

OPTN Update

Winter 2020 Regional Meetings

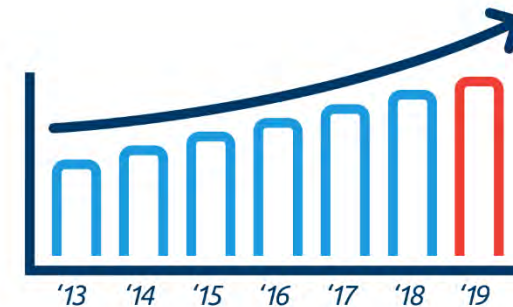
2019: Record number of lives saved

10.7% 
increase
in the number
of deceased
donors*
*Almost 40,000
total transplants*



Almost **7,400** living
donor transplants*
New record number

8.7% increase
in transplants
from 2018*
7th year of increase



*Based on OPTN data as of January 7, 2020. Data subject to change based on future data submission or correction.

UNOS
UNITED NETWORK FOR ORGAN SHARING

Geography

- Organizational commitment to ensure all future changes to geographic allocation are in alignment with the final rule
- Board resolution designating continuous distribution as the preferred model for distribution
- Lung – DSA removed 2017
- Heart – became effective Jan 9
- VCA – Board approved new policy, effective Q2 2020

Geography

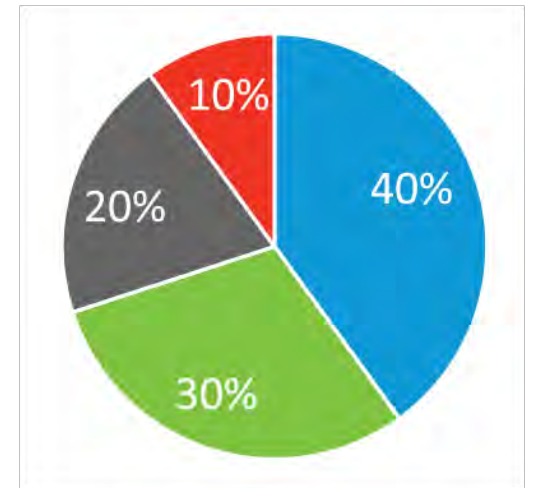
- Liver – acuity circles policy approved 30-7 in Dec 2018
 - 14 hospitals sued OPTN and HHS
 - Plaintiffs requested temporary injunction, denied
 - Plaintiffs then requested injunction pending appeal, granted
 - 11th Circuit rejected appeal
 - Plaintiffs filed new motion for injunction
- Atlanta circuit court denied injunction on January 15
- UNOS provided the community with two weeks' notice of reinstatement
- **Acuity circles policy was implemented February 4**
- **Hawaii/Puerto Rico variance will be implemented February 18**

