OPTN Data Advisory Committee
Meeting Summary
September 29, 2025
Conference Call

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Introduction

The OPTN Data Advisory Committee (the Committee) met via teleconference on 09/29/2025 to discuss the following agenda items:

1. Welcome, agenda review, and announcements
2. Potential implications of analytic choices for OPTN Allocation Out of Sequence (AOOS) datasets
3. Open forum
4. Closing remarks

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

1. Welcome, agenda review, and announcements

At the Chair's request, OPTN contractor staff welcomed the Committee members and stated that the meeting had been requested by HRSA staff to discuss the potential implications of the analytical choices for Allocation Out of Sequence (AOOS) and the datasets. Members of the OPTN Board of Directors AOOS Offer Team were also invited to participate in the discussion. All participants were reminded about the information available on the AOOS landing page on the OPTN website: https://optn.transplant.hrsa.gov/policies-bylaws/a-closer-look/allocation-out-of-optn-sequence-aoos/

2. Potential implications of analytic choices for OPTN Allocation Out of Sequence (AOOS) datasets

The meeting's goal was to address specific analytical and operational questions regarding the identification and reporting of AOOS events within the transplantation data. The primary objective was to facilitate a transparent, consensus-driven review of the methodology used to define and report AOOS events, with the intent to align analytical practices across the OPTN, HRSA, and the broader transplant research community.

Summary of discussion:

> Decision #1: The Committee recommended integrating the AOOS indicator into standard analytic files, along with detailed methodology documentation to support transparency and reproducibility.

HRSA staff initiated the discussion by directing members to the AOOS landing page on the OPTN website; specifically, the operational analytical definitions of AOOS. HRSA staff thanked those in the meeting who participated in developing the definitions and pointed out how that work was completed quickly and effectively. A quick demonstration of the functionality available on the landing page was provided.

HRSA staff continued that the OPTN contractor had been directed to create code that would produce a living dataset that continues to account for future organ allocation activities so that analyses and evaluations can be performed over time. The intention is that whenever the code is run against the OPTN dataset, it will produce an up-to-date AOOS dataset as of that day. which can be added to the Standard Transplant Analysis and Research (STAR) files. HRSA staff emphasized the importance of establishing a living, consensus data set that could be regularly updated and made accessible to researchers, thereby promoting consistency when organ allocation and policy compliance are evaluated. The committee was directed to review the SQL queries and methodology documents that underpin the AOOS dashboard on the OPTN website. HRSA staff pointed out that how the datasets are defined requires implicit decisions by those creating the datasets—such as the handling of multi-organ transplants, match run stratification, and organ disposition—and that it is important that those decisions be made transparently with broad OPTN stakeholder input. Therefore, the questions for those participating in the meeting are what feedback do members have regarding the questions HRSA identified in its September 2, 2025 letter[1] to the OPTN and the methodology documentation to ensure the consensus dataset truly reflects the consensus of the OPTN, and also what iterations and/or updates are members interested in seeing in the next version of the datasets?

The questions in the September 2, 2025 letter consisted of:

1. The analytic definition of AOOS refers to organs offered, accepted, and/or transplanted out of sequence. While acceptances and transplants are well characterized in OPTN data, there is no administrative definition of a primary offer, and the data may fail to reflect some offers that were made. The OPTN should consider the following decisions:
    a. How should match runs that led to some offer responses but not to any acceptances or transplants be characterized in this dataset?
    b. How should match runs that can be used to place multiple different organ types or segments (for example, heart/lung, right/left kidney, or multiple liver segments) be characterized? The exact organ(s) associated with a given offer response may be ambiguous if the same organs were offered, accepted, and/or transplanted via other match runs.
2. Which information about an allocation event should be captured in this dataset? For example: the allocating organ procurement organization (OPO), the accepting transplant center (if there is one), the number and codes of bypasses, etc.
3. Which allocation events should this dataset include? Should this dataset include all allocations, with an indication of whether they were in or out of sequence, or only out-of-sequence allocations?
4. When the same organ is allocated on multiple match runs, which of these runs should be included in the final dataset? If only one match run is counted per organ, how should that run be selected?
5. How should allocations be counted for multi-organ transplants?

[1] Raymond Lynch letter to Organ Procurement and Transplantation Network Board of Directors, AOOS Workgroup Leads, September 2, 2025, https://optn.transplant.hrsa.gov/media/xged44yv/second-feedback-memo-optn-082025.pdf (Accessed November 21, 2025).

The Chair asked if there is data available that is not already included in the PTR data that could also be informative to this discussion; for example, some of the raw, initial data before it is recoded? HRSA staff responded that yes, that seems reasonable as long as the information is pertinent to the group making decisions and understanding the situation. A member of the AOOS Offer Team asked if the information provided on the AOOS dashboard could be broken down by organ type to better capture the nuances associated with different organ types and HRSA staff confirmed that the information will be available by organ type in the future.

