospitals will also be allowed to enter the same or different criteria for donation after circulatory death (DCD) and donation after brain death (DBD) donors when they indicate which type of donors from which they would be willing to accept expedited liver offers.

The work group agreed that transplant hospitals should also be required to indicate the maximum distance from the donor hospital to the transplant hospital. The rationale for this being that transplant hospitals might not want to receive late turndown offers from certain distances. For example, a transplant hospital in New York might not want to receive expedited “late turndown in the OR” liver offers from a donor in California due to logistics or cold ischemia time.

The work group also discussed whether to distinguish between pre and post cross clamp turndowns. However, the work group agreed that since these are “in-OR” turndowns, it will most likely occur close enough to the time of cross clamp that additional complexity should not be added to the system. The work group agreed to include a recommendation, as part of the educational effort for this proposal, that cross clamp be delayed if possible.

Finally, the work group agreed to require transplant hospitals to indicate the percentage of macrosteatosis. While this information might not be available at the time of the match run, it provides important information to help transplant hospitals make a decision on the expedited liver offer.

OPOs Initiating Expedited Placement

The work group agreed there should be policy requirements that address when OPOs can initiate expedited placement. The work group and the OPO Committee agreed that OPOs should not be required to initiate expedited placement if they can continue efforts to place the liver according to the match run. The work group agreed to establish two conditions that would allow OPOs to initiate expedited placement. The conditions include the donor being in the operating room and the host OPO being notified by the primary transplant hospital that the primary potential transplant recipient can no longer accept the liver. The work group also agreed to add a condition for DCD donors where the initiation of withdrawing life sustaining medical support would qualify as one of the conditions. The rationale for this being that DCD donors are not always in the operating room when the withdrawal of life sustaining medical support has been initiated.

Expedited Liver Match Run

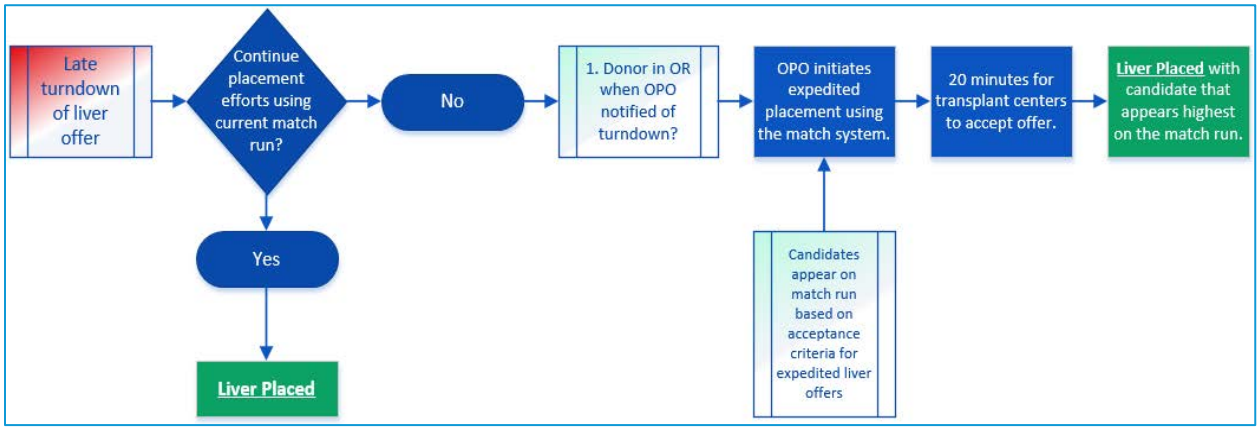
The work group discussed the process for making expedited offers once the conditions have been met. The work group members supported using "blast offers" and allowing transplant centers a limited amount of time to enter a response. The work group discussed various time limits including 15, 20, 30, and 60 minutes. However, due to the need to get livers placed quickly following a late turndown, the work group agreed that 20 minutes was a good place to start. This is a shorter response time than the requirements outlined in *Policy 5.6.B: Time Limit for Review and Acceptance of Organ Offers*.