Geography

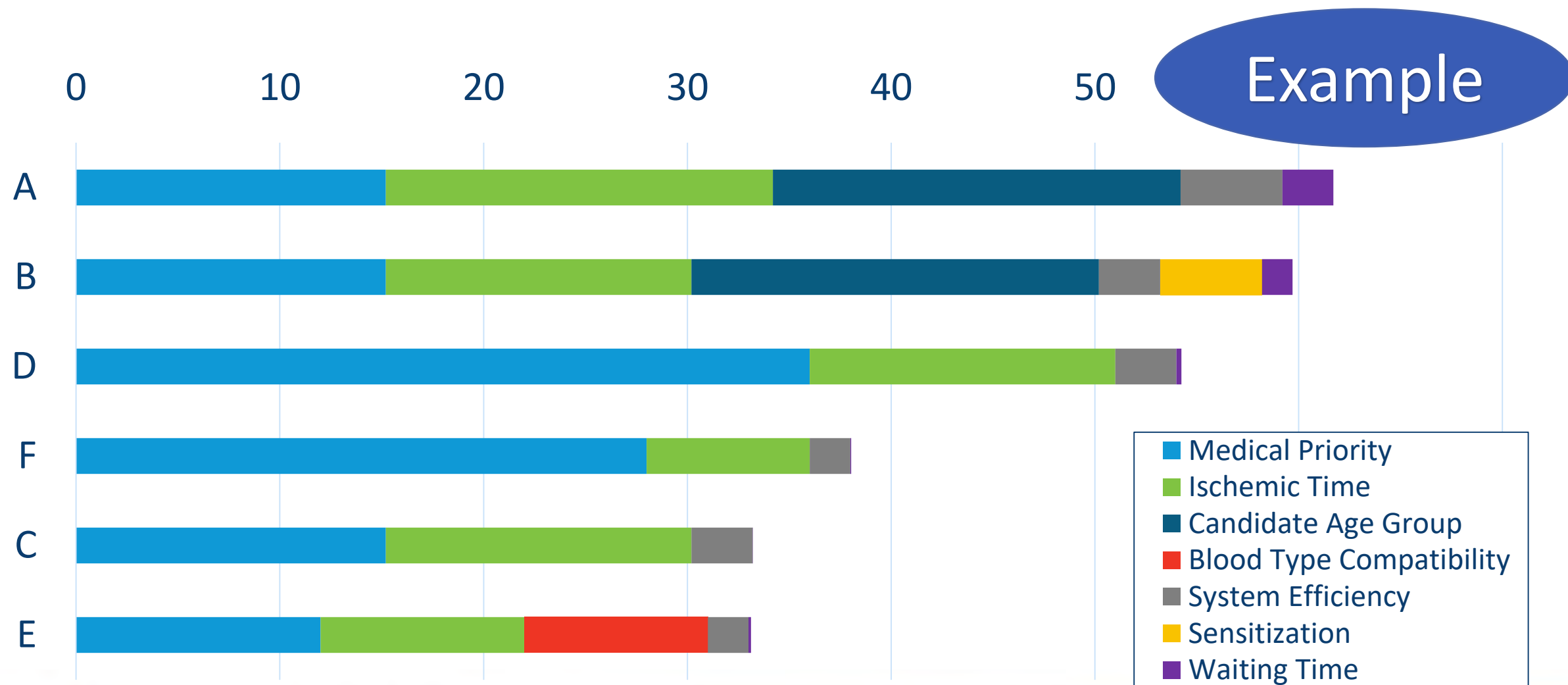
- Kidney and Pancreas
 - New circle-based policy approved 35-5 on December 3
 - New policy includes elements of continuous distribution
 - Distance represented by points across a scale
 - Operational clarifications for PC in Feb-Mar 2020
 - Import backup
 - Medical urgency
 - Alaska donors
 - Implementation of Kidney and Pancreas circles by December 2020

A new way to think about allocation:

