

**OPTN Kidney Transplantation Committee Meeting
Expedited Placement Workgroup
Meeting Summary
March 24, 2025
Conference Call
Chandrasekar Santhanakrishnan, MD, Chair**

Introduction

The Expedited Placement Workgroup met via WebEx on March 24, 2025, to discuss the following agenda items:

1. Welcome
2. Project plan & updates
3. Member responsibilities in the expedited offer process

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

1. Welcome

Summary of discussion:

No decisions were made.

The Chair welcomed the Workgroup. Today's meeting will build upon the conversation from the Kidney Committee meeting on March 18, and focus on outstanding policy questions. The Workgroup's goal is to finalize an Expedited Placement policy for the summer 2025 public comment period.

2. Project plan and updates

Summary of discussion:

No decisions were made.

The Workgroup briefly reviewed the Expedited Placement policy framework and open topics. In the March 10 meeting, the Workgroup submitted two data requests to assess:¹

- The impact of new offer filters following switch to expedited placement
- Kidneys that would be allocated via priority classifications or expedited placement, based on historic data

On March 18, the Kidney Committee met and discussed:²

- Initiation of expedited placement
- Information to be provided to candidates regarding expedited placement

Today's discussion will focus on policy requirements and recommendations for OPO's and transplant programs within the Expedited Placement framework.

¹ See OPTN Kidney Expedited Placement Workgroup Meeting Summary, March 10, 2025

² See OPTN Kidney Committee Meeting Summary, March 18, 2025

1. Member responsibilities in the expedited offer process

Summary of discussion:

Decision #1: OPOs must confirm that potential transplant recipients (PTRs) in priority classifications with Provisional Yes (PY's) have accepted or declined the offer before initiating Expedited Placement (EP)

Decision #2: OPOs are required to report the following information prior to initiating EP offers:

- **Biopsy results**
- **Anatomy sheet**
- **Images of the kidney**
- **Plans for pumping the kidney**

Organ Procurement Organization (OPO) Expectations

The Workgroup reviewed OPO expectations developed in previous meetings and discussed how elements should be incorporated into the Expedited Placement policy.

OPO expectations (as of 12/9)

- *Share as much donor information as possible, as quickly as possible*
 - *Provide biopsy results within 6 hours of cross-clamp*
 - *Post anatomy sheet as soon as possible*
- *Take images of the organs and share them to the OPTN Donor Data and Matching System*
 - *Front and back of kidney, view of aortic patch*
- *Make efforts to pump organs requiring expedited placement*
 - *Pumping may not be possible, appropriate, or in the best interest of the organ – pumping should not take precedence over timely transportation*
 - *Notify programs about a donor's potential qualification for expedited placement within an hour of initiating EP, if possible*

The Workgroup discussed the sequencing of EP offers with respect to priority classifications, and protocols for resolving Provisional Yes (PY) candidates prior to initiating the EP pathway.

- Members discussed the need to maintain priority classifications in the allocation process and the Chair clarified that OPOs must continue offering through priority classifications before initiating EP. Members discussed expectations that transplant programs respond in a timely manner to offers for candidates in these priority classifications, noting that if the OPO is initiating EP after 6 hours of cold ischemic time have accrued, that should be enough time for programs with PTRs in the priority classifications to make a decision.
- A member questioned whether requiring offers to all priority classifications before initiating EP could cause significant delays, particularly when allocation begins after organ recovery. To further assess the issue, the Workgroup reviewed data on the expected number of PTRs within priority classifications based on deceased kidney donor matches run in 2023. Members discussed the potential volume of PYs that may remain in priority classifications after the application of EP filters. They also examined outlier scenarios in which a significant number of PYs may remain.
 - Data summary
 - In 2023, for donors with a KDPI \geq 35% there were 13,733 total matches run.

- 1,210 (8.81%) of these matches had at least one organ placed in the priority classifications
- On all matches run, there was at least one organ placed on 7,175 matches:
 - 1,210 (16.9%) of these matches had at least one organ placed in the priority classifications
- The number of registrations in the priority classifications ranged from:
 - 0 to 938 registrations, with a median of 1 registration for 35-85% KDPI donors. For 95% of these match runs, there were 8 or fewer registrations in the priority classifications for KDPI >34%
 - 0 to 234 registrations, with a median of 0 registrations for 86%+ KDPI donors
- The Workgroup discussed approaches for managing PYs before the initiation of EP. Members agreed that, due to the generally low volume of priority classification registrations appearing in the match run, it is reasonable for the OPO to resolve all PYs from priority classifications before initiating EP.
- Contractor staff will explore outlier match runs and provide recommendations for circumstances in which there are a high number of registrations in the priority classifications.

