

OPTN Transplant Coordinators Committee

Meeting Summary

October 20th, 2021

Conference Call

Stacy E. McKean, RN, Chair

Natalie Santiago-Blackwell, RN, MSN, Vice Chair

Introduction

The Transplant Coordinators Committee (the Committee) met via Citrix GoToMeeting teleconference on 10/20/2021 to discuss the following agenda items:

1. Eliminate Use of DSA and Region from Kidney Allocation 6 Month Post-Implementation Monitoring Report
2. Best Practices: Management of Increased Number of Organ Offers

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

1. 6 Month Report on the Removal of DSA and Region from Kidney Allocation

The Kidney Committee presented on the transplant metrics six months after the policy change to remove the geographical boundaries of donor service area (DSA) and region. The full report can be found on the [OPTN website](#) and their presentation is summarized below.

Data summary:

The six month monitoring report was presented by the Vice-Chair of the Kidney Committee and opened with a brief summary of the changes implemented with the new policy. Specifically, they noted the removal of DSA and region, and its replacement with 250 nautical mile circles; proximity points assigned to candidates; increased prioritization for pediatric and prior living donors; and finally the updates to medical urgency, released organ allocation, and Alaskan donors. All of the data was presented contrasting pre-policy and post-policy metrics. Pre-policy was designated as December 1, 2020 - March 14, 2021, and post-policy was designated as March 15 - June 30, 2021.

Wait list mortality fell from 7 patient deaths/100 patient years to 4 patient deaths/100 patient years. The presenter did note that this significant change likely was unrelated to the policy change, and showed the climbing rate of patient deaths per 100 patient years immediately pre-policy.

Deceased donor transplants showed an increase of approximately 1000 after policy implementation. When scaled to transplants per 100 active patient years, the rate changed from 32 to 39 per 100 active patient years.

Demographically, the distribution of kidney recipients did not significantly change post policy. Within adults, all age groups saw an increase in transplant rates per 100 active candidate years. Notably, within pediatrics, though the age group 11-17 saw an increase in transplantation, all other pediatric age groups did not show an immediate increase in the rate of transplantation. With regard to transplantation and recipient ethnicity, while white recipients showed a decrease in transplant rate, all other ethnicities showed an increase.

Within Calculated Percentage of Reactive Antibodies (CPRA), the presenter noted that the significant rate of increase within CPRA 80-97% was likely a bolus, due to a backlog of candidates within that category being able to be transplanted. They noted it was estimated to even out as time progressed.

Similarly, while median time on dialysis increased from 4 to 4.5 years, this was likely due to an increase in previously under-allocated candidates in geographically remote areas. Again, they noted it was likely to decrease as time progressed.

Median distance from donor hospital increased from 70 Nautical Miles (NM) to 125NM post policy. However, roughly 85% percent of transplants were still done within 250NM.

Post-implementation, median cold ischemic time increased from 17 to 19 hours.

The overall offer rate for candidates increased from 141 offers to 208 per active patient year post-policy. This raise was mirrored across all candidate characteristics to varying degrees. Similarly, the overall acceptance rate decreased from 2.4 per 1000 offers to 1.8. This too was seen across nearly all candidate characteristics, notably excluding candidates within CPRA 80-97%.

The Committee then reviewed the related policy changes. Medical urgency status saw 14 candidates being added since March 8, 2021, with 4 receiving transplant between 3-5 days after this listing. Released organ showed a significant drop in released organ match runs compared to import match runs, but they had a similar discard rate to the overall discard rate.

In conclusion, transplant volume is increasing post-policy implementation, most notably for Black and Hispanic candidates, pediatric candidates, and 80-97% CPRA candidates. Overall, discard rate did not change significantly. While organ offer rates increased, acceptance rates decreased. However, the presenter and the Kidney Committee Vice-Chair did both note that six months is still very preliminary for data review.

Summary of discussion:

During the discussion a number of members had questions on potential ways to view the data. One member requested whether the discard rate could be broken down by region, in order to see if some regions specifically did or did not benefit from the changes. The presenter suggested that one area to investigate more thoroughly was the logistical challenges posed by increased offers; they hypothesized that some centers could have had difficulties adjusting to a larger number of viable offers. The discussion concluded with a member also wondering what the impact of COVID-19 had on the data, potentially artificially increasing or decreasing numbers from a variable unrelated to the policy change. The presenter noted they specifically chose the date ranges for their data with consideration given to COVID-19.

2. Open Forum for Best Practices Post-Policy Implementation

Summary of discussion:

A brief discussion of best practices for transplant programs was held to share ideas for improving efficiency, especially in regard to the increased number of organ offers. A member noted that using a call service helped them filter the incoming offers. A second member noted that they had experienced a decrease in offers, and consequently transplants, from the implementation of 250NM circles due to their positioning on a coast. Finally, a third member noted that they had had success designating a separate team to address their organ offers. There were no other comments following this, and the meeting concluded.

Upcoming Meeting

- November 17, 2021

Attendance

- **Committee Members**
 - Stacy McKean
 - Natalie Santiago-Blackwell
 - Alexandria Dilliard
 - Kelsey McCauley
 - Rosa Guajardo
 - Angele Lacks
 - Brenda Durand
 - Jamie Myers
 - JoAnn Morey
 - Lindsay Larkin
 - Maria Casarella
 - Melissa Walker
 - Rachel White
 - Stacy Sexton
- **HRSA Representatives**
 - Raelene Skerda
- **SRTR Staff**
- **UNOS Staff**
 - Ross Walton
 - Isaac Hager
 - Susan Tlusty
 - Brooke Chenault
 - Amanda Robinson
- **Other Attendees**
 - Jim Kim