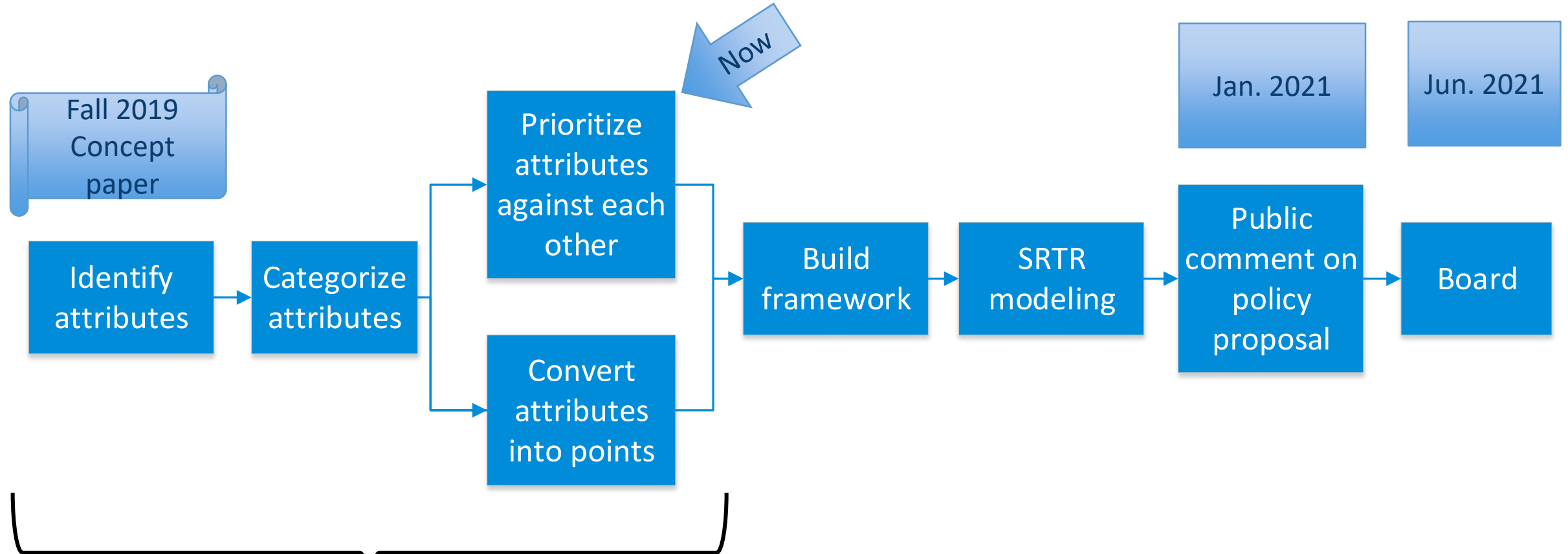
Continuous distribution



Hypothetical Match Run – Points-Based System

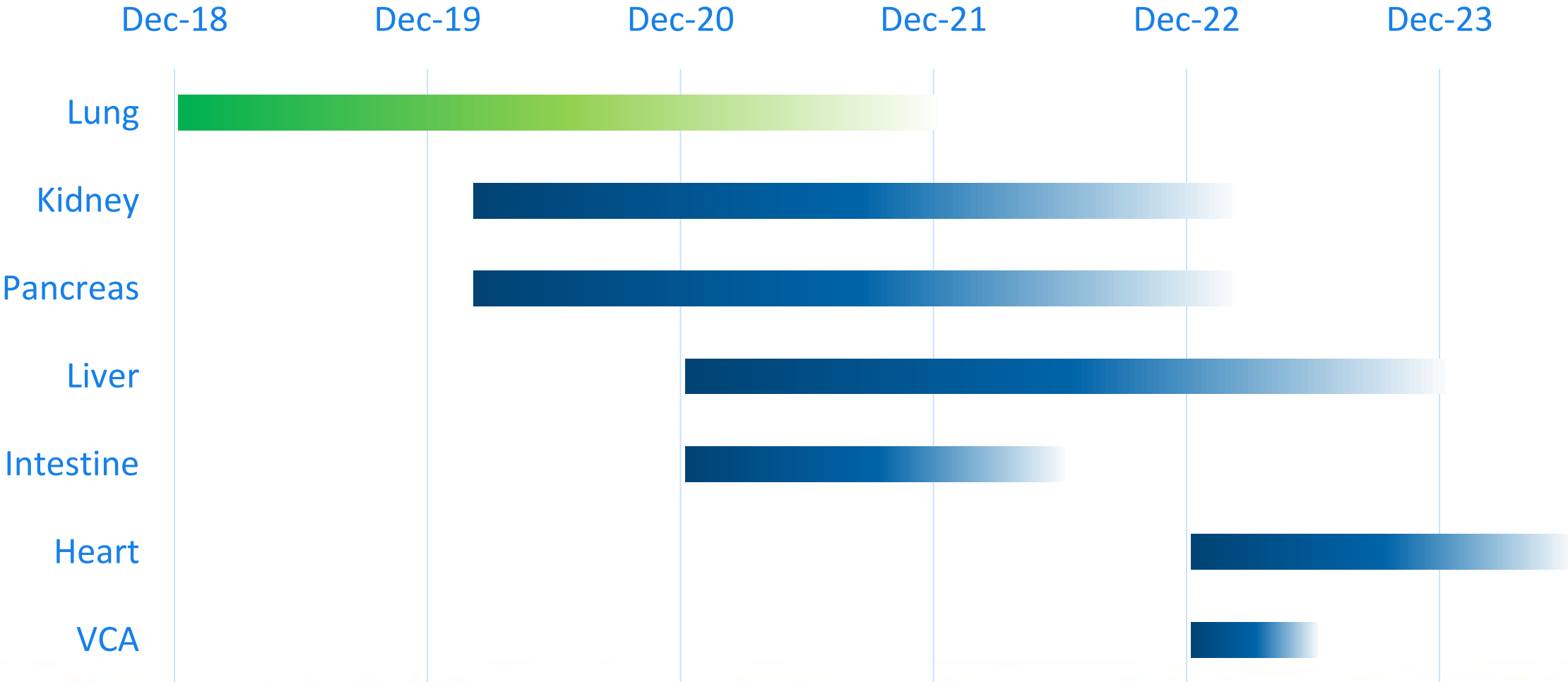


Continuous Distribution of Lungs Development



Committee activity to date

Continuous Distribution Sequence



APIs



UNet



API: Application Programming Interface



Available for Use Now

OPO Management

- Death Notification Registration (DNR) reporting
- Donor Attachments
- Donor Record Upload
- Deceased Donor Registration (DDR) TIEDI®
- Donor Hospital

Public Reporting Functions

- OPOs
- Transplant Centers
- Programs
- Transplant Counts

Transplant Center Management

Transplant Hospital TIEDI® Forms:

- Transplant Recipient Follow-up (TRF) and Transplant Immunosuppression Follow-up (IMF)
- Transplant Recipient Registration (TRR) and Transplant Immunosuppression Registration (IMR)
- Transplant Candidate Registration (TCR)
- Living Donor Registration (LDR)
- Living Donor Follow-up (LDF)

Calculators

- CPRA
- MELD

For more on how to add your organization to this list:

<https://tinyurl.com/qqhufza>

- ✓ Allegheny General Hospital
- ✓ Arkansas Children's Hospital
- ✓ Avera McKennan Hospital
- ✓ Banner University Medical Center-Tucson
- ✓ Barnes-Jewish Hospital
- ✓ Cardinal Glennon Children's Hospital
- ✓ Cedars-Sinai Medical Center
- ✓ Centura Porter Adventist Hospital
