

**OPTN Data Advisory Committee  
Refusal Codes and Late Turndowns Workgroup  
Meeting Summary  
October 21, 2021  
Conference Call**

## **Introduction**

The Refusal Codes & Late Turndowns Workgroup (the Workgroup) met via Citrix GoToMeeting teleconference on 10/21/2021 to discuss the following agenda items:

1. Review of Organ Efficiency Data Report
2. Review of Facilitated Pancreas Report
3. Review from 9/16 & Next Steps

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

### **1. Review of Organ Efficiency Data Report**

The Workgroup had mentioned at a prior meeting a desire to see the organ placement system review report from 2019. This was presented to the Workgroup by UNOS staff.

#### Data summary:

The one year monitoring report reviewed the organ placement system to place organs more efficiently. The report made a number of recommendations for the OPO Committee to consider, in particular, limiting the time for responses and limiting the number of acceptances. The OPO Committee accepted these recommendations, and the results were summarized in a one year data review for them as part of the monitoring system, available [on OPTN](#). The monitoring reported stated that:

- 95% of refusals or provisional acceptances were entered within one hour of the notification
- Fewer than 1% of all offers with a response time exceeding one hour were bypassed for time (notably, both pre- and post-implementation)
- 8% of livers recovered had at least one concurrent acceptance on their match run, and lungs had 5%. All other organs were 1% or below
  - There was an increased discard rate for livers that had two acceptances in the system, without a significant quality difference in the livers

#### Summary of discussion:

A Workgroup member responded to the final point, saying it reinforces what a number of programs already felt; that is, organs that have a recorded acceptance which is then declined have an increased discard rate. They noted it also went beyond just livers, as, anecdotally, any organ with an acceptance and subsequent refusal feels like it has a significantly higher discard rate. The Workgroup agreed that this was definitely a problem.

#### Next steps:

The Workgroup will consider the data summarized in the report and its impact on late turndowns.

## **2. Review of Facilitated Pancreas Report**

### Data Summary:

The Workgroup also reviewed the 2019 Facilitated Pancreas Monitoring Report, which is available on [the OPTN website](#). The Facilitated Pancreas implementation did not have the desired impact that was anticipated by the Pancreas Committee. In summary:

- An overall continued decrease in pancreata usage (10.3% utilization pre-policy, 9.7% utilization post)
  - This had been an ongoing trend that the proposal hoped to address, but the trend of utilization did not change
- A 5% increase in offer acceptance rate, but likely due to fewer centers receiving offers rather than increased utilization (acceptance is recorded as total number of accepted offers over total number of offers)
- Formerly, the facilitated pancreas list was opt-in, but changed to metric based on implementation
- Facilitated pancreas allocation was used 254 times pre-policy, whereas two years post-implementation it was used 179
  - Additionally, fewer OPOs used facilitated pancreas allocation from the first year to the second year post-policy (28 to 17)
- No major impacts to number of pancreas transplants

### Summary of Discussion:

A Workgroup member noted that pancreas may not be the best indicator of success or lack of success for a policy implementation, as the overall transplant rate of pancreata is much lower than most other organs. Instead, they suggested that the Workgroup could consider the expedited liver implementation, and they could review a report that was likely more applicable once it was formulated. UNOS staff working on the Expedited Liver Workgroup noted that, at least preliminarily, some of the results were not what they had hoped for, but would be a good discussion point for what does and does not work in expedited placement policies. UNOS staff also noted that there was an IT project underway to automatically update offer acceptance/refusal time, which would provide usable data for the Workgroup to evaluate when offers could be considered a late turndown. At present, the offer acceptance/refusal time must be manually updated and is not required when changing the response which provides no usable information when addressing refusal time. There was no estimated time of release for this update, but it is currently in development.

### Next steps:

The Workgroup will consider the implications of the Facilitated Pancreas Report pertaining to late turndowns.

## **3. Review from 9/16 & Next Steps**

The Workgroup discussed the possible routes that could be taken when considering the problem of late turndowns. A number of members voiced support for breaking the problem into organ-specific classifications and requesting suggestions from the community.

### Summary of Discussion:

The Workgroup was then presented with a number of questions surrounding late turndowns and the scope of the problem: What data needs to be collected? How should a late turndown be defined? By

cross clamp time? Can late turndowns be defined across organ types, or will they need to be organ specific? What other routes are available to the Workgroup?

A Workgroup member responded that they believed a late turndown varied by organ type; additionally, they would be in favor of opening the question up to the community to help generate examples of late turndowns. This would help capture all of the instances of late turndowns, as any proposed definition of a late turndown, even within organ specific categories, needs to encompass all scenarios. Specifically, they noted the case of a late turndown leading to the rescheduling of a donor's operating room (OR) timing. A second Workgroup member also supported defining late turndowns within each organ. When UNOS staff posed the question of which organ made the most sense to start with, two Workgroup members both replied with liver, as it was identified as the most refused organ with prior acceptances from the first agenda item.

The Workgroup then discussed late liver turndowns, with several members focusing on the turndowns occurring immediately before OR. From the transplant program perspective, a second example of organ turndown is when the liver arrives at the transplant hospital and the recipient becomes unavailable to receive the organ. However, because these are only two of many potentially late turndown situations, the member giving the examples still supported gathering information from the community to identify the circumstances that impact late turndowns for liver.

A member also noted that the late turndown of one organ can impact another. For example, if the liver is turned down, the OR timing may be delayed because of that one refusal if the liver team is also the recovering team. In this instance, the member also added that the program allocating cannot use the expedited liver pathway, even though there is likely a need to expedite liver placement. Furthermore, while it may not be easily trackable with data, there is an impact to staffing and process whenever an OR timing is delayed. They concluded by proposing the breakdown of late turndowns into pre-operative and post-operative late turndowns.

#### Next steps:

The Workgroup came to the conclusion that the problem of late turndowns is too complex to solve across organ types; instead, the approach should be to collect data elements specific to one organ type. This approach may also require feedback from the community or returning to the Policy Oversight Committee for a re-evaluation of their charge. The Workgroup agreed that the next obvious step would be to review the monitoring report for the expedited liver placement implementation, as, if it were a success, best practices could be applied from that project to the problem of late turndowns.

#### **Upcoming Meeting**

- December 16, 2021

## Attendance

- **Subcommittee Members**
  - Rachel Patzer
  - Sumit Mohan
  - Kristine Browning
  - Anna Mello
  - Bert Kasiske
- **HRSA Representatives**
  - David Marshman
  - Adrianna Martinez
- **SRTR Staff**
- **UNOS Staff**
  - Kristine Althaus
  - Lloyd Board
  - Bonnie Felice
  - Isaac Hager
  - Samantha Noreen
  - Lauren Motley
  - Susan Tlusty
  - Kimberly Uccellini
- **Other Attendees**
  - Jon Snyder
  - Matt Belton
  - Angela Lacks