

**OPTN Organ Procurement Organization Committee
Import Back Up Workgroup
Meeting Summary
November 14, 2019
Conference Call**

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Introduction

The Import Back Up Workgroup met via teleconference to discuss the following agenda items:

1. Overview of Previous Call
2. Different Options & IT Impact

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

1. Overview of Previous Call

On the Workgroup's November 7, 2019 call, the Workgroup:

1. Reviewed the existing policy regarding organs that are declined after placement (Policy 5.9: Released Organs)
2. Discussed common challenges of import back up
3. Identified different distribution scenarios
4. Reviewed ethical principles to consider, particularly focusing on the balance of equity and utility.

Data summary:

The workgroup re-reviewed how many OPOs, kidney programs and pancreas programs are within 250 nautical miles (NM) or 500 NM of the organizations affiliated with Workgroup members. The Workgroup also re-reviewed maps showing different geographic areas covered by 250 NM circles for perspective on how large an area that covers. Then the Workgroup reviewed data regarding what percentages and numbers of acceptances were accepted from an import match run for kidney and pancreas.

The workgroup was reminded of the scope of work, to identify a solution that would bring import back up policy in line with distribution changes. The target timeline would have the changes contemplated by this project implemented with changes to kidney and pancreas allocation by December 2020.

Summary of discussion:

One member of the Workgroup suggested that the Workgroup consider the idea of using the number of centers included in the distribution instead of a NM distance, since there is so much variation in concentration of programs across the country. Another workgroup member suggested that it would be preferable to continue to use distances. This would be consistent with the proposed changes to organ allocation policies removing DSA and region and using instead a nautical mile circle around the donor hospital.

Another member of the workgroup was concerned with the balance of responsibility between OPOs and transplant programs. He asked how the transplant centers will help reduce the frequency of reallocation or support reallocation efforts. The workgroup member suggested requiring certain steps for pre-recovery evaluation of the donor organ and the candidate readiness. However, the current scope of the

project is currently focused toward making the changes to import back up consistent with the changes removing DSA and region from policy.

A Workgroup member asked if the Workgroup had already reviewed the data regarding what percentage of imported kidneys were transplanted into the intended recipient compared to transplanted into another recipient. UNOS staff provided information that based on the post-KAS implementation evaluation, approximately 6% of the import donor transplants were transplanted into a different recipient and not the original intended recipient, 3% were discarded, and almost 91% are transplanted into the original intended recipient. The Workgroup member suggested that the volume might drive the solution, depending on the frequency of import back up utilization.

2. Different Options & IT Impact

The workgroup reviewed options for providing a reallocation solution that is compliant with the changes to geography:

1. Import match the same as the host OPO match.

The circle would remain around the donor hospital, and OPOs would continue to follow current OPTN Policy 5.9. It would not require any special programming, and would not impact the December 2020 implementation target.

2. Make the host OPO responsible for allocating released organs.

This would disable the ability of a local OPO to run an import match, and all reallocation would be done from the original match run. This would require only minimal IT work, and would not impact the December 2020 target.

3. Allow importing OPOs to select the current location of the kidney or pancreas and create import match runs based on new location, using the same classifications and points system used on an initial match run.

This would only require minimal IT work and would not impact the December 2020 implementation target.

4. Allow importing OPOs to select the current location of the kidney or pancreas and create import match runs based on new location, but only include candidates within the 250 NM circle and would not use proximity points.

This would require additional IT work and may impact the December 2020 implementation target.

5. Allow importing OPOs to select the current location of the kidney or pancreas and create import match runs based on new location, with different classifications or points that are unique to import match runs.

This would require additional IT work and may impact the December 2020 implementation target.

6. Allow importing OPOs to select the current location of the kidney or pancreas and create import match runs based on new location, and screen off candidates who have already declined that organ.

This would require additional IT work and would cause a significant delay in implementation.

Summary of discussion:

A workgroup member asked a question about how the other organs groups who have removed DSA and region (heart, lung and liver) addressed this question. They use option #1, and the match looks the same when generated as an import match. Another workgroup member suggested that was more appropriate for organs that do not travel as far for the initially intended recipient. The workgroup members expressed concerns that option #1 was not feasible or appropriate for kidneys or pancreas. The workgroup similarly did not think that option #2 was practical.

A workgroup member asked whether the most common reallocation was coast-to-coast or more local. Information was provided that most kidneys were accepted within 50 NM. The Workgroup member suggested using the most common situation to devise a solution rather than focusing on the edge cases first.

The workgroup discussed whether the host OPO or importing OPO should be in charge of the allocation, and one workgroup member suggested that it might be more seamless if the host OPO maintains an ownership over placing the organ. A member of the workgroup asked if it would be possible for the host OPO run import match runs based on the location the organ was shipped to. This would use the option #3 list, but with the option #2 treatment of the importing OPO. UNOS staff agreed to gather more information on what would be needed to implement this option and return that information to the workgroup. There is a potential security question to be resolved as part of the evaluation of the scope of programming that would be required to implement this solution.

A workgroup member asked whether it would be possible to simply have center-level backup. Another member of the workgroup returned to the idea of keeping the duty to place on the host OPO instead of the transplant program.

The workgroup discussed when the secondary match run would be used. The workgroup supported using the original list when the organ was still within 250NM of the original donor hospital, and only using the new match run when the host OPO chooses to create a new match based on the new kidney location. The workgroup considered whether to continue to allow the host OPO to continue to use the original match run, and deferred additional discussion of that concept for a later call.

Next steps:

UNOS staff will report back on the operational impact of the hybrid option in which a new match is generated based on the new location of the organ, but the host OPO will be the OPO to run that match. The workgroup supported using the same circles (250NM) as non-import match runs. In particular, they will look at the security changes necessary to ensure that the host OPO has sufficient permissions to show the relevant donor hospitals.

The workgroup will continue to discuss the point of origination for those import match runs.

Upcoming Meetings

- November 21, 2019 (teleconference)
- December 5, 2019 (teleconference)
- December 12, 2019 (teleconference)