- ✓ Children's Healthcare of Atlanta at Egleston
- ✓ Children's Hospital Colorado
- ✓ Children's of Alabama
- ✓ Cook Children's Medical Center
- ✓ Helen DeVos Children's Hospital
- ✓ Hospital of the University of Pennsylvania
- ✓ Intermountain Medical Center
- ✓ Johns Hopkins Hospital
- ✓ Memorial Hermann Hospital, University of Texas at Houston
- ✓ Montefiore Medical Center
- ✓ Ochsner Foundation Hospital
- ✓ Ohio State University Medical Center
- ✓ Oregon Health and Science University
- ✓ Penn State Milton S Hershey Medical Center
- ✓ Providence Sacred Heart Medical Center & Children's Hospital
- ✓ Sanford Bismarck Medical Center
- ✓ Sanford Health/USD Medical Center
- ✓ Sanford Medical Center Fargo
- ✓ Scripps Green Hospital
- ✓ SSM Health Saint Louis University Hospital
- ✓ St Luke's Hospital of Kansas City
- ✓ Swedish Medical Center
- ✓ The Queen's Medical Center
- ✓ Thomas Jefferson University Hospital
- ✓ UAMS Medical Center
- ✓ University Hospital, Newark
- ✓ University Hospital, University of New Mexico Health Sciences Center
- ✓ University of Colorado Hospital/Health Science Center
- ✓ University of Illinois Medical Center
- ✓ University of Mississippi Medical Center
- ✓ University of Wisconsin Hospital and Clinics
- ✓ William Beaumont Hospital
- ✓ Zablocki Veterans Administration Medical Center

