

**OPTN Organ Procurement Organization (OPO) Committee  
Cross Organ Rules Workgroup  
Meeting Summary  
May 28, 2020  
Conference Call**

**Diane Brockmeier, Workgroup Chair**

**Introduction**

The Cross Organ Rules Workgroup (the Workgroup) met via Citrix GoToMeeting teleconference on 5/28/2020 to discuss the following agenda items:

1. Review of Previous Meeting
2. Review of Proposed Solutions
3. Next Steps

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. This included the following definitions of “local” as it applies to notification limits, acceptance criteria, and contact management:

*Notification Limits:*

- Lung and heart – DSA + 250 NM + classifications (*implemented*)
- Liver – DSA + 150 NM + classifications (*implemented*)
- Kidney, pancreas, and kidney-pancreas – DSA + 250 NM + classifications (*will be implemented with geography changes*)
- Intestine – DSA + 500 NM + classifications (*implementation timeline TBD*)

UNOS IT staff noted that the “local” classifications could increase by one if the Board of Directors approves changes to medical urgency.

*Acceptance Criteria:*

- Lung and heart – DSA + 250 NM
- Liver – DSA + 150 NM
- Kidney, pancreas, and kidney-pancreas – DSA + 250 NM
- Intestine – DSA + 500 NM

UNOS IT staff noted that they received additional feedback from various user groups across all organ systems as well as from larger OPOs and the feedback was supportive of the proposed rules.

*Contact management:*

- For all organs, no changes and remain DSA based

UNOS IT staff noted that there was a recent member concern about receiving a large number of offers (approximately 600 candidates) on three donors. The member noted that this could increase cost for

transplant center who pay third party vendors to manage their offers. UNOS IT will continue to monitor the lung offer data.

## **2. Review of Proposed Solutions**

### Summary of discussion:

#### *Import match runs*

- Notification limits - Using the same rules set for original match runs (DSA + Miles + Classifications). DSA = the DSA of the OPO running the match
- Acceptance criteria – Use import criteria only
- Contact management – Import contacts only

#### *Released kidney matches (Pending approval by the Board of Directors)*

- Notification limits – Use new rules set for distance based on original match runs (Miles + Classifications). No need to use DSA
- Acceptance criteria – Use import criteria only
- Contact management – Import contacts only

#### *Center backup (Pending approval by the Board of Directors)*

- No additional match run
- Host OPOs will utilize the original match if allocation needs to continue past the accepting TXC
- No changes to any operational components on original match
- No new solutions needed at this time for NL, CM, and AC.

## **3. Next Steps**

- Kidney and kidney-pancreas changes implemented in late 2020
- Develop a timeline for changes to original match runs – acceptance criteria for heart, lung, liver, and intestine; notification limits for intestine

### **Upcoming Meeting**

- TBD