

# Summary of COVID-19 Emergency Operational and IT Modifications

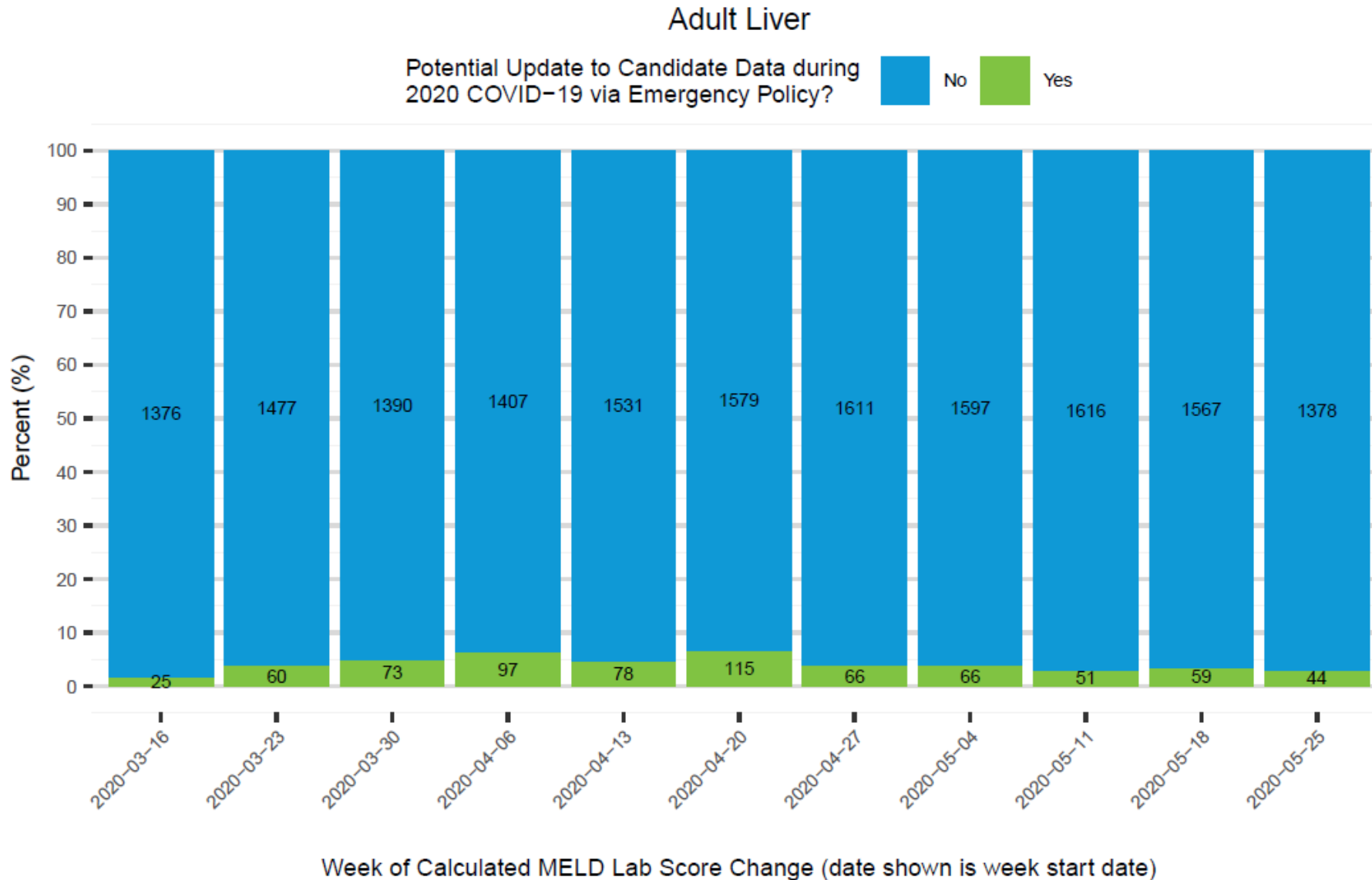
OPTN Executive Committee  
June 7, 2020  
Teleconference