The work group discussed the number of transplant hospitals that could be included in the “blast offers.” They initially discussed 20 to 25 in order to allow a liver to be offered to the appropriate number of transplant hospitals to get the liver placed quickly. This will require IT programming changes to allow OPOs to increase the number of transplant hospitals that can receive electronic notifications for expedited

offers. Following additional discussions, the work group and OPO Committee agreed to allow OPOs to determine how many transplant hospitals to include in the blast offers. This flexibility allows OPOs to use their experience and knowledge about which transplant hospitals are more likely to accept expedited liver offers. Additionally, allowing OPOs to determine the number of transplant hospitals to include in the blast offers might help prevent "offer notification fatigue."

The work group agreed that transplant hospitals will need to understand that "accepting" an expedited liver offer is not a guarantee that they will eventually receive the liver. Additionally, these offers will be made based on the deceased donor information available at the time of the offer. *Policy 2.11: Required Deceased Donor Information* addresses the information that needs to be provided for each potential deceased donor. The urgent need to get the liver placed does not allow time for transplant hospitals to request additional information. At the end of the 20 minute time limit, the OPO must place the liver with the candidate who accepted and appears highest on the match run. **Figure 1** outlines the proposed process for the expedited placement of livers.

Figure 1: Proposed Expedited Liver Placement Process



Non-Policy Issues

The work group discussed several additional issues related to expedited placement. While these are important topics, the work group and OPO Committee determined that these should be recommendations instead of policy requirements. These will be incorporated into the educational and communications effort that will be needed prior to implementation if the proposed policy language is approved.

Delaying Cross Clamp

The work group acknowledged that delaying cross clamp whenever possible could provide benefits such as decreased cold ischemia time and allowing additional time for logistics such as reallocation and transportation. Therefore, the work group recommends delaying cross clamp by one hour to accommodate expedited placement, if the donor is hemodynamically stable. This was based on current practice provided by OPO representatives on the work group.

Transportation Logistics

The work group agreed that transportation logistics will have an impact on the expedited placement of livers. It is recommended that the host OPO assist the accepting transplant hospital with additional air and ground transportation if needed.

Use of Third-Party Call Centers

Transplant hospitals should develop processes that allow communication of expedited offers directly to the transplant surgeons in order to expedite decision making. Other communications regarding acceptance and logistics may go through the OPO/third party call center.

Additional Policy Changes

During policy development, UNOS staff conducted a comprehensive review of all OPTN policies to identify current policies that might conflict with the proposed policy changes. As a result of this review, the Committee agreed to propose modifications to the following policies:

1.2 Definitions - Organ Offer Acceptance – Additional language was added to this definition that states acceptance of expedited offers is pending expiration of time to accept expedited offers.

5.3.D: Liver Acceptance Criteria – This policy currently lists additional liver acceptance criteria that liver transplant programs may enter for liver candidates. The Committee added a reference to *Policy 9.10.A: Expedited Placement Acceptance Criteria* in this section of policy.

5.4.C: Liver Offers – This policy currently addresses when an initial liver offer can be re-executed. Since expedited placement will require a new match run type, language was added to reference *Policy 9.10.B: Expedited Liver Offers*.

5.6.B: Time Limit for Review and Acceptance of Organ Offers – Since the proposed time limit to accept expedited liver offers is 20 minutes instead of the 30/60 minutes outlined in this policy, the Committee is proposing language stating that this policy does not apply to expedited liver offers.

Compliance with the OPTN Final Rule

The OPTN Final Rule[8] sets requirements for allocation policies developed by the OPTN, including sound medical judgment, best use of organs, the ability for transplant hospitals to decide whether to accept an organ offer, avoiding organ discards, and promoting patient access to transplantation and promoting efficient management of organ placement. The Final Rule also includes a requirement that policies "shall not be based on the candidate's place of residence or place of listing, except to the extent required" by the other requirements of the Final Rule listed above.