The Workgroup discussed whether OPOs should be required to report biopsy results, anatomy sheets, pumping data, and images of the organ before making EP offers:

- Workgroup members acknowledged logistical and timeliness challenges in obtaining biopsy and anatomy information but emphasized that the transplant program requires this data to make an informed acceptance decision.
- Members reviewed the current policy at 2.11.A, which does not strictly require OPOs to perform biopsies.³ The Chair noted that, while not required by policy, biopsy results are critical for evaluating offers, particularly for more complex organs. Some members noted it may take OPOs serving large geographic areas longer amounts of time to receive biopsy results. However, members agreed that it would be reasonable to require biopsies under EP policy.
- Members discussed whether EP policy should recommend or require pumping data. Workgroup members discussed the value of pumping data as well as the variability in donor characteristics, OPO and transplant center practices, and timing of data availability. Members agreed that the OPO should be required to report pumping plans to the transplant program, but that EP policy should not mandate pumping practices or require certain pump data prior to EP initiation.

Transplant program expectations

The Workgroup reviewed previously developed expectations for transplant programs and discussed how to incorporate these expectations into the EP policy.

Transplant program expectations (as of 12/9)

- *Identify candidates that they would deem to be appropriate to accept EP offers*
 - *Considers clinical factors, but also candidate ability to get to the program quickly, etc.*

³ OPTN Policy 2.11.A: *Required Information for Deceased Kidney Donors*

- *Discuss EP and similar offers with these patients, to ensure patients understand their options and may make informed decisions on transplant goals*
- *Aligns with high KDPI consent modifications/patient education attestation*
- *Accept and transplant the organ for which they have designated a candidate*
 - *Programs must use more detailed codes to describe late declines*
 - *Late declines should be monitored*
- *Designate candidates based on virtual crossmatch results*
 - *Perform general patient screening and notification to ensure wellness, readiness, and due diligence that the patient is interested in accepting the organ*
 - *Have back up candidate prepared to accept the organ*

The Workgroup discussed candidate identification requirements and appropriate candidate education for EP. The Kidney Committee has expressed support for replacing the high-KDPI informed consent policy⁴ with a general candidate education policy as part of EP.

- Workgroup members advised against creating a prescriptive candidate identification or consent policy within EP, pointing to the variability of organ offers and the existing guidelines and protocols transplant programs follow when consenting a patient for an organ offer.

Members discussed virtual crossmatching requirements for transplant programs.

- Members agreed that, to ensure efficient acceptance practices, transplant programs should be required to accept EP offers based on virtual crossmatch.

Members also discussed mitigation strategies for inefficiencies that could arise from programs entering excessive PY's or frequent late declines for EP offers.

- Members discussed how offer filters could be used to mitigate program behavior and apply filters to programs with frequent declines.
- Members also discussed time-out protocols and potential policy requirements for transplant programs to directly review EP offers with the transplanting surgeon.
- The Chair agreed that further conversations on program monitoring will be useful, and post-implementation monitoring will be important to assess if EP is functioning efficiently.

Next Steps

The Workgroup will discuss outstanding policy decisions regarding the EP offer evaluation process in the next meeting.

Upcoming Meeting(s)

- April 21, 2025, 3:00 ET
- May 12, 2025, 3:00 ET

⁴ OPTN Policy 5.3.C.: *Informed Consent for Kidneys Based on KDPI Greater than 85%*

Attendance

- **Workgroup Members**
 - C.S. Krishnan
 - Jim Kim
 - Jason Rolls
 - Micah Davis
 - George Surratt
 - Anja DiCesaro
 - Jillian Wojtowicz
 - Kristen Adams
 - Carrie Jadlowiec
- **HRSA Representatives**
 - Sarah Laskey
- **SRTR Staff**
 - Jon Miller
 - Bryn Thompson
- **UNOS Staff**
 - Kaitlin Swanner
 - Carly Rhyne
 - Thomas Dolan
 - Rebecca Fitz Marino
 - Ben Wolford
 - Sarah Booker
 - Ross Walton
 - Asma Ali
 - Houlder Hudgins