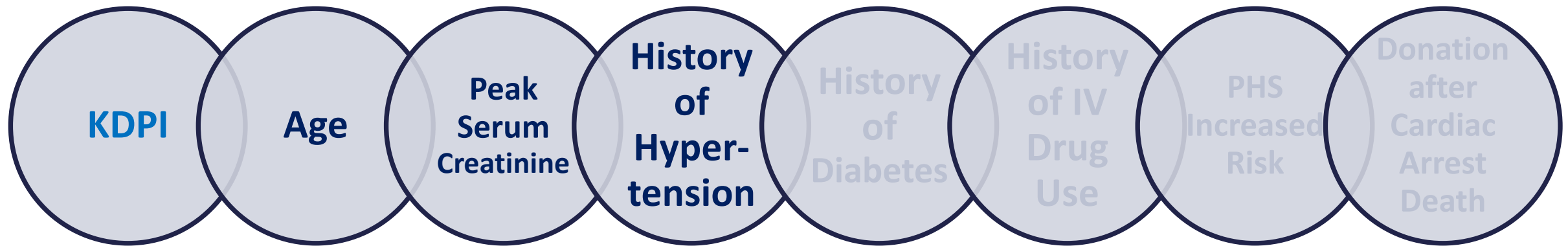
Kidney Accelerated Placement (KAP) First Quarter Review

Transplant Program Qualification Concepts

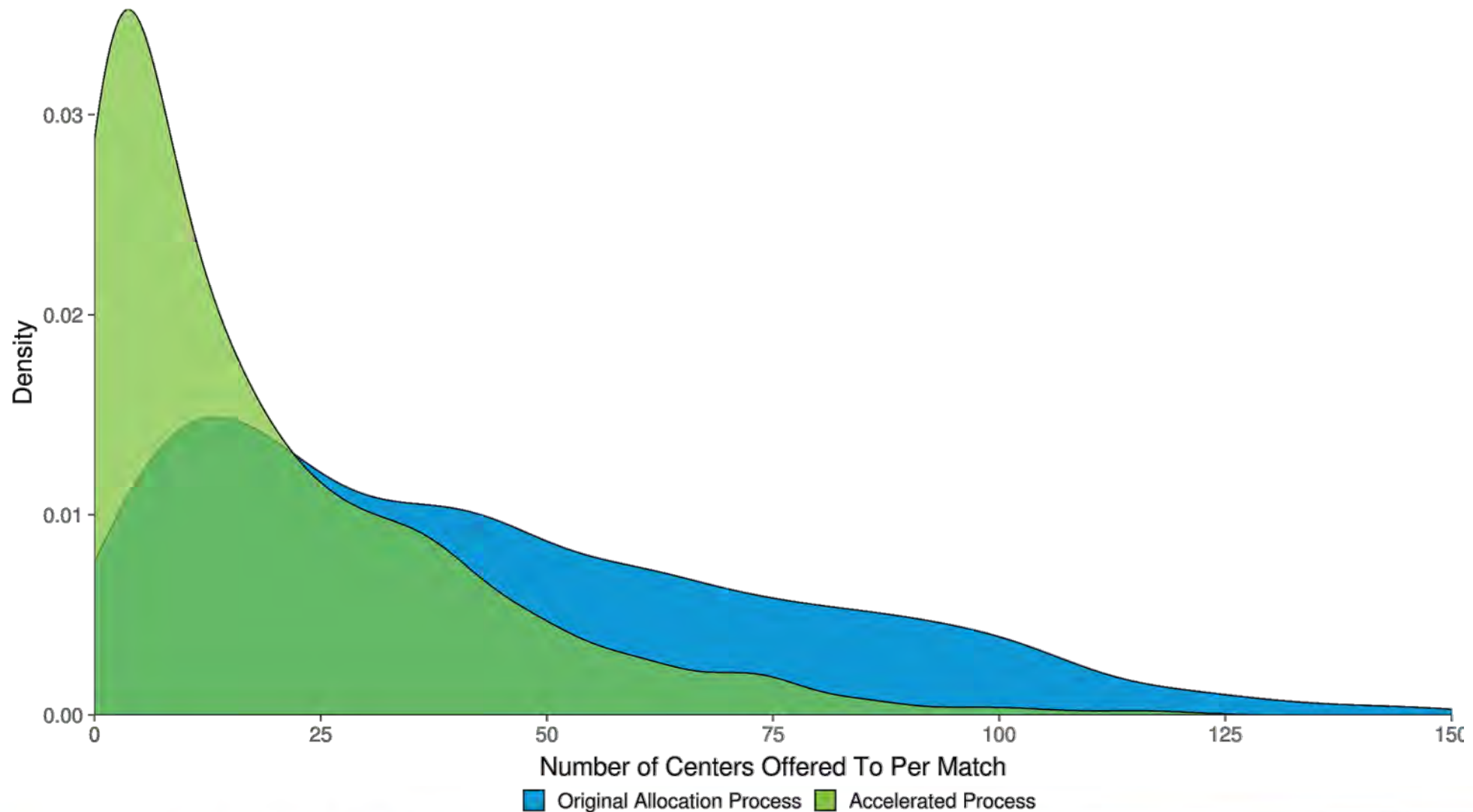
- Donor characteristics that differentiate marginal kidneys
- Based on all kidney transplants performed in the previous two years
- Transplant programs qualify if they have transplanted a kidney from a donor with the same or worse characteristics as the current donor
- Determined for each specific match in real-time

