

Notice of OPTN Policy Change

Modify Effect of Acceptance

Sponsoring Committee: Ad Hoc Multi-Organ Transplantation Committee

Policy Affected: 5.6.D Effect of Acceptance

Public Comment: January 23, 2024 – March 19, 2024

Board Approved: June 12, 2024 Effective Date: July 25, 2024

Purpose of Policy Change

The proposal addresses situations in which organ offer acceptance conflicts with offers required by multi-organ allocation policies. The proposal revises *Policy 5.6.D: Effect of Acceptance* to clarify that once an organ has been accepted by a transplant program, acceptance takes priority over subsequent required multi-organ offers. It is expected to promote efficiency in organ placement and equity in access to transplants between single and multi-organ candidates.

Proposal History

During the Winter 2023 OPTN public comment period, the Ad Hoc Multi-Organ Transplantation Committee (Committee) requested feedback on the concept paper *Identify Priority Shares in Kidney-Multi-Organ Allocation*. The concept paper was the first step in a project that aims to improve equity in access to transplant between kidney-alone and kidney multi-organ candidates, and to improve efficiency in multi-organ allocation policies. One of the topics included in the concept paper was how to handle situations in which organ offer acceptance conflicts with a multi-organ offer required by policy. Such conflicts emerge when an accepted organ is declined, and the next candidate on the match run is a multi-organ candidate registered for an organ that has already been accepted for another candidate.

In response to the concept paper and throughout the policy development process, OPOs confirmed concerns that policies requiring multi-organ shares conflict with the requirements in *Policy 5.6.D: Effect of Acceptance*. OPOs reported inconsistent practices in response to the conflicting policy language. For example, some OPOs may delay placing single organs when there is a multi-organ on the match run, while others may redirect organs from single-organ to multi-organ candidates. Redirections can be traumatic for patients expecting to receive an organ and challenging for their health care providers.

The proposal received broad support during public comment. It received overall sentiment scores of 4.1 by both member type and by region. In response to public comments, the Committee made minor revisions, including clarifying the meaning of acceptance by inserting reference to acceptance for the "primary potential transplant recipient," which is defined in OPTN policy.² The Committee considered whether a timeframe should be included in policy language, but decided not to include a timeframe because it received limited support during public comment and would add unnecessary complexity.

¹ "Identify Priority Shares in Kidney Multi-Organ Allocation," OPTN, Concept Paper, accessed May 2, 2024, available at https://optn.transplant.hrsa.gov/media/mc0hfxrg/priority-shares-in-kidney-mot_concept_pc-winter-2023.pdf.

² OPTN Policy 1.2 Definitions (see: "Primary potential transplant recipient"). Accessed May 22, 2024, available at: https://optn.transplant.hrsa.gov/media/eavh5bf3/optn_policies.pdf.

Summary of Changes

The proposal revises *Policy 5.6.D: Effect of Acceptance* to clarify that once an organ has been accepted by a transplant program for a primary potential transplant recipient, that acceptance takes priority over offers required by multi-organ allocation policies.

Implementation

OPOs and transplant programs may need to evaluate their internal policies and procedures to account for this policy change. There are no anticipated fiscal impacts on members.

There are no technical implementation resources required for implementation. Communications and educational resources will be developed to support implementation.

Affected Policy Language

New language is underlined (example) and language that is deleted is struck through (example).

5.6.D Effect of Acceptance

When a transplant hospital accepts an OPO's organ offer without conditions, this acceptance binds the transplant hospital and OPO unless they mutually agree on alternative allocation of the organ.

If an organ has been accepted by a transplant program for a primary potential transplant recipient, the organ is not required to be offered according to *Policy 5.10: Allocation of Multi-Organ Combinations*.