The Committee believes that this proposal meets all the requirements of the Final Rule. There may be some concern raised that the proposed policies will lead to a less efficient system and potentially increased incidents of organs recovered but not transplanted by creating additional steps for expedited placement. However, the work group and OPO Committee has worked diligently to propose a system that will be as efficient as possible while also promoting access based on the medical judgment of the candidate's surgeon.

How well does this proposal address the problem statement?

As previously stated in this proposal document, the absence of policy language creates the following problems:

1. Lack of transparency with the current system
2. Lack of guidance for OPOs and transplant hospitals
3. Lack of consistent practice across the country
4. Inconsistent access to organs for candidates in need of transplant

These proposed policies contain components proposed by Lai et al[9] in 2013 that "explicitly and transparently allow for expedited placement but does not skip patients in the greatest need." These include allowing transplant centers to voluntarily "specify patients with the highest allocation priority for whom they would accept an offer" and allowing for a "pre-specified timeframe" for transplant centers to take action.

One of the main goals of this proposal is to increase access to livers for candidates in need of transplant. This proposal creates a system based on medical urgency and intends to reduce the number of out of sequence allocations. One common theme during the work group deliberations was the goal of getting "the right organ to the right candidate in a timely manner."

[8] 42 C.F.R §121.8

[9] Lai JC, Feng S, Vittinghoff E, Roberts JP. Offer patterns of nationally placed livers by donation service area.*Liver Transpl*. 2013;19(4):404-10.

Which populations are impacted by this proposal?

OPOs, transplant hospitals, transplant candidates, and donor families. This proposal will impact both OPOs and transplant hospitals by creating rules and transparency around the expedited placement of organs. Transplant candidates could potentially have greater access to organs by requiring OPOs to utilize an expedited list instead of allocating organs to specific transplant hospitals. Donor families are impacted by potential reduction in the incidence of organs recovered and not transplanted created by late turndowns.

How does this proposal impact the OPTN Strategic Plan?

1. *Increase the number of transplants:* This proposal has the potential to increase the number of transplants by standardizing expedited placement practices across OPOs. There is also the potential to reduce the number of transplants if the final policy requirements are cumbersome and creates barriers for OPOs during expedited placement.
2. *Improve equity in access to transplants:* This proposal could increase access to transplants by requiring OPOs to offer organs to transplant hospitals that were previously bypassed during expedited placement.
3. *Improve waitlisted patient, living donor, and transplant recipient outcomes:* There is no impact to this goal.
4. *Promote living donor and transplant recipient safety:* There is no impact to this goal.
5. *Promote the efficient management of the OPTN:* This proposal will increase the efficient management of the OPTN by reducing the number of cases being reviewed by the MPSC.

How will the OPTN implement this proposal?

This proposal will require programming in UNet[sm].

- New fields will be added to the acceptance criteria section on the Liver Candidate record in Waitlist[sm] to allow centers to distinguish specific candidates willing to accept expedited liver offers as part of a candidate's liver acceptance criteria. One new field will be macrosteatosis percentage which will also be added to the Liver Biopsy section in the Organ Data tab within DonorNet® for OPO entry. Transplant hospitals will be required to specify on a candidate-by-candidate basis which specific expedited placement criteria they would be willing to accept.
- A new match run type will be created to execute a new expedited-specific match run. This new match run will generate a list of only those candidates willing to accept an expedited liver offer specific to each donor's characteristics. This match run may only be generated after a donor has entered the operating room, or withdrawal of support has occurred for a DCD donor, and a previously accepted liver has now been refused. OPO staff will be required to report when the donor entered the OR, or withdrawal of support has occurred, when the previously accepted liver offer was refused, and the reason for the refusal. In an effort to maintain efficiency, OPO staff will only be required to enter minimal fields on the match-execution page, and a re-executed match run will copy the previously entered refusals from the pre-expedited match run to prevent unwanted repeat offers to candidates.

How will members implement this proposal?

Transplant Hospitals

This will impact how livers are offered to transplant hospitals during expedited placement. Transplant hospitals should develop processes to ensure that decision makers are aware of abbreviated timeframe to accept these offers. Transplant hospitals will need to be aware of the acceptance criteria information that must be entered for liver candidates in order to receive expedited liver offers.

