

**OPTN Policy Oversight Committee  
Provisional Yes Workgroup  
Meeting Summary  
September 1, 2020  
Conference Call**

**Craig Van De Walker, Workgroup Chair**

## **Introduction**

The Provisional Yes Workgroup (the Workgroup) met via Citrix GoToMeeting teleconference on 09/01/2020 to discuss the following agenda items:

1. Data Request #1: Transplant Center Practices
2. Data Request #2: Organ Procurement Organization (OPO) Practices
3. Data Request #3: Current Screening Opportunities
4. Next Steps

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

### **1. Data Request #1: Transplant Center Practices**

The data request sought to determine the number of donors for which the program entered a provisional yes response for at least one candidate; of the donors identified, determine the number of these donors for which a program accepted an organ.

#### Data summary:

The data showed that provisional yes acceptance rates for transplant programs were distributed around 20%. There was no clear trend to indicate that smaller-volume programs have different acceptance rates than larger-volume centers.

#### Summary of Discussion:

The Workgroup was not surprised at the 20% acceptance rates for transplant programs. A member stated that a lot of kidney offers are made before relevant data is able to be provided. This requires transplant programs to submit a provisional yes to be able to consider the organ offer once the relevant data is made available. Another member agreed and added that changes with the recipient can also occur between the time of offer and when the patient is going to the operating room.

A member asked if the data was able to show post clamp/pre clamp in relation to the time of organ offer. Staff responded they are able to further break down the data into a variety of data points, such as presence of certain labs, if the Workgroup is interested. A member responded that organ offer in relation to biopsy would be of interest.

Another member asked if acceptance rates between transplant programs participating in the Offer Filter Pilot Program could be compared to overall transplant programs. Staff responded that there is very little data from the Offer Filter Pilot Program because it just began but in the future, once there is more data, it could be analyzed.

A member stated that it is important to consider the local environment and the effect it has on acceptance rates. The member explained, that depending on the area, the transplant programs are

going to have access to different types of organ offers which affects their use of provisional yes. Additionally, transplant programs have the ability to filter out offers which could potentially raise their rate of provisional yes. The member emphasized that because of these multifactorial issues, it makes quantifying and assessing provisional yes rates difficult.

## **2. Data Request #2: Organ Procurement Organization (OPO) Practices**

The data request compared the number of centers/candidates it took to place an organ versus the number of centers/candidates that were offered the organ, for a given donor.

### Data summary:

The data showed that the number of centers needed to complete a match run varied by OPO and organ type with kidney match runs on average requiring more centers needed compared to liver or lung. The variability between OPOs was large and there was a strong impact of outliers observed when looking at the distribution (25<sup>th</sup> to 75<sup>th</sup> percentiles) of centers needed.

When contrasting easy-to-place versus hard-to-place match runs, the data showed the largest variability in kidney and liver match runs. Easy-to-place livers had a higher difference indicating more centers were notified than was needed relative to hard-to-place liver match runs. Kidney match runs exhibited the inverse relationship where easy-to-place match runs had a lower average difference suggesting there were fewer additional centers notified. There was little variability for lung match runs.

### Summary of discussion:

The Workgroup Chair asked if situations where one donor has an easy-to-place kidney and a hard-to-place kidney could be excluded from the analysis in an attempt to lessen the effect of outliers. Staff responded they could separate the analysis that way.

A member asked if the variability could be attributed to the number of transplant programs per OPO. Staff responded they can revisit this aspect when analyzing the data. Another member added that it also depends on the confines of the OPO's reach depending on the organ. For example, OPOs might stay within 1,000 miles for lung matching, while for kidneys may be offered nation-wide.

A member suggested the possibility of categorizing organs and placing limits on the number of provisional yeses allowed based on the organs categorization. Another member agreed and added that consideration should be paid to how far OPOs put out a match run.

## **Data Request #3: Current Screening Opportunities**

Using the Offer Filter model identified filter methodology, this data request sought to assess the impact of using model identified filters using only current screening criteria.

### Data summary:

The data showed that 168 kidney centers had at least one filter identified, a few kidney centers had as many as 7. There were 70 kidney centers which had 0 filters meet the 20 donor minimum set by the data analyses. Approximately 11% of the offers that were made in 2018-2019 would not have been made had the screening been adjusted to meet the identified potential filters. For centers with a filter identified:

- The percent of offers potentially impacted ranged from 0.9% to 87.0 % of the center's offers
- The percent of donor potentially impacted ranged from 2.2% to 92.3% of donors offered to the center

### Summary of discussion:

A member asked how will programs be able to filter inside and outside the donation service area (DSA) with the new kidney distribution, since that will remove DSAs. Staff responded that screening criteria may have to be changed to better represent the types of offers a program seeks to be screened from. Another staff member added that there is a group reviewing systems changes which are necessary to support broader distribution of organs. The member explained there are discussions occurring about the definition of “local recovery” and expanding that to include both DSAs as well as the first unit of distribution.

### **3. Next Steps**

The Workgroup will finalize recommendations for the Policy Oversight Committee at the next meeting.

#### **Upcoming Meeting**

- October 6, 2020 (teleconference)

## Attendance

- **Workgroup Members**
  - Christopher Yanakos
  - Craig Van de Walker
  - Erica Simonich
  - Jill Campbell
  - Jillian Wojtowicz
  - Julie Heimbach
  - John Stallbaum
  - Rick Hasz
  - Staci Carter
  - Steven Potter
- **HRSA Representatives**
  - Shannon Taitt
  - Vanessa Arriola
- **SRTR Staff**
  - Jon Snyder
  - Katie Audette
- **UNOS Staff**
  - Andrew Placona
  - Bonnie Felice
  - Brian Shepard
  - Carlos Martinez
  - Craig Connors
  - Elizabeth Miller
  - Joann White
  - John Rosendale
  - Kaitlin Swanner
  - Kiana Stewart
  - Lauren Mauk
  - Lauren Motley
  - Leah Slife
  - Meghan McDermott
  - Nicole Benjamin
  - Ross Walton
  - Susan Tlusty
- **Other Attendees**
  - Nicole Turgeon