

## **Acuity Circles Frequently Asked Questions**

### **General Questions**

#### **Is Share 35 going away upon implementation of the Acuity Circles policy?**

Yes, it is. Share 35 was based on the allocation of deceased donor livers through the OPTN Region or donation service areas (DSA). Instead of OPTN Region or DSA, the Acuity Circles policy uses a series of concentric circles originating from the donor hospital.

#### **How are the distances used in the allocation sequence calculated?**

The distances are based on the address of the donor hospital and the address of the transplant hospital where the candidate is listed. Each classification in the allocation tables is for candidates that are registered at a transplant hospital that is within the listed distance from the donor hospital.

#### **What is the allocation sequence for pediatric donors?**

The Acuity Circles policy includes additional priority in the allocation sequence for pediatric candidates when the offer is for a pediatric donor organ. You can learn more about the specific allocation sequence in the [policy notice](#).

#### **What is the allocation sequence for DCD donors and donors at least 70 years old? Will there be a different match run?**

There is a different match run for DCD donors and donors at least 70 years old. Livers from DCD donors or donors at least 70 years old will be offered first to Status 1 candidates within 500 NM then to candidates with MELD/PELD 15 and higher within 150 nautical miles (NM) before being offered more broadly. You can learn more about the specific allocation sequence in the [policy notice](#).

#### **How should the remaining portion of a pediatric split liver be allocated under the revised system?**

When allocating the remaining portion of a split liver from a non-DCD pediatric donor, you should request a new liver match run, as was the practice under the previous policy. The system will run the adult non-DCD match to facilitate the allocation of the remaining portion, in accordance with policy. If allocating the remaining portion of a split liver from a DCD pediatric donor, you should continue to allocate from the initial DCD liver match run, since there is no difference in the match run sequence for a pediatric or adult DCD donor. This is a change.

#### **How are donors in Alaska being handled since they are more than 500 NM from any transplant program?**

The Seattle-Tacoma International Airport (Sea-Tac) will be a substitute for the donor hospitals in Alaska as the center of the acuity circle. This change applies to livers and intestines only.

#### **Can you explain the blood type O variance for Hawaii and Puerto Rico?**

This is a closed variance that allows for livers and liver-intestines from blood type O deceased donors allocated by the OPOs in Puerto Rico and Hawaii to be allocated to potential transplant recipients registered at transplant hospitals in Hawaii and Puerto Rico with blood type O and then potential

transplant recipients with any compatible blood type within the same MELD or PELD classification in the allocation tables.

**Are there any other changes for liver candidates listed at programs in Puerto Rico or Hawaii, due to their geographic isolation?**

Yes, there is a variance that improves access to liver donors for candidates listed as Status 1A, Status 1B, or with a MELD or PELD score of 37 or higher in Hawaii and Puerto Rico. The variance provides access to donors that become available in the closest parts of the continental United States by creating additional geographic units of 1,100 NM and 2,400 NM for candidates in Puerto Rico and Hawaii respectively. Candidates listed at the transplant programs in Hawaii and Puerto Rico will receive offers for livers from donor hospitals within these distances of the transplant program right after candidates of similar medical urgency within 500 NM of those donor hospitals. You can learn more about the variance in the [policy notice](#).

**Is there any change in requirements to qualify for simultaneous liver-kidney (SLK) transplant?**

No, the medical criteria does not change for SLK. The changes to SLK policy involve replacing local and regional allocation with distance based circles and modifying the sharing threshold MELD score. Under the Acuity Circles policy, OPOs must offer the kidney with the liver to eligible candidates who are:

- within 250 NM of the donor hospital and are Status 1A or 1B, or have a MELD or PELD 29 or higher
- or who are within 150 NM of the donor hospital and have a MELD or PELD 15 or higher.

They must also offer the kidney to all eligible SLK candidates less than 18 years old at the time of registration. All of these required offers are indicated on the match run with an “R”.

After those offers, it is permissible to either:

- offer the kidney with the liver to candidates indicated by a “P” on the match run – these are candidates who meet the eligibility criteria but are outside the distances or age requirement for mandatory shares, OR
- offer the kidney(s) and the liver off their separate lists.

**For Transplant Programs**

**Will the MELD or PELD for candidates with an exception score change when the Acuity Circles policy is implemented?**

Upon implementation of the Acuity Circles policy, the median MELD at transplant (MMaT) scores will be based on a recent cohort of transplants performed within 250 NM of each transplant program. This is a change from the scores being based on a cohort of transplants performed within each program’s DSA. If the MMaT based on the 250 NM circle differs from the MMaT based on the DSA for your transplant program, then the exception scores indexed to the MMaT will be automatically updated upon implementation.

The median PELD at transplant (MPaT) is calculated on a national basis and will not change upon implementation of the Acuity Circles policy.

The MMaT scores based on 250 NM circles are available [here](#). The MMaT scores based on DSAs are available [here](#).

**Currently transplant programs are able to identify different contacts for local and import organ offers. Were changes made to the definitions of local or import to accommodate the changes in liver and intestine matches?**

No changes were made to the definition of local or import for the purpose of which contact will be notified of a liver or intestine offer. Notification contacts will continue to be defined as local when the offer is coming from the transplant center's local OPO. The OPTN will work with transplant centers and organ procurement organizations to ensure any revisions to this approach work for the community.

**Do liver-intestine candidates still receive increased waiting list priority?**

Yes, there is no change to the awarding of additional priority for liver and intestine candidates. There is a 10 percent increase in mortality risk added to the calculated MELD score for adults and a 23 point increase for pediatric candidates under the age of 18. The new match run still includes classifications that provide increased priority to liver-intestine candidates when the donor is non-DCD and either under 11 years old or between 18 and 69 years old.

**For OPOs**

**Since there will no longer be allocation by DSA, how will organ offer limits with the Acuity Circles policy be handled?**

In the revised allocation, potential recipients at the top of the match may be from programs outside the OPO's DSA. To ensure efficiency during the transition to the Acuity Circles policy, there are changes that will broaden the definition for which liver offer notifications use the OPO-defined "local" limits.

In addition to the existing potential recipients at liver programs within the OPO's DSA, potential recipients listed at liver programs located within 150 NM of the donor hospital, as well as Status 1A and 1B potential recipients within 500 NM will be included.

These changes will provide more flexibility to the OPO by permitting more than 3 outstanding offers to non-local centers at one time. The OPTN will monitor to ensure these changes have the desired effect.

**When completing donor disposition, what should the OPOs enter as disposition codes regarding where the organ was accepted?**

Currently, the system has two options for where the organ is allocated; these are 501 (local) and 502 (shared). Although the closest area of distribution will no longer be DSA, OPO users should continue to denote acceptances with centers within their DSA as "local" for the purpose of donor disposition.

**Some OPOs allocate single organs "locally" rather than offering non-mandatory share multi-organ transplants. Since "local", meaning DSA, no longer exists, how will this be impacted?**

For multi organ candidates,

- when allocating the liver, the second organ must be allocated with the liver if the candidate is listed at a program within 150 NM of the donor hospital.
- when allocating a lung, the second organ must be allocated with the lung if the candidate is listed at a program within 250 NM of the donor hospital.
- when allocating the heart, the second organ must be allocated with the heart if the candidate is listed at a program within 250 NM of the donor hospital.

In all other cases, it is permissible to allocate the second organ to the multi-organ candidate if they are outside these geographical areas.