

**OPTN Organ Procurement Organization Committee
Organ Offer Acceptance Limit Workgroup
Meeting Summary
March 9, 2023
Conference Call
David Marshman, Workgroup Chair**

Introduction

The Organ Offer Acceptance Limit Workgroup met via Citrix GoToMeeting teleconference on 03/09/2023 to discuss the following agenda items:

1. Project Purpose
2. Policy Options
3. Next Steps

The following is a summary of the Workgroup discussions:

1. Project Purpose

Staff reviewed the purpose of the project is to modify existing *Policy 5.6.C: Organ Offer Acceptance Limit* to only allow a transplant hospital to have one organ offer acceptance for each organ type for any one candidate.

Summary of discussion:

The Workgroup did not have a discussion for this topic.

2. Policy Options

Staff reminded the members of the policy options previously discussed by the Workgroup. These options include the following:

Option 1

- Modify existing OPTN *Policy 5.6.C: Organ Offer Acceptance Limit* to only allow a transplant hospital to have one organ offer acceptance for each organ type for any one candidate. Staff noted this would not include a provisional yes acceptance and it does not prevent additional organ offers from being received.

Option 2

- Add a timeframe prior to scheduled donor organ recovery to decide on an offer if there is more than one offer for a candidate. Staff noted that previous recommendations included 4 or 6 hours. Staff also noted that if the Workgroup chooses to pursue this option, there is a data field in OPTN Donor Data and Matching System that allows the OPO to enter the donor recovery date/time. This is currently an optional field so the Workgroup will need to determine if this needs to be a required field, particularly if OPOs and transplant programs are going to have timeframe requirements in policy.

Option 3

- Medical urgency criteria to determine if candidates with higher statuses should still be allowed to have two concurrent primary acceptances.

Staff noted that several Workgroup members submitted feedback via email prior to the meeting. One member supported option 1 while another member supported option 2.

Summary of discussion:

A member commented that the minimum action that should be taken is to reduce the number of patients who are permitted to accept more than one organ offer. He added that consideration should be given for sicker patients, as the data shows that patients with concurrent acceptances tend to be higher status patients. He acknowledged that this could be due to the higher status patients showing up earlier on the match runs.

A member offered that even if only one primary acceptance is allowed, transplant programs can still receive additional offers and might continue to turn down the primary offer to accept a better offer. She expressed support for adding a timeframe to the policy to help address this issue. Another member added that it would be beneficial for OPOs to have the ability to see what other offers there are for individual candidates.

A member expressed concern about creating a timeframe within the policy. He added that with broader sharing it is challenging for OPOs to set a donor recovery time because they are coordinating recovery teams and some teams, especially thoracic teams, are flying in for the recovery. He added that the donor recovery time can fluctuate depending on logistics, including transportation.

Several members acknowledged that late turndowns remain an issue, particularly for liver. Sometimes organs are turned down in the operating room because that might be where the final decision occurs upon visualization of the organ.

A member expressed strong support for only allowing one organ for one patient. She added that the timeframe would be challenging to implement because of the variation in geography. She noted that her OPO is located in the Pacific Northwest where the distance to transplant hospitals adds logistical challenges that might not occur in a populated East Coast area.

Several members supported not allowing additional offers if a candidate already has a primary offer. Staff noted that during previous discussions on this topic, there was concern about the potential to disadvantage patients if the primary offer does not lead to a transplant. This could be for a variety of reasons including logistics, donor/recipient issues, and other challenges.

A member stated that there should be a review process as well as accountability for late turndowns. She added that it would be a benefit to have a timeframe because currently policy does not have a set definition for a late turndown. Several members agreed there is not a one size fits all in regard of timeframe and that they would need to be flexible. Members also agreed that if a set timeframe is implemented, it should differ between organs since placement and recovery is different for each organ type.

A member noted that the Workgroup should consider an exception for donation after circulatory death (DCD) donors. He added that if a transplant program's primary offer is a DCD donor there is always the chance that the donor does not expire within the required timeframe following withdrawal of life-sustaining medical support. Workgroup members asked if there was data on the number of DCD donor organs that went to recipients that had two concurrent acceptances. Research staff agreed to look into getting this data for the workgroup.

3. Next Steps

Staff will compile these comments and begin drafting policy language. Staff will also coordinate presentations to other committees to get feedback on the plan moving forward.

Upcoming Meeting

- April 13, 2023, at 2:00 pm EDT (Teleconference)

Attendance

- **Work Group Members**
 - PJ Geraghty
 - Candy Wells
 - Larry Suplee
 - Kelsey McCauley
 - Joe Dinorcia
 - Kevin Koomalsingh
 - Julie Bergin
 - Kyle Herber
 - Pablo Sanchez
- **SRTR Staff**
 - Nicholas Wood
- **UNOS Staff**
 - Robert Hunter
 - Kevin Daub
 - Lauren Mauk
 - Katrina Gauntt
 - Austin Chapple
 - Sally Aungier
 - Sharon Shepherd