

**OPTN OPO Committee Import Backup Workgroup
Meeting Summary
December 5, 2019
Conference Call**

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Introduction

The Import Backup Workgroup (the Workgroup) met via Citrix GoToTraining teleconference on 12/05/2019 to discuss the following agenda items:

1. Welcome & Agenda Overview
2. Review of Proposed Solution
3. Current Use of Center Back Up & Policy
4. IT Questions & Discussion
5. Next Steps

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

1. Welcome & Agenda Overview

The Workgroup chair welcomed the Workgroup members to the meeting after taking a week off for the Thanksgiving holiday. The chair updated the group that the two proposals from the OPTN Kidney and Pancreas Transplantation Committees to remove DSA and region from kidney/pancreas policy were both approved by the OPTN Board of Directors. The work of the Workgroup was mentioned during these Board discussions.

2. Review of Proposed Solutions

The Workgroup chair gave an overview of what solution the group has decided on thus far. The host Organ Procurement Organization (OPO) will retain responsibility of the organ's allocation should the accepting center decline for the intended recipient. The host OPO then has the option to continue making offers down the original match run or they can run a new match with a 250 nautical mile (NM) circle around the accepting transplant center.

Summary of discussion:

The Workgroup is opting for the host OPO to retain responsibility for reallocation because they are invested in the organ allocation and have the most knowledge of the donor case. The workgroup considered whether to retain the option for the host OPO to delegate reallocation to the OPTN Contractor, specifically to the UNOS Organ Center.

A Workgroup member agreed that it would be helpful to have the option to turn over reallocation to the Organ Center, especially for a smaller OPO who may not have enough staff for reallocation. Another Workgroup member agreed and added that OPOs are already familiar with turning allocation over to the Organ Center so it would be beneficial to keep that option.

Another Workgroup member asked for clarification of when a new match run should be run around the accepting transplant center. If a kidney is shipped to a transplant center outside of the original match run's 250 NM radius is the host OPO required to run a new match if reallocation is needed? It was

clarified that the policy does not get that prescriptive, and no matter how far the kidney has travelled the host OPO has the choice to either continue allocating down the original match or start allocating off a new match centered around the accepting transplant center. Many Workgroup members agreed that the option of running a new match or continue down the original match is beneficial. Based on the geography of the country, logistics could play a large role in determining whether to run a new match or continue allocation on the original match run.

A Workgroup member asked if this would be the time to add language to OPTN Policy 5.9 Released Organs to set parameters around a transplant center declining an accepted organ. Another Workgroup member stated it seems that adding parameters to OPTN Policy 5.9 would be a different project, potentially one for the OPTN Operations and Safety Committee, who have been looking at the effects of broader distribution.

3. Current Use of Center Back Up & Policy

A UNOS staff member updated the Workgroup on the OPTN Pancreas Committee's discussion about center back up for pancreas due to the ischemic time limitations for pancreata. The Pancreas Committee was concerned that the proposed solution may not be acceptable for pancreata because of ischemic time limitations, and center back up may be a more appropriate option.

Summary of discussion:

The Workgroup discussed if proximity points within the allocation circle would alleviate that concern since candidates at the accepting transplant center would have more proximity points compared to other candidates at nearby hospitals. A Workgroup member asked if the OPTN has data on if a pancreas is accepted and then declined, is the pancreas then reallocated to another center? UNOS staff is not sure the data is currently available, but could potentially be queried. The Workgroup member stated that most times a pancreas is turned down it is for an anatomical reason and would be declined for all patients at a center, so there probably are not many examples of a pancreas being reallocated. Another Workgroup member suggested that since reallocation of pancreata is so rare, is it beneficial to create a different solution for pancreas and kidney/pancreas reallocation. Overall the Workgroup is still considering the current solution for both kidney and pancreas, given the use of proximity points and the potential rarity of pancreas reallocation. The OPO Committee will ask for feedback from the community during public comment.

4. IT Questions & Discussion

UNOS IT is still developing questions around how the Workgroup wants to implement the decisions for reallocation. The plan is to have the questions ready in the coming weeks.

Upcoming Meeting

- December 12, 2019