Summary of COVID-19 Emergency Operational and IT Modifications

OPTN Executive Committee
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Teleconference

Presented by:
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Data items covered today

- **Operational changes**
  - Updates to candidate lab data
  - Modifications to wait time initiation for non-dialysis kidney candidates
  - Relaxation of data submission requirements

- **Guidance**
  - Maintaining waiting time for inactive candidates

- **System changes**
  - COVID-related organ offer refusal reasons
  - Waitlist and post-transplant COVID-related deaths
Updates to candidate lab data

- Adult lung: ~8-10% usage
- Adult heart: almost no use
- Pediatrics: small sample sizes (so percentages are variable) but usage is very low
Modifications to wait time initiation for non-dialysis kidney candidates

Almost 60% of waiting time modification request forms submitted to UNOS Organ Center in May 2020 were related to COVID-19.
Relax Data Submission Requirements

Similar trend for living donor follow-up forms but smaller magnitude
Relax Data Submission Requirements

Median Days From Event to Form Validation for Recipient Graft Failure and Death Follow-ups Validated by Week

Week Form Validated (date shown is week start date)

From event, not notification/knowledge of event
Maintaining Waiting Time for Inactive Candidates: Registrations moving from inactive status to setting donor age acceptance criteria per guidance.
The vast majority of refusal reasons across all organs was ‘OPO or transplant hospital operational issue’
Post-transplant, most COVID-19 related reported deaths were kidney recipients; counts reached as high as 50 one week in late March.
Summary

- The number and percent of candidates that appear to be carrying labs forward to maintain their waiting list status is very small.

- New adult kidney waiting list registration counts decreased during COVID-19, but the percent of additions qualifying for waiting time by eGFR/CrCl remained fairly stable.

- The number and percent of TRF, LDF, and PTM forms in ‘Amnesty’ status has grown since policy implementation, and graft failures and patient deaths are still being reported timely.

- Many registrations moved from inactive to active status with the recommended donor age acceptance, which means the community read the guidance and reacted accordingly.

- Except for liver, most organs saw a high of 40-60% of matches with at least one COVID-19 related refusal entered [intestine ~20%]; usage of COVID related refusal reasons is tapering.

- The COVID-19 related waiting list/post-transplant deaths were mostly highly reported for kidney candidates/recipients.