OPOs

This will impact how OPOs allocate livers using expedited placement. OPO staff will need to participate in educational offerings to prepare for this change.

Will this proposal require members to submit additional data?

Yes, transplant centers will be required to enter additional liver acceptance criteria in order to participate in expedited placement, as outlined in *Policy 9.10.A: Expedited Placement Acceptance Criteria*. This includes criteria already entered for liver candidates such as age, height, weight, and BMI. They will also be required to enter the percentage of macrosteatosis and agree to accept a liver recovered by any procurement team. This information will need to be entered for each type of donor (DCD and DBD) from which they are willing to accepted expedited liver offers.

Prior to initiating expedited placement for a liver, OPO staff will be required to report when the donor entered the OR, or withdrawal of support has occurred for DCD donors, when the previously accepted liver offer was refused, and the reason for the refusal.

How will members be evaluated for compliance with this proposal?

Members will be expected to comply with the requirements in the proposed language. In addition to the monitoring described below, all policy requirements and data entered in UNet℠ may be subject to OPTN review, and members are required to provide documentation as requested.

OPTN Contractor staff will continue to review all deceased donor match runs that result in a transplanted organ to ensure that allocation was carried out according to OPTN policy, and staff will continue to investigate potential policy violations. If a transplanted liver was allocated using the proposed process for expedited placement of livers, staff will verify that the requirements for initiating the expedited placement process according to *Policy 9.10.B Expedited Liver Offers* were met.

How will the sponsoring Committee evaluate whether this proposal was successful post implementation?

The OPTN will assess the impact of these policy changes at 6-months and 12-months post implementation. Analyses beyond 12-months will be performed at the request of the Committee.

There is currently no accurate way in the OPTN system to assess how often a liver is turned down in the OR. As a result, much of the analyses will be “point forward” analyses and can be used as a benchmark to assess changes in the future. The OPTN will perform analyses to study the following:

- Overall
    - The number and percent of in-OR refusals
    - The number and percent of in-OR refusals that result in a transplanted liver
    - The number and percent of in-OR refusals that result in a liver recovered but not transplanted
    - The reasons reported for the in-OR refusal
    - The demographics of liver donors that have an in-OR refusal

- By OPO
    - The number and percent of in-OR refusals
    - The number and percent of in-OR refusals that result in a transplanted liver
    - The number and percent of in-OR refusals that result in a liver recovered but not transplanted
    - The reasons reported for the in-OR refusal
- By Transplant Center
    - The number and percent of livers refused in-OR
    - Refusal reasons for livers refused in-OR
    - Distribution of candidates on listed as willing to accept an expedited (in-OR) liver
    - Number and percent of expedited acceptances transplanted
    - Number and percent of expedited acceptances not transplanted
    - Acceptance rates for expedited (in-OR) liver offers

The OPTN will assess the overall impact of these policy changes using a pre vs. post analysis at 6-months and 12-months after implementation. Analyses beyond 12-months will be performed at the request of the Committee.

- Liver utilization rates pre vs. post implementation
- Liver discard rates pre vs. post implementation
- Liver transplant volumes pre vs. post implementation

Policy or Bylaws Language

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

1.2 Definitions

Organ offer acceptance

When the transplant hospital notifies the host OPO that they accept the organ offer for an intended recipient, pending review of organ anatomy. For kidney, acceptance is also pending final crossmatch. For expedited offers, acceptance is pending until expiration of time to accept expedited offers.

5.3.D Liver Acceptance Criteria

The responsible transplant surgeon must determine the acceptable deceased donor weight for each of its liver candidates, and the determined acceptable weight must be reported to the OPTN Contractor.