Transplant Program Qualification Concepts

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- Based on all kidney transplants performed in the previous two years
- Transplant programs qualify if they have transplanted a kidney from a donor with the same or worse characteristics as the current donor



Project Impact



Organ Center Kidney Offers

- Organ Center receives ~2,100 potential kidney donors annually for non-mandatory national shares
- KI donors through OC have median KDPI of 80
- An average of 41 centers (>2300 patients) notified per match
 - Placement time range - 0.5 hrs to 21.5 hrs
- Placement rate of these kidneys ~28%

All deceased donor kidney matches

3348

KAP donor eligible?

Donor is age 18 or older with KDPI 80+ at match submission

746

Donor is younger than 18 or KDPI at match submission is < 80

Offered by?

OPO

Organ Center

OPO

Organ Center

KAP sequence eligible?

Mandatory national, local, or regional offer

Non-mandatory national offer

Mandatory national or regional offer

Non-mandatory national offer

339

Mandatory national, local, or regional offer

Non-mandatory national offer

Mandatory national or regional offer

Non-mandatory national offer

Match outcome for KI?

Acceptance(s)

Discard(s)

Acceptance(s)

Discard(s)

Acceptance(s)

Discard(s)

Accelerated acceptance(s)

Post-accelerated bypass rollback acceptance(s)

Discard(s)

Acceptance(s)

Discard(s)

Acceptance(s)

Discard(s)

Acceptance(s)

Discard(s)

Acceptance(s)

Discard(s)

(A) 66

(B) 5

(C)

Transplant Outcome of Accelerated Match Accepted Kidneys

	Pre-KAP Time Period, “KAP-related” acceptance kidneys	KAP Time Period, KAP-related acceptance kidneys	Accepted during KAP “rollback”
Accepting candidate received transplant	15 (30.6%)	31 (43.7%)	← 3
Other patient received transplant, accepting center	11 (22.4%)	17 (23.9%)	← 1
Other patient received transplant, other center	0 (0.0%)	1 (1.4%)	
Not transplanted	23 (46.9%)	22 (31.0%)	← 1
Total kidneys accepted	49 (100%)	71 (100%)	<u>5 of 71</u>

