

**OPTN Data Advisory Committee  
Late Turndowns Workgroup  
Meeting Summary  
December 16, 2021  
Conference Call**

## Introduction

The Late Turndowns Workgroup (the Workgroup) met via Citrix GoToMeeting teleconference on 12/16/2021 to discuss the following agenda items:

1. Expedited Liver Placement Pathway 6-Month Monitoring Report

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

### 1. Expedited Liver Placement Pathway 6-Month Monitoring Report

The Workgroup expressed interest in reviewing the implementation of the Expedited Liver Placement Pathway, and research staff presented the 6-month monitoring report. The pathway has been effective as of March 25, 2021 and was anticipated to assist in the placement of intraoperatively refused livers.

#### Data summary:

- Background
  - The Expedited Placement Pathway is optional
  - Used only when an "enter OR" time and at least one acceptance is present in the system
  - Opt-in system

*Data captured does not reflect late turndowns; data reflects the use of the expedited pathway*
- Discard rate for livers that were used with the expedited pathway was 64.36%
  - Whole livers at this time were discarded at a rate of 7.86%
- Donor age or quality was the primary refusal reason that led to expedited placement
- 251 expedited match runs initiated
  - 69 had final acceptances
  - Of those 69, 67 resulted in transplant
- Early analysis suggests that the expedited pathway may be underutilized due to the continued frequency of bypass code 863 and out of sequence placements

#### Summary of discussion:

A Workgroup member suggested that, because of the large number of programs that opted in to receiving offers, it hasn't created the efficient system that was intended. Furthermore, the expedited liver offers are returning to the same place, organ coordinators, rather than a new decision-maker. A second member supported this analysis and added that this too returns to liver programs accepting two livers, which has been identified by the Workgroup as a factor in late turndowns. Another member offered that the geographical area of the transplant program also impacts this data, as some OPOs do not have as many transplant programs or as much capability to fly a liver.

It was noted that this report does not provide much clarity into approaching the problem of late turndowns; the member pointed out the inconsistencies amongst the regions, as well as the

underutilization of the expedited pathway. One member did mention that, when considering the use of 863 in comparison to the use of the expedited pathway, both are functionally tools to be used when allocating organs. The goal should not be to reduce the use of 863 in allocation, therefore, but to increase the amount of transplants performed, regardless of which pathway is being used. In addition, the 863 bypass code has a 1.2% discard rate, significantly lower than both standard and expedited placement – something there is facilitating transplants.

However, research staff did reply that in the case of the expedited pathway, more data is required, which could be used in the future to assist in addressing the problem of late turndowns. A member rebutted that there could be cases in which the expedited pathway was not a feasible option, noting that geographical distance may be a barrier from programs opting in to expedited placement. However, because these centers are likely aware of this challenge, they have relationships with other programs that would be interested in accepting an organ, even with the cold and travel time, thus leading to the use of code 863 over the expedited pathway.

A member commented on the low discard rate for the 863 code, stating that the low rate may be misleading if it is used retrospectively; for example, if one program contacts another ahead of time and gets verbal confirmation that they will use it for a much later candidate. In this case, the bypass code would be used with the knowledge that they were aiming for a specific candidate.

Staff inquired what the Workgroup would like to do moving forward, as this meeting was the last scheduled one for the Workgroup. A number of members were in favor of returning to the Policy Oversight Committee to reevaluate the scope of the project. Specifically, members were in favor of examining late turndowns on an organ-specific basis. Additionally, they felt that the goal should be clarified – is it to eliminate late turndowns or to provide a tool to better manage late turndowns? In addition, the Workgroup agreed that a definition must be established before any progress can be made, and were supportive of asking for community input on defining late turndowns.

Next steps:

Staff will draft a memo detailing the progress of the Workgroup to date, as well as the challenges faced by the Workgroup when addressing the problem of late turndowns.

## Attendance

- **Committee Members**
  - Kristine Browning
  - Jamie Bucio
  - PJ Geraghty
  - Anna Mello
  - Jennifer Muriett
  - Kurt Shutterly
  - Farhan Zafar
  - David Marshman
- **SRTR Staff**
  - Adriana Martinez
  - Jon Snyder
- **UNOS Staff**
  - Lloyd Board
  - Matt Cafarella
  - Cole Fox
  - Isaac Hager
  - Lauren Motley
  - Leah Slife