OPTN Operations & Safety Committee
Meeting Summary
May 26, 2022
Conference Call

Chris Curran, CPTC, CTBS, CTOP, Chair
Alden Doyle, MD, MPH, Vice-Chair

Introduction

The Operations and Safety Committee (the Committee) met via Citrix GoToMeeting teleconference on 05/26/2022 to discuss the following agenda items:

1. Project Update: Provisional Yes
2. Project Update: Mandatory Offer Filters
3. Closing Remarks

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

1. Project Update: Provisional Yes

The Committee reviewed progress to date on their project from the Match Run Rules Workgroup.

Data summary:

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Data summary:

The Committee reviewed their progress on:

- The tiered framework (TI, TII, TII) and associated responsibilities
- Transplant Program Requirements
- OPO Requirements
- Reevaluating definitions related to provisional yes

Summary of discussion:

The Vice-Chair requested feedback on the proposed requirements for Tier I, specifically requesting feedback from transplant program coordinators for a feasible amount of effort that could be done within Tier I. A member inquired if one program had the first ten candidates, would they all be in Tier I? The Vice-Chair replied that in the current framework, only the first two candidates would be Tier I. A member also wondered what programs internal refusal reasons would be, and how that could be written into policy. The Vice-Chair offered examples of programs' common internal refusal reasons (cold ischemic time, size, positive serologies, etc.). The member suggested that having those examples written into educational material if this version of the policy is approved would be helpful.

A member wondered how the one hour time limit was decided on. The Vice-Chair replied that it mirrored existing policy, but was open to change, noting that for post cross-clamp organs, this time limit may need to be expedited. They emphasized that they did not want to make the redesign so cumbersome that it slows an Organ Procurement Organization's (OPO's) ability to place marginal organs.

Another member asked what would be allowable for the OPO to do if a program did not meet the proposed requirements within the time frame. The Vice-Chair noted that the current thought is that if they exceeded the time limit, they could be bypassed by the OPO.

The Vice Chair requested feedback on how many candidates should be within tier II. They noted the Committee had considered having a dynamic number based on organ quality or a static number based off of the number of organs in their past discussions. They also proposed that there could be a third option where it was at the OPO's discretion. A member supported the proposed time frame with the proposed two kidneys within Tier II, noting that it would require a change in practice from transplant programs, but it was doable. They speculated that this was a first step towards modernizing the allocation system.

The member also asked what metrics would be tracked to determine the efficacy of the program. The Vice-Chair replied that it could be tracked through overall allocation time, organ utilization, and the average number of offers needed to be made prior to a final acceptance. They also speculated that, if there are fewer programs pursuing placement options outside of OPTN allocation practices, that could be seen as a success of the system. A member added that fewer late turndowns would indicate a success of the system.

It was suggested by a member that a useful tool would be an alert for program coordinators when they move from Tier II to Tier I. Another member added that they'd like to see the current allocation data on match run times and number of sequences offered to. It was also suggested that more immediate refusal information could be displayed on the front page of a donor's profile to facilitate efficient evaluation.

A member proposed compartmentalizing the tiered framework to pre-cross-clamp, as they felt there were different needs after cross-clamp. The Vice-Chair replied that this was an interesting suggestion, as it would allow the Committee to assess the efficiency of the system and make necessary modifications for post cross-clamp offers. A member supported this approach as well, as it seems designed for pre cross-clamp allocation.

Another member wondered if a virtual crossmatch or basic HLA evaluation would suffice for the Tier II requirement that a program must assess the medical suitability of the candidate. The Chair agreed that, at Tier II, any evaluation of HLA should be either a virtual crossmatch or an analysis of the candidate's unacceptable antigens.

The Chair considered that the first sequence on a kidney match run could need more information, as, though they are the first sequence, they could be the third in line for the organ if there are multiple multi-visceral candidates ahead of them. They added that, in regards to Tier III offers, all information required for a program to evaluate a Tier I offer should be included in a Tier III offer. Staff contributed that there was a tool in development that would allow programs to view which organs have possible multi-visceral needs. A number of members supported the design of this tool.

Next steps:

Research staff will update the Committee on organ allocation data. Staff will incorporate the Committee's feedback into the concept paper.

2. **Project Update: Mandatory Offer Filters**

This agenda item was not discussed.

3. Closing Remarks

The Committee reviewed upcoming deadlines for public comment.

Upcoming Meeting

- June 23, 2022

Attendance

- **Committee Members**
  - Chris Curran
  - Alden Doyle
  - Dominic Adorno
  - Katherin Audette
  - Andrew Bonham
  - Jill Campbell
  - Jami Gleason
  - Steven Johnson
  - Kimberly Koontz
  - Stephanie Little
  - Melinda Locklear
  - Renee Morgan
  - Joann Oxman
  - Melissa Parente
  - Jillian Wojtowicz
- **HRSA Representatives**
  - Raelene Skerda
- **UNOS Staff**
  - Isaac Hager
  - Kerrie Masten
  - Lauren Mauk
  - Rob McTier
  - Kaitlin Swanner
  - Joann White