

**OPTN Data Advisory Committee
Refusal Codes & Late Turndowns Workgroup
Meeting Summary
February 24, 2021
Conference Call**

Introduction

The Refusal Codes & Late Turndowns Workgroup (the Workgroup) met via Citrix GoToMeeting teleconference on 2/24/2021 to discuss the following agenda items:

1. Review and draft refusal code descriptions

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

1. Review and draft refusal code descriptions

The Workgroup members reviewed the drafted list of refusal codes descriptions and provided feedback.

Summary of discussion:

UNOS staff provided an update about which OPTN committees have received a refusal code presentation and have been solicited for feedback. UNOS staff is currently working to have a request for feedback posted to the OPTN website. The feedback received from the committees and the community will be compiled for the Workgroup to review, with a goal of finalizing the list for the Board of Directors to review for approval in late March.

UNOS staff reviewed the draft descriptions of the following proposed refusal codes with the Workgroup. These descriptions will be used in help documentation to provide the user guidance when selecting the most appropriate refusal code.

Candidate refused

Members agreed that this code should be specific to when the candidate refuses, rather than the transplant program. The members discussed the use of the descriptor "recommended" or "offered" when describing the organ.

The members agreed to the description "potential recipient refused offered organ" for this refusal code.

Candidate requires different laterality

The members did not have any edits to the description currently in use for this refusal code. A member confirmed that this code will not be used for bilateral related refusals. The members agreed to keep the description "potential recipient requires organ of a different laterality (e.g., right lung is specified)."

Candidate requires multiple organ transplant

The members commented that the proposed description could be strengthened with an example. The members agreed to the description "potential recipient requires a multiple organ transplant (e.g., heart offered without kidney)."

Candidate temporarily medically unsuitable

A member described an example where a kidney candidate has been on the waiting list for five years but has not been evaluated in three years, has heart disease and may need a heart catheter but is not

able to receive a heart catheter in time before accepting an offer. Another member commented that when following up with patients, they may identify contraindications the clinical team was previously unaware of. Members commented that this refusal code need to describe conditions that are temporary. The members agreed with the description “potential recipient temporarily too sick, medically contraindicated, or not optimized to attempt transplant.”

Candidate transplanted or pending transplant

The members did not have any edits to the current description “patient transplanted, transplant in progress, or other offer being considered.”

Candidate unavailable

A member questioned how this can be differentiated from the refusal code “candidate refused.” A member responded that “candidate unavailable” could be used to describe a candidate who is unavailable due to travel or other reason while “candidate refused” would refer to a candidate who declines a specific organ.

The members agreed with the description “potential recipient unavailable (e.g., traveling) or could not be contacted.”

Candidate's condition improved, transplant not needed

The members agreed with the proposed description “potential recipient's condition has improved and transplant is currently unnecessary.”

No candidate serum for crossmatching

A member commented that this refusal reason as well as the “no donor serum for crossmatching” refusal reason will be adequate for collecting data on kidneys that travel further under the new kidney allocation policy that are accepted using crossmatching.

The members agreed with the proposed description “no candidate serum for crossmatching.”

No donor serum for crossmatching

The members agreed with the proposed description “no donor serum for crossmatching.”

Positive physical crossmatch

The members agreed with the proposed description “physical crossmatch results between donor and potential recipient is positive.”

Positive virtual crossmatch/unacceptable antigens

The members agreed with the proposed description “virtual crossmatch results between donor and potential recipient is positive or potential recipient has donor-specific antibodies that are considered contraindications to transplant”

Donor infection/positive culture

The members discussed how to best describe when this refusal code should be used and determined that providing an example would be beneficial. A member clarified that this refusal code should be used to describe refusals due to infections in the donor (i.e. lung infection) and not infectious screening results (i.e. HIV). A member noted that organs from donors experiencing infections such as endocarditis or meningitis were hard to place five years ago but now, with appropriate antibiotic coverage, these organs are easier to place.

The members agreed with the description “donor has an active infection or positive culture results (e.g. meningitis).”

PHS risk criteria or social history

Members agreed to the proposed description “PHS risk criteria for donor or other reasons related to social history” which includes the updated language required by the 2020 U.S. Public Health Service (PHS) Guideline.

Positive infectious disease screening test: CMV, HBV, HCV, etc.

The members discussed whether COVID should be included in the description. A member commented that if any tests come back positive for COVID, the case is closed and the match run is shut down. The diseases listed for this refusal code should be those that still allow for placement but may be a reason why there may be a refusal for a specific candidate (i.e. a patient unwilling to accept an organ from a donor with hepatitis C).

The members agreed with the description “CMV, HBV, HCV, HIV, HTLV, VDRL, etc. donor testing is positive.”

DCD donor

The members agreed with the proposed description “donor pronounced dead after cardiac death.”

Donor age

The members chose to change the description to use the term “clinically unsuitable” rather than “incompatible.” The members agreed with the description “donor age is not clinically suitable for potential recipient.”

Donor size – height

The members discussed if lung measurements should be included as an example in the description of this code. The members agreed with the description “donor organ expected to be too large or small for potential recipient based on height.” The members decided that this description was straightforward enough to not need an example.

A member commented that this code needs to remain separate from “donor size- weight.”

Donor size – weight

The members agreed with the description “donor organ expected to be too large or small for potential recipient based on weight.”

Number of HLA mismatches unacceptable

The members discussed whether specifying class I or class II HLA mismatches is necessary. The members agreed with the description “number of HLA mismatches between donor and potential recipient unacceptable.” The members will consider categorizing this code under “Crossmatch related reasons” in order to be more intuitive to the user at a future meeting. Feedback has been received in support of changing the category.

Donor instability/high vasopressor usage

A member considered when a donor is refused due to being hemodynamically unstable. A member suggested clarifying that the donor has prolonged hemodynamic instability. The members agreed with the description “donor has prolonged hemodynamic instability and/or requiring high vasopressor use.”

*Donor medical history, specify **

The members agreed with creating a description consistent with the “donor age” refusal code description. The members agreed with the description “donor medical history is not clinically suitable for potential recipient; specify text box.”

Prolonged downtime/CPR

The members agreed that this refusal code is self-explanatory and agreed to the description “donor has experienced prolonged downtime or CPR.”

Next steps:

The remaining descriptions will be addressed at a future meeting. The descriptions drafted will be shared with the Workgroup members for review.

Upcoming Meeting

- March 11, 2021

Attendance

- **Workgroup Members**
 - Angele Lacks
 - Anna Mello
 - David Marshman
 - Farhan Zafar
 - Jennifer Muriett
 - Kristine Browning
 - Lauren Kearns
 - JoAnn Morey
- **HRSA Representatives**
 - Adriana Martinez
- **SRTR Staff**
 - Ajay Israni
 - Bertram L. Kasiske
 - Nick Salkowski
- **UNOS Staff**
 - Adel Husayni
 - Ben Wolford
 - Kimberly Uccellini
 - Lauren Mauk
 - Leah Slife
 - Melissa Lane
 - Nicole Benjamin
 - Niyati Upadhyay
 - Peter Sokol
 - Robert Hunter
 - Sarah Konigsburg
 - Sarah Taranto
 - Susan Tlusty