Presented by:  
Amber R. Wilk, PhD  
UNOS Research Department

# Data items covered today

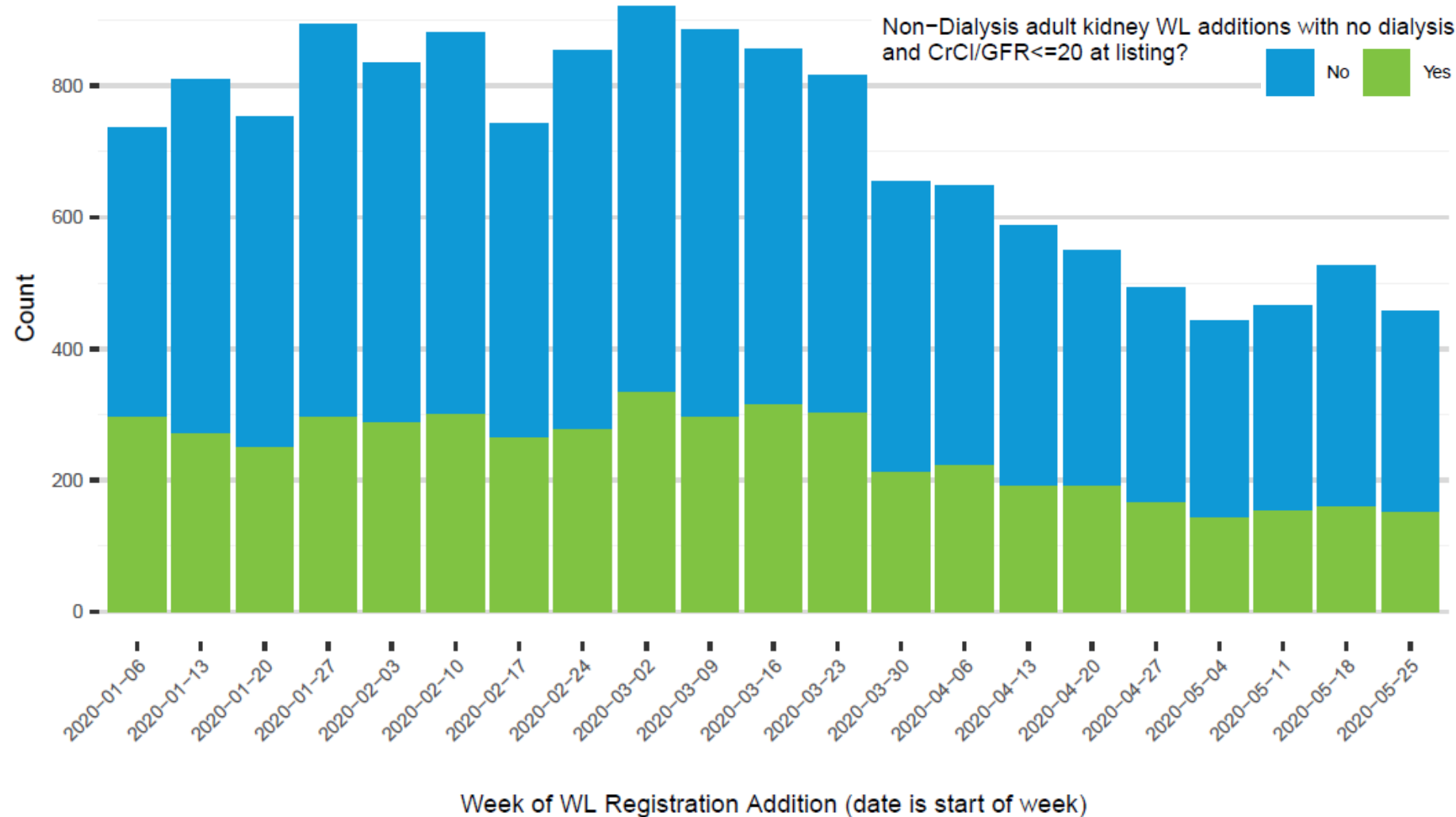
- Operational changes
  - Updates to candidate lab data
  - Modifications to wait time initiation for non-dialysis kidney candidates
  - Relaxation of data submission requirements
- Guidance
  - Maintaining waiting time for inactive candidates
- System changes
  - COVID-related organ offer refusal reasons
  - 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