Liver transplant programs may also specify additional liver acceptance criteria, including any of the following:

1. The maximum number of mismatched antigens it will accept for any of its liver candidates
2. Minimal acceptance criteria for livers
3. Acceptance criteria for expedited offers as outlined in *Policy 9.10.A: Expedited Placement Acceptance Criteria*
~~3.~~ 4. If a blood type O candidate will accept a liver from a deceased donor with blood type A, non- A1
~~4.~~ 5. For status 1A or 1B candidates, if they will accept a liver from a deceased donor with any blood type
~~5.~~ 6. If a candidate with a Model for End-Stage Liver Disease (MELD) or Pediatric End Stage Liver Disease (PELD) score of at least 30 will accept a liver from a deceased donor with any blood type
~~6.~~ 7. If a candidate will accept a liver for other methods of hepatic support
~~7.~~ 8. If a candidate is willing to accept a segmental graft
~~8.~~ 9. If a candidate is willing to accept an HIV positive liver as part of an institutional review board approved research protocol that meets the requirement in the OPTN Final Rule

5.4.C Liver Offers

The host OPO must make the initial liver offer using only a match run that is less than eight hours old. The host OPO may only re-execute the match run for use in allocation sooner than eight hours if one of the following occurs:

- A previously accepted liver is later refused because there is a change in specific medical information related to the deceased liver donor
- The deceased donor liver has not been allocated within two hours of procurement
- New donor information is received that would screen any potential recipient from appearing on the match run due to donor acceptance
- A previously accepted liver is refused and the host OPO initiates an expedited match run according to *Policy 9.10.B: Expedited Liver Offers.*

5.6.B Time Limit for Review and Acceptance of Organ Offers

This policy does not apply to expedited liver offers as outlined in *Policy 9.10.B: Expedited Liver Offers*

A transplant hospital has a total of one hour after receiving the initial organ offer notification to access the deceased donor information and submit a provisional yes or an organ offer refusal.

Once the host OPO has provided all the required deceased donor information according to Policy 2.11: Required Deceased Donor Information, with the exception of organ anatomy and recovery information,

the transplant hospital for the initial primary potential transplant recipient must respond to the host OPO within one hour with either of the following:

- An organ offer acceptance
- An organ offer refusal

All other transplant hospitals who have entered a provisional yes must respond to the host OPO within 30 minutes of receiving notification that their offer is for the primary potential transplant recipient with either of the following:

- An organ offer acceptance
- An organ offer refusal

9.10 Expedited Placement of Livers

9.10.A Expedited Placement Acceptance Criteria

In order for a liver candidate to receive expedited offers as outlined in *Policy 9.10.B: Expedited Liver Offers*, the transplant hospital must report *all* of the following information to the OPTN Contractor:

1. Agreement to accept a liver recovered by any procurement team
2. The following liver acceptance criteria:
    - Minimum and maximum age
    - Maximum body mass index (BMI)
    - Maximum distance from the donor hospital
    - Minimum and maximum height
    - Percentage of macrosteatosis
    - Minimum and maximum weight

9.10.B Expedited Liver Offers

The host OPO or the Organ Center is permitted to make expedited liver offers if *both* of the following conditions are met:

1. The donor has entered the operating room or in the case of a DCD donor, withdrawal of life sustaining medical support has been initiated, whichever occurs first.
2. The host OPO or Organ Center is notified by the primary transplant hospital that the primary potential transplant recipient will no longer accept the liver

The host OPO must report *all* of the following information to the OPTN Contractor *prior* to sending expedited liver offers:

1. Date and time donor entered the operating room or withdrawal of life sustaining medical support was initiated, whichever occurs first.
2. Date and time host OPO was notified by the primary transplant hospital that they will no longer accept the liver offer for the primary potential transplant recipient.
3. Reason for organ offer refusal by the primary potential transplant recipient

The host OPO or Organ Center must make expedited liver offers using the expedited liver match run. Transplant hospitals must accept an expedited offer within 20 minutes of notification to be eligible to receive the liver. Once this time limit has expired, the host OPO must place the liver with the candidate with an acceptance that appears highest on the match run. The host OPO may send additional expedited liver offers until the liver is placed.

[Subsequent heading numbers, classifications, numbered lists, table captions, and any cross-references affected by the re-numbering of these policies will also be changed as necessary.]

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