Summary

- Methodology is allocating to centers more likely to accept and transplant hard-to-place kidneys
- Candidates accepting kidneys are transplanted more often
 - No indication of kidney offers being “open/center offers”
- No decrease in time spent offering kidneys or associated cold ischemia time
- **Data & Safety Monitoring Council has no concerns with the project at this stage**
 - Will continue to monitor match offer time and cold ischemia time

Board elections

Board Position	Candidate(s)
Officers Nominees are selected by the Board of Directors Nominating Committee.	
President (vote for one)	David Mulligan, M.D., FACS Yale New Haven Hospital
Vice President/President-Elect (vote for one)	Matthew Cooper, M.D., FACS MedStar Georgetown University Hospital Peter Stock, M.D., Ph.D. UCSF Medical Center
Vice President for Patient and Donor Affairs (vote for one)	Mindy Dison, RN, B.S.N., CPTC Mayo Clinic Florida (recipient) Joseph Hillenburg WiTronix, LLC (recipient parent)
Secretary (vote for one)	Kevin O'Connor, M.S., PA LifeCenter Northwest Lisa Stocks, RN, M.S.N., FNP LifeSharing
Immediate Past President	Maryl Johnson, M.D. University of Wisconsin Hospital and Clinics

VOTE BY TODAY!

Transparency & Trust in Governance

Occurs when board members understand
the difference between being

“representative for”

versus being

“representative of.”

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Representative For

If board members believe they are “**representative for,**” they see themselves as the elected representatives of a particular constituency.

*They voice only the self interests and opinions of that constituency and vote only on behalf of that **constituency's interests.***

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Representative Of

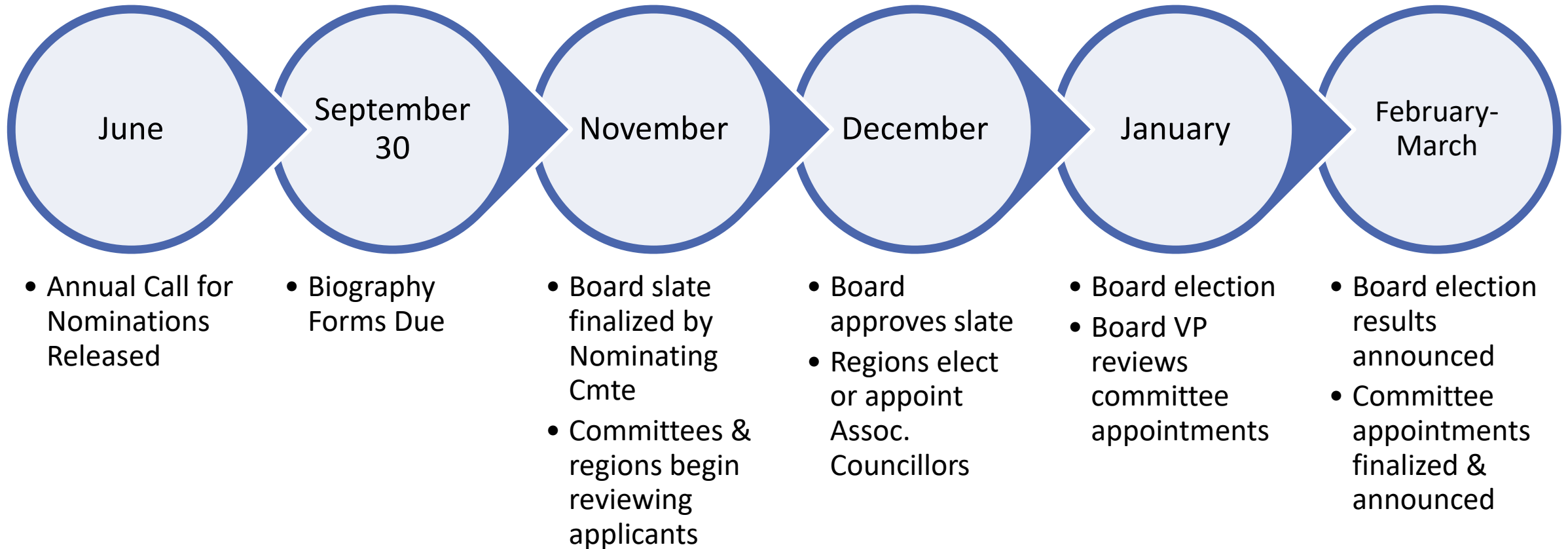
Board members who view their role as ensuring that the views, beliefs, values, and self interests of the constituencies they know the best are on the table as part of the conversation, are **“representative of.”**