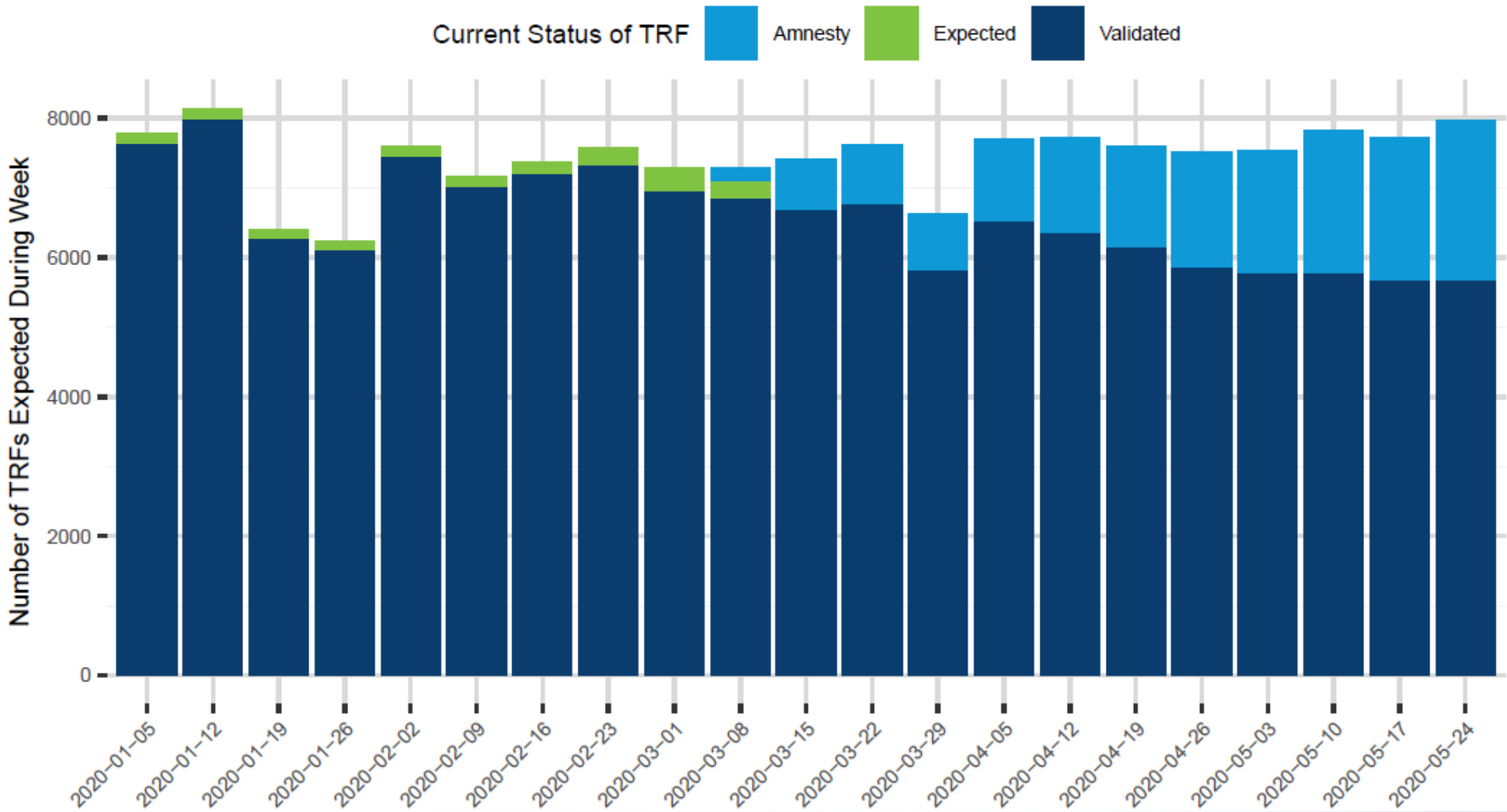
# Modifications to wait time initiation for non-dialysis kidney candidates



