OPTN Organ Procurement Organization (OPO) Committee
Cross Organ Rules Workgroup
Meeting Summary
April 2, 2020
Conference Call

Diane Brockmeier, Workgroup Chair

Introduction

The Cross Organ Rules Workgroup (the Workgroup) met via Citrix GoToMeeting teleconference on 4/2/2020 to discuss the following agenda items:

1. Review of Previous Meeting
2. Notification Limits Decisions for Kidney, Pancreas, and Intestine
3. Acceptance Criteria for All Organs
4. Contact Management
5. Implementation Timeline

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

1. Review of Previous Meeting

Summary of discussion:

UNOS Information Technology (IT) staff provided an overview of the decisions made by the Workgroup during the previous conference call.

2. Notification Limit Decisions for Kidney, Pancreas, and Intestine

Summary of discussion:

The Workgroup discussed the definition of "local" as it applies to kidney notification limits. UNOS IT staff noted that, for kidney, there are four different types of match runs. One workgroup member suggested that 250 NM be considered local, although a different approach may be needed for difficult to place organs such as high KDPI kidneys.

One member agreed that OPOs should have the ability to control the allocation decisions. He also noted that if the limits still apply to "non-local" within the 250 NM that could slow down allocation depending on the number of transplant centers.

Another member suggested using classifications instead of nautical miles. The Workgroup went through the different organ types to identify the first "non-specific" classification to include as part of local. UNOS IT staff noted that upcoming changes to the medical urgency classification could affect these initial decisions on kidney.

Kidney

- *Allocation of Kidneys from Deceased Donors with KDPI Scores less than or equal to 20% Kidneys* – DSA + 250 MN including through classification #38. The Workgroup member supported the same solution for the allocation of en bloc kidneys.

- *Allocation of Kidneys from Deceased Donors with KDPI Scores Greater Than 20% but Less Than 35%* KDPI – DSA + 250 NM including through classification #28. One member noted that the intent of this table was to provide access to kidneys for younger candidates and pediatrics.
- *Allocation of Kidneys from Deceased Donors with KDPI Scores Greater than or Equal to 35% but Less than or Equal to 85%* – DSA + 250 NM, including through classification #27.
- *Allocation of Kidneys from Deceased Donors with KDPI Scores Greater than 85% KDPI* – DSA + 250 NM, including through classification #21.

Pancreas/Kidney-Pancreas

- *Allocation of Kidney and Pancreas from Deceased Donors 50 Years Old and Less with a BMI Less Than or Equal to 30 kg/m^2* - DSA + 250 NM and applying the same rules as kidney will get through classification #4.
- *Allocation of Kidney and Pancreas from Deceased Donors More Than 50 Years Old or with a BMI Greater Than 30 kg/m^2* – Applying the same rules will get through classification #5.

Intestine

- DSA + 500 NM – Workgroup members agreed to propose through classification #6 because many OPOs are a significant distance from the nearest intestine program.

Next Steps

UNOS IT staff will summarize these recommendations and distribute them to the Workgroup members for review.

3. Acceptance Criteria (local vs import)

- *Kidney* – If DSA to < 250 NM, apply local acceptance criteria. One member noted the importance of communicating with transplant centers about this change.
- *Pancreas/Kidney-Pancreas* – DSA to < 250 NM. There was discussion about the size of some DSAs as well as Puerto Rico and Alaska.
- *Heart* - DSA to < 250 NM, another comment about training and communication about this change.
- *Lung* - DSA to < 250 NM in order to be consistent with the other organ types. There was some discussion about lung and liver centers willingness to accept DCD donors and whether the distances should be smaller.
- *Intestine* – DSA < 500NM
- *Liver* - DSA < 150NM. There was similar concern with DCD donors.

Workgroup agreed they would like additional feedback from representatives from liver and lung as well as transplant programs in larger DSAs. UNOS staff will conduct additional feedback sessions.

4. Contact Management

- *Kidney* – Agreement to align with acceptance criteria. UNOS IT staff asked if transplant centers still want notifications sent to call centers or decision makers.
- *Pancreas/Kidney-Pancreas* – DSA to < 250 NM – Agreement to keep it consistent across organ systems. UNOS IT staff noted that following implementation, adjustments can be made based on community feedback.

5. Implementation Timeline

- *Heart-lung* – Release on Monday, April 6, 2020

- *Kidney/Kidney-Pancreas* – Implemented with allocation changes in December 2020. This includes notification limits, acceptance criteria, and contact management.
- *Acceptance criteria and contact management for the other organ systems* – There was a brief discussion about the timing of the implementation but no decision was reached.

Upcoming Meeting

- TBD