

**OPTN Operations & Safety Committee  
Match Run Rules Workgroup  
Meeting Summary  
April 15, 2021  
Conference Call**

**Alden Doyle, MD, MPH, Chair**

## **Introduction**

The Match Run Rules (the Workgroup) met via Citrix GoToMeeting teleconference on 04/15/2021 to discuss the following agenda items:

1. Project Overview and Goals
2. Recap of 3/18 Discussion
3. Discussion: Project Recommendations

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

### **1. Project Overview and Goals**

The Workgroup was provided an overview of the goals of the Match Run Rules project.

#### Summary of discussion:

The goal of the Workgroup is to address two recommendations from the Policy Oversight Committee (POC) Provisional Yes Workgroup.

The first recommendation is to increase offer filters which will enable programs to provide criteria for offers they are more likely to accept. The second recommendation is to create a dynamic match run which will increase efficiency and expedite the organ placement process by allowing a more active screening process.

#### Next Steps:

The Workgroup will review and prioritize project recommendations.

### **2. Recap of 2/18 Discussion**

The Workgroup reviewed their previous meeting's discussion.

#### Summary of discussion:

The Workgroup began exploring possible solutions.

*Policy Recommendation:* Define provisional yes offers and outline the responsibilities of members.

*Technology Recommendation:* Create a dynamic match run

- Capability to filter off candidates from match run who no longer meet acceptance criteria once information is updated
- Continuously evolving match run
- Creating limitations on amount of offers sent out

### 3. Discussion: Project Scope

The Workgroup continued to explore, review, and prioritize possible solutions.

#### Summary of discussion:

##### *Provisional Yes Policy*

The Workgroup discussed creating a policy which defines “provisional yes”. The Chair suggested policy that outlines timeframes for accepting an offer based on a provisional yes entry. A member agreed but suggested a defined response timeframe only be applied to back up programs. Another member disagreed with this suggestion citing concerns of unintended consequences. The member explained this suggestion could narrow allocation and keep candidates from receiving offers that they otherwise have the potential to receive and accept.

A member suggested that responsibilities of provisional yes offers be defined based on the quality of the organ being offered. Another member agreed with this suggestion and stated that kidney donor profile index (KDPI) may be a parameter used to vary provisional yes responsibilities.

Another member suggested the limitations could be based on donor information. A member agreed and suggested that the limitations could change based on the stage of allocation. The member explained that early in the allocation, there are multi-organ considerations, meaning it would be unfair to push programs with kidney only candidates to review the offer when it might not get to them based on the stage of allocation. The Chair asked if an organ procurement organization (OPO) could create a sliding scale for how many offers to extend. The member responded that OPOs developing personalized sliding scales may be too variable, so a more standardized and systematic approach is better.

A member suggested creating the ability for OPOs to alert transplant programs to review an offer for all of their patients when there is a high KDPI and a long post cross clamp time. The member explained that this would help OPOs know where to go so that an organ is not wasted. Another member stated that transplant programs have the ability to accept or decline an offer on behalf of all their listed patients.

Another member stated that the expedited liver placement is working well and suggested a similar framework be built for kidney. The member suggested defining a certain cold ischemia time (CIT) that would allow for an expedited kidney placement in order to increase placement of organs. Members agreed with this idea.

##### *Dynamic Match Run*

The Workgroup discussed possible technology solutions. A member asked if overall allocation time could be tracked when evaluating the impact of technology solutions for a dynamic match run. The Chair agreed this would be helpful data to track. The Chair added two additional potential evaluation measures, 1) discard rates, and 2) frequency of candidates dropping off match runs when new information becomes available.

The Workgroup reviewed donor acceptance screening criteria. The Chair asked which criteria the Workgroup would want to include if they were to go forward with a project to allow the capability of candidates to filter on and off the match run. A member responded that, ideally, all of the criteria would be included.

The Workgroup discussed which donor acceptance screening criteria would be most impactful in order to perform an initial data analysis. The Workgroup suggested the following:

- Viral related criteria (hepatitis C & hepatitis B Core)
- LFT

- Organ function related criteria
- Peak creatinine
- Biopsy
- Warm time/cold time
- Inter-operative findings (glomerular sclerosis, liver biopsy, warm ischemic time)

A member clarified that candidates with provisional yes entered would not drop off the match run if new information is updated; updates based on new information are applied to patients who have not yet received the offer.

The Workgroup discussed the proposed idea of a continuously evolving match run. Some members agreed it is a good idea but based on the high work effort involved for implementation, it may be better addressed in a second phase of this project. The Chair stated that while a continuously evolving match run would require a large implementation effort, it is an important update to the system that will help ensure organs are being matched to those who need it the most. Other members agreed that the Workgroup should continue to explore this idea and receive more information about implementation aspects before dismissing it.

The Workgroup discussed metrics to analyze the impact of a continuously evolving match run. A member stated higher acceptance rates, fewer refusals, and faster allocation would show the benefit of a continuously evolving match run. The Chair suggested metrics related to organ discards and cold ischemic time. Another member suggested entry time of acceptance into the match run as a metric. IT staff suggested a metric related to medically urgent or status 1 candidates.

The Workgroup discussed setting a limit on the number of eligible candidates included on a match run. A member stated a limitation on amount of offers would help surgeons not be overwhelmed with offers. The member stated standardization would be needed, and suggested varying the amount of offers allowed based on KDPI. Another member agreed and added that brain dead versus donation after cardiac death (DCD) would be another way to filter the amount of offers allowed. The member stated that this idea, in conjunction with the Workgroup's other ideas, would help the move towards a more efficient system.

The Chair asked how multi-organ offers would be managed with setting limits on the amount of offers. A member suggested that once the new OPTN Multi-Organ Transplantation (MOT) Committee is formed, they may be helpful in this conversation.

The Workgroup will discuss setting time limits on offers during their next meeting, as well as prioritize their current recommendations.

#### Next steps:

The Workgroup will continue discussions regarding match and organ processes. The Chair will present an update to the Policy Oversight Committee on the Workgroup's progress during their meeting on May 12, 2021.

#### **Upcoming Meeting**

- May 20, 2021 (teleconference)
- June 17, 2021 (teleconference)

## Attendance

- **Workgroup Members**
  - Alden Doyle
  - Christopher Curran
  - Christopher Yanakos
  - Deb Maurer
  - Jillian Wojtowicz
  - John Stallbaum
  - Julie Heimbach
  - Maria Casarella
  - Steve Potter
- **HRSA Representatives**
  - Vanessa Arriola
- **SRTR Representatives**
  - Katie Audette
- **UNOS Staff**
  - Ben Wolford
  - Bonnie Felice
  - Elizabeth Miller
  - Joann White
  - Katrina Gauntt
  - Kerrie Masten
  - Kristine Althaus
  - Lauren Mauk
  - Lauren Motley
  - Leah Slife
  - Matt Prentice
  - Meghan McDermott
  - Melissa Lane
  - Rebecca Marino
  - Rob McTier