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

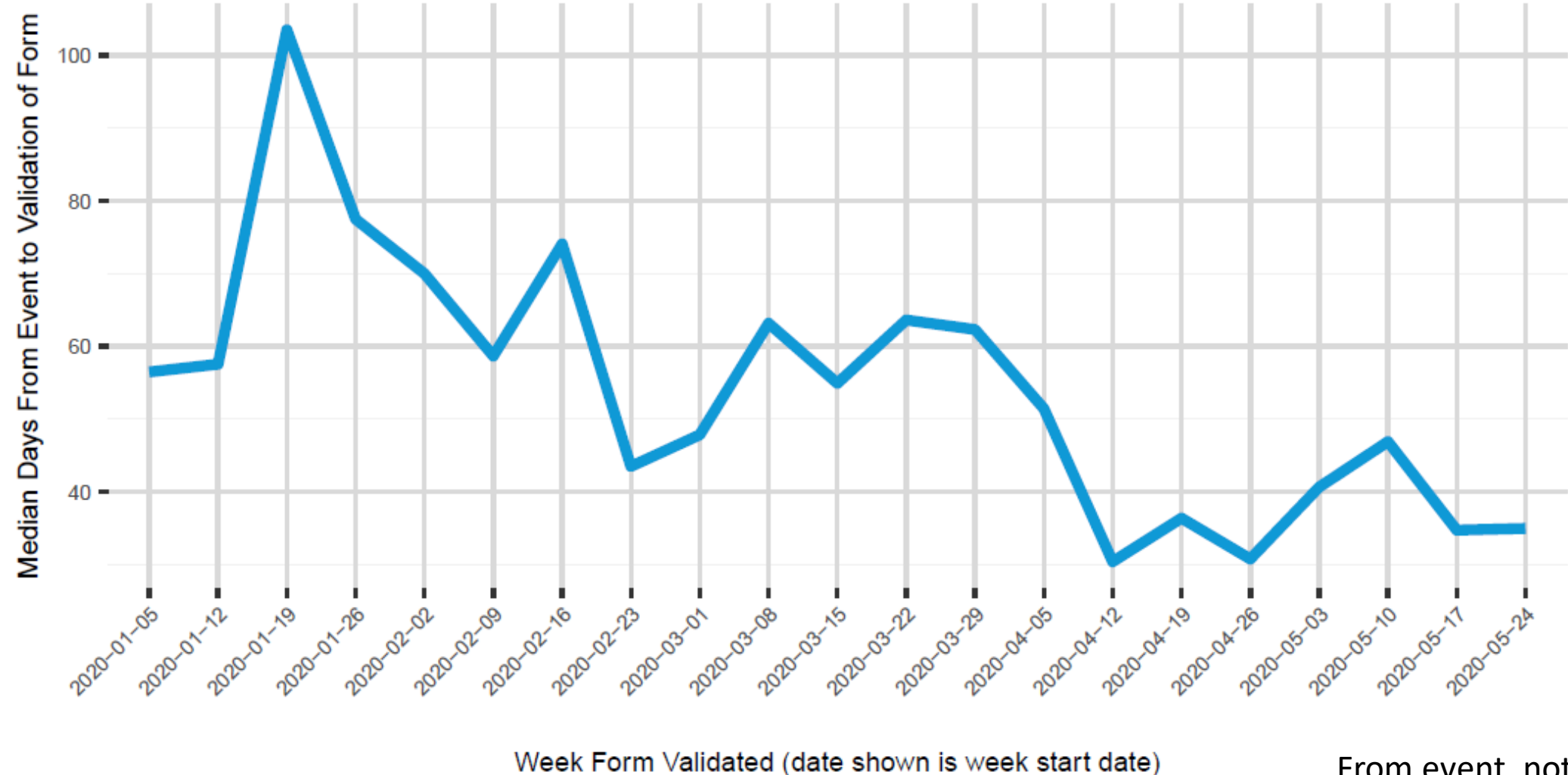
TRF Forms Expected Each Week by Current Form Status