Contractor staff presented the technical framework for generating AOOS data sets, including the SQL queries and methodology documentation. The data sets are segmented by organ type, with separate queries for intestine, kidney, kidney-pancreas, liver, and thoracic organs. Each query produces a structured output containing key identifiers such as donor ID, match ID, organ laterality, and transplant status. The methodology is designed to flag organs allocated out of sequence, with provisions for joining additional data from standard analytic files. The presentation included a walkthrough of the data dictionary and the logic used to determine AOOS status, including the use of bypass codes and match run sequencing. The discussion also addressed the potential for integrating the AOOS indicator directly into standard analytic files, thereby simplifying data and analysis for researchers.

The participants discussed several analytical decisions. These included the data limitations and the edge cases. The Committee acknowledged inherent limitations in the data, particularly regarding the timing and completeness of bypass code entries. It was noted that bypass codes are often entered retrospectively, and that offers not resulting in acceptance or transplantation may lack comprehensive data. These limitations constrain the precision of AOOS identification and underscore the need for ongoing improvements in data collection practices.

OPTN Contractor staff stated that the methodology identifies allocations at a sequence based on the use of the AOOS bypass codes. That means AOOS is flagged based on the match run data. As a result, it is possible for an organ to appear as allocated out of sequence and there might be an acceptance for one candidate, but the actual recipient might end up being a different candidate. Contractor staff noted that this might not be relevant if the decision is to add a flag in the analysis files for such events. It is important to note that based on the analytical definition of allocations out of sequence, it is all based on the allocation data and not based on who received the transplant.

They also discussed the operational definition of AOOS, emphasizing the importance of distinguishing between offers, acceptances, and transplantations. The group also discussed adding a single variable indicating if the transplanted organ was allocated out of sequence using binary ‘yes’ or ‘no’ values. The consensus was that the analytic flag should reflect allocation events as recorded in match run data, while recognizing that real-world practices and system constraints may introduce discrepancies. The committee considered the implications of policy changes in data reporting and the need for continuous alignment between analytic definitions and operational realities.

Next steps:

There were several next steps identified. The Committee recommended integrating the AOOS indicator into standard analytic files, accompanied by detailed methodology documentation to support transparency and reproducibility. This approach was favored for its simplicity and potential to streamline data analysis for researchers. There was also Committee interest in further exploration of multi-organ allocation scenarios to refine flagging rules and ensure accurate representation in the data. The Committee recognized the need for ongoing review and adjustment of analytic logic to accommodate evolving policy and operational practices. It was agreed that additional time should be

allocated for Committee members to review the methodology documents and provide feedback. It was agreed that OPTN contractor staff will coordinate scheduling the follow-up meeting, which will focus on addressing organ-specific processing details and finalizing consensus on analytic decisions. OPTN Contractor staff will re-send the documents to all participants.

3. Open forum

No requests from the public were received prior to the meeting to address the Committee during open forum.

4. Closing remarks

The meeting concluded with an acknowledgment of the collaborative efforts to enhance data integrity and analytic transparency within the OPTN. Participants reiterated the importance of continuous improvement in data collection and reporting practices, and expressed commitment to advancing consensus-driven methodologies for policy compliance evaluation.

Upcoming Meetings (Meetings start at 3:00 pm (ET) unless otherwise noted)

- ~~July 14, 2025~~
- ~~August 11, 2025~~
- ~~September 8, 2025~~
- ~~September 29, 2025~~
- October 20, 2025
- November 10, 2025 – Cancelled
- December 8, 2025
- January 12, 2026
- February 9, 2026
- March 9, 2026
- April 13, 2026
- May 11, 2026
- June 8, 2026

Attendance

- **Committee Members**
  - Jesse Schold
  - Lisa McElroy
  - Rebecca Baranoff
  - Kate Giles
  - Michael Ison
  - Paul MacLennan
  - Nancy McMillan
  - Sumit Mohan
  - Jennifer Peattie
  - Julie Prigoff
  - Lindsay Smith
- **HRSA Representatives**
  - Adriana Alvarez
  - Sarah Laskey
- **SRTR Staff**
  - Katie Siegert
  - Jon Snyder
- **UNOS Staff**
  - Lindsay Larkin
  - Carlos Martinez
  - Eric Messick
  - Taylor Michalski
  - Nadine Rogers
- **Other Attendees**
  - David Lee, AOOS Offer Team member
  - Lori Markham, AOOS Offer Team member
  - Taylor Melanson, AOOS Offer Team member
  - Steven Potter, AOOS Offer Team member