

**OPTN Operations & Safety Committee
Match Run Rules Workgroup
Meeting Summary
July 29, 2021
Conference Call**

Alden Doyle, MD, MPH, Chair

Introduction

The Match Run Rules Workgroup (the Workgroup) met via Citrix GoToMeeting teleconference on 07/29/2021 to discuss the following agenda items:

1. Project Overview and Goals
2. Debrief of 7/26 Policy Oversight Committee meeting
3. Review and Discussion: Redefining Provisional Yes
4. Next Steps

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

1. Project Overview and Goals

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

Summary of discussion:

The Workgroup will address their identified projects through a phased approach. Phase I of the project will address the development of a framework for the standardization of processes related to organ offers and acceptances. The two projects, which will be worked on simultaneously, within Phase 1 are as detailed:

- Project 1
 - Redefining provisional yes
 - Limiting amount of offers sent out
 - Time limits on offers
- Project 2
 - Offer filers for kidney – mandatory usage

Phase II of the project will address dynamic match run through (1) capabilities to filter off candidates from match run who no longer meet acceptance criteria once donor information is updated, and (2) continuously evolving match run.

2. Debrief of 7/26 Policy Oversight Committee meeting

The Chair informed the Workgroup that both projects, Redefine Provisional Yes & Mandatory Offer Filters, were approved by Policy Oversight Committee (POC). POC provided no additional feedback during their project approval discussions.

There were no questions or comments.

3. Review and Discussion: Redefining Provisional Yes

The Workgroup began discussions on redefining provisional yes in OPTN policy. OPTN Policy 1.2: Definitions, currently defines provisional yes as, “when the transplant hospital notifies the OPTN or the host OPO that they have evaluated the offer and are interested in accepting the organ or receiving more information about the organ”.

Summary of discussion:

The Workgroup identified the problems with the current provisional yes system:

- Transplant hospitals receive a high volume of offers, resulting in transplant hospitals entering a provisional yes
- Variations of definitions and inefficiencies of the provisional yes offer process across programs

A member emphasized that the challenge with entering a provisional yes is that it holds no obligation or responsibility for the transplant program. The member suggested that transplant programs, who are either primary or immediate back up, have responsibilities if they enter a provisional yes. The member suggested responsibilities such as considering the organ offered for the patient, and ensuring the patient is available.

Another member added that this challenge is a cyclical problem due to transplant programs being overwhelmed with organ offers and OPOs sending out organ offers to ensure organ placement. The member stated that due to these two factors compounding each other, provisional yes does not serve a function in the current allocation system. Another member agreed and stated that the definition of the problem should reflect the cyclical process. The member suggested a statement such as, “organ procurement organizations (OPOs) send high number of offers due to high number of provisional yes responses that do not result in final acceptance”.

Another member stated that while transplant program’s intent behind entering a provisional yes is benevolent, it is very easy to enter a provisional yes so defining specific expectations could be helpful.

A member asked for transplant program staff to speak to the level of reasonable expectations regarding the entering of a provisional yes. Another member suggested that a level of reasonable expectation would include (1) a decision maker within the transplant program has reviewed the donor information and concluded it is a donor they would consider, and (2) at a level of primary or back up an additional set of expectations are added in which the transplant program is obligated to. A member agreed that transplant programs as primary or back up should have expectations regarding its entering of provisional yes. The member added that various organ-specific transplant programs have different processes and patient considerations which may need to be acknowledged during these conversations.

Another member stated that liver transplant programs have the ability to accept two liver offers at the same time. The member stated that viewing acceptances as binding offers is not helpful due to this and suggested policy related to organ offers and acceptances might also need to be evaluated and revised.

Information Technology (IT) staff asked whether the addition of a response code that adds another layer of commitment between provisional yes and organ offer acceptance would be useful. A member responded that a tiered response with level of obligations could be considered.

The member added that the Workgroup had previously discussed the idea of a conditional acceptance. Another member responded that if a third response is added, it will need to be determined whether that would add efficiency to the system or not. A member stated that response options could be limited based on where the patient is on the match run.

A member stated there are requirements for the amount of offers allowed to be sent prior to recovery, and wondered whether these requirements would be better based on organ quality (e.g. a liver from a 75 year old would allow for organ offers to ten programs, while a 21 year old liver would have a more limited amount allowable of organ offers).

The member also suggested allowing transplant programs to view what sequence they are in the match run related to sequencing of transplant programs, not sequencing of candidates, as it currently allows. IT staff stated that there is a feature on DonorNet Mobile which allows transplant programs to view sequencing in terms of candidates and transplant programs, but this feature is not available in the desktop version of DonorNet. Members agree that it would be beneficial for transplant programs to be able to view sequencing of transplant programs within match runs. The members explained that if a transplant program declines for one candidate due to quality, they most likely will decline for all candidates within their program and that is valuable information to be aware of.

Another member suggested adding a feature on DonorNet that alerts programs on specific match runs that there are multi-organ transplant priority, for transparency. The member explained that there are times that the first candidate on the match run is not necessarily the first due to multi-organ transplant considerations. A member agreed this would be an important enhancement, and suggested to bring this idea to the Multi-organ Transplant Committee.

A member stated there a lot of changes that occur in organs over the course of organ allocation time. Another member suggested that there could be a set of expectations for provisional yes prior to recovery and a different set of expectations for provisional yes post organ recovery.

A member stated that there are considerations to histocompatibility components with provisional yes and organ allocation. The member explained that OPOs will attempt to send specimen samples to transplant programs in order for a cross match to be performed, however transplant programs will deny the specimen and state their preference to perform cross match when they receive the organ. The member suggested including an expectation related to these histocompatibility components to ensure there is a level of histocompatibility between the candidate and offered donor organ for transplant programs that enter a provisional yes and are primary or back up. A member agreed with this idea, but stated that the transplant program's ability to also get specimen samples should be considered. The member responded that there could be specific circumstances under which OPOs should send specimen samples, and specific circumstances under which they do not.

The Workgroup discussed data that would be helpful for their discussions:

- Number of donor offers programs are receiving on average, with respect to program size, and comparison timeframes based on allocation changes
- Kidney discard data comparing timeframes based on kidney allocation changes
- Number and percentage of organ that are transplant outside of acuity circles

There were no additional comments or questions. The meeting was adjourned.

Upcoming Meeting

- August 19, 2021

Attendance

- **Workgroup Members**
 - Chris Curran
 - Christopher Yanakos
 - Deb Maurer
 - Jennifer Muriett
 - John Stallbaum
- **HRSA Representatives**
 - Jim Bowman
 - Marilyn Levi
 - Raelene Skerda
- **UNOS Staff**
 - Bonnie Felice
 - Emily Womble
 - Joann White
 - Kayla Temple
 - Lauren Mauk
 - Leah Slife
 - Melissa Lane
 - Rebecca Brookman
 - Robert McTier
 - Supraja Malladi