Similar trend  
for living  
donor follow-  
up forms but  
smaller  
magnitude

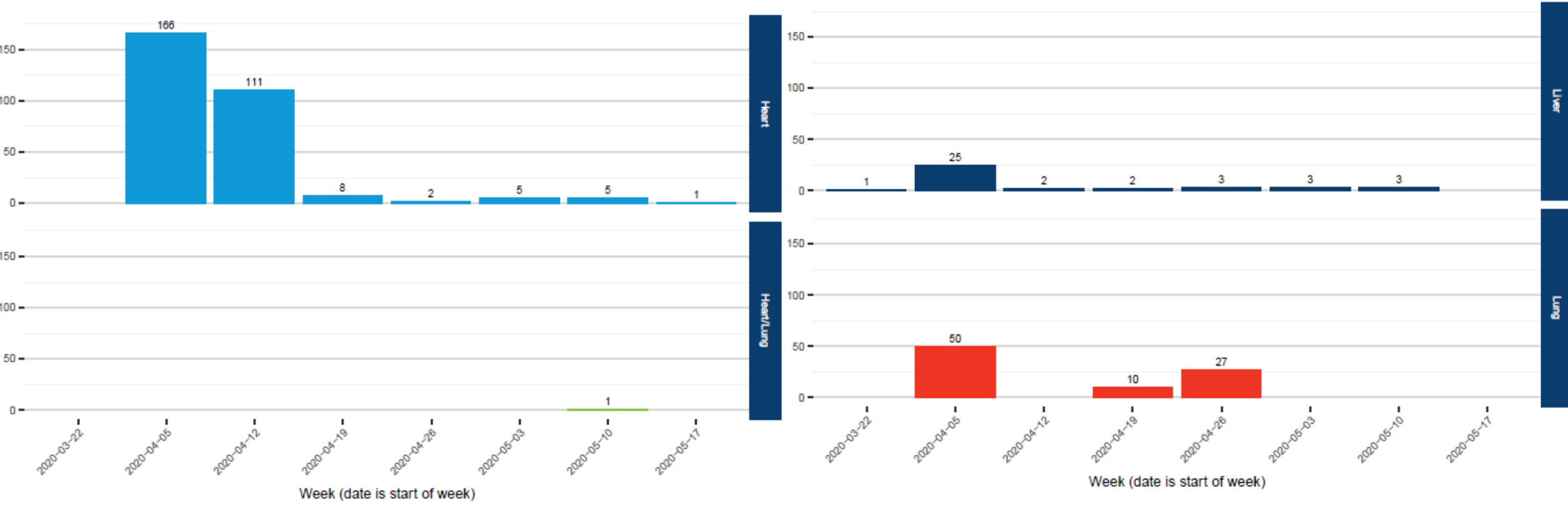
# Relax Data Submission Requirements

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