*They voice interests and opinions of those they know best and vote on behalf of the best **overall interests of the organization.***

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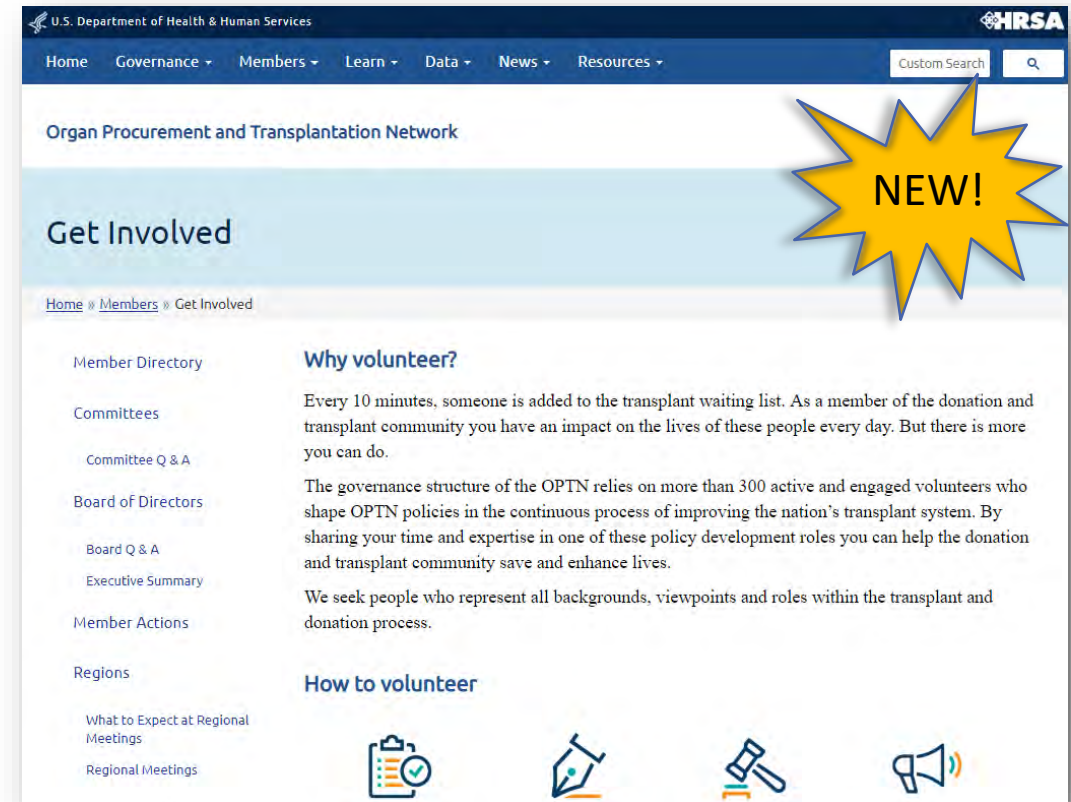
OPTN Board & Committee Volunteer Application Timeline

for terms beginning July 1, 2021



How to volunteer

- Visit our prospective volunteer site at for complete information on vacancies and roles/responsibilities
- Refer colleagues and transplant patient/donor families
- Questions?
volunteer@unos.org



Apply online at [OPTN.transplant.hrsa.gov](https://optn.transplant.hrsa.gov) > Members > Get Involved