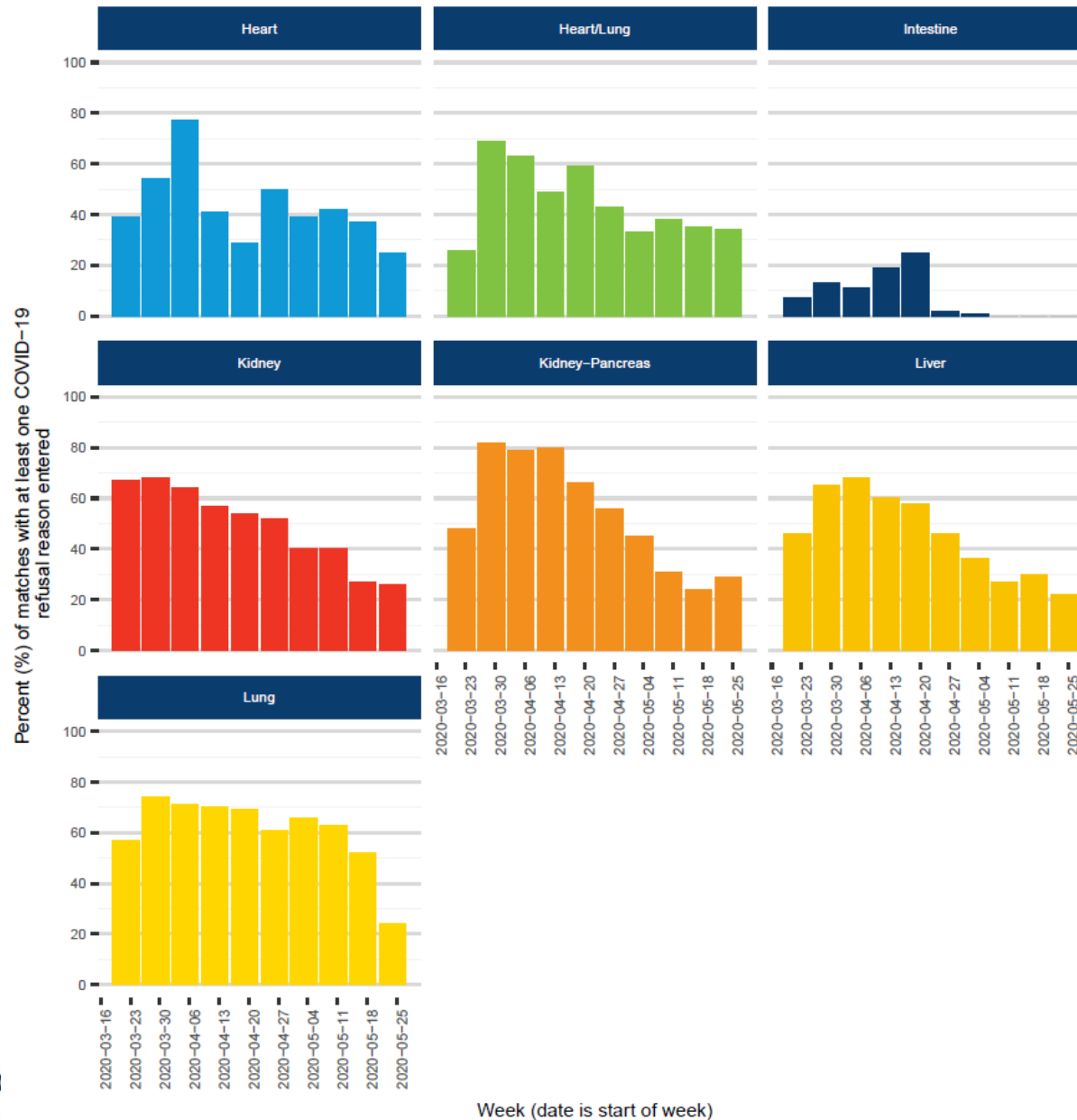


# Maintaining Waiting Time for Inactive Candidates:

## Registrations moving from inactive status to setting donor age acceptance criteria per guidance



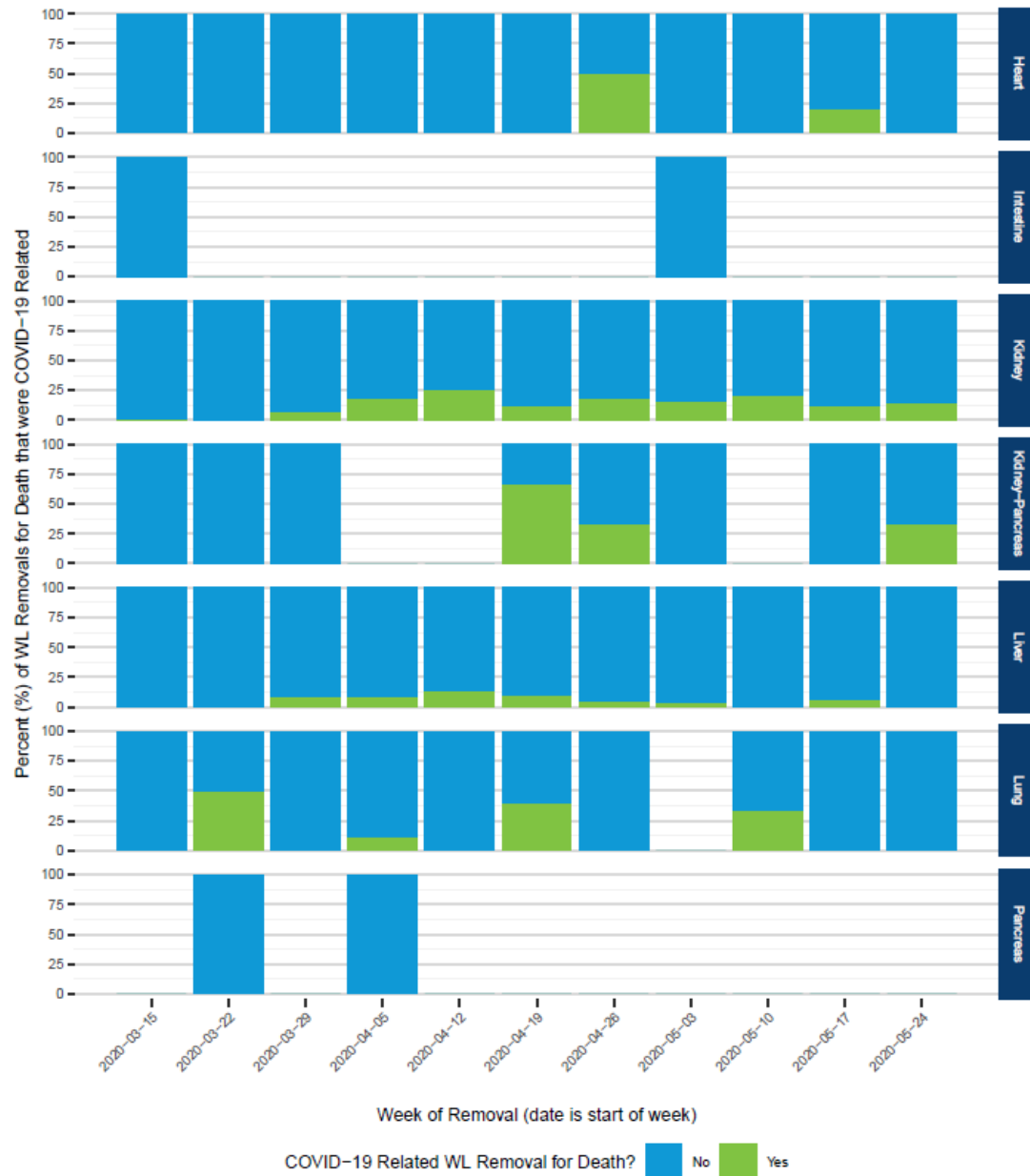
# COVID-19 Related Organ Offer Refusals



The vast majority of refusal reasons across all organs was 'OPO or transplant hospital operational issue'



# COVID-19 Related Deaths



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