

Modifications to Released Kidney and Pancreas Allocation

OPTN Organ Procurement Organization Committee

Purpose of the Proposal

- Board approved removal of DSA and region from kidney and pancreas allocation
- Policy for reallocation of a kidney or pancreas needs to be consistent with Board-approved changes
- Proposal addresses the potential for inefficiencies during reallocation

Options Considered

- Committee considered three options:
 1. Host OPO continues using the original match run, no reallocation option
 2. Host OPO continues using the original match run or delegates to the “import OPO”
 3. Host OPO continues using the original match run or uses new match run around original accepting transplant hospital (Circle remains 250 NM)

- Committee supported option 3 with the host OPO responsible for reallocation or delegating to Organ Center
 - Consistency with distribution units and proximity points
 - Increased efficiency and vested interest of the host OPO

Proposal

- In cases when organ isn't transplanted into the intended recipient, host OPO may:
 - Delegate to UNOS Organ Center (no change from current policy)
 - Continue allocation according to original match run (no change from current policy)
 - Allocate according to a new match run (change from current policy)
 - 250 NM radius around the transplant program that originally accepted the organ (not the donor hospital)
 - Proximity points inside (2) and outside (4) the 250 NM circle – consistent with approved changes to kidney and pancreas allocation

Rationale

- Host OPO is more vested in placing the organ than an “import” OPO
- Policy should be consistent with the changes to remove DSA/Region from kidney and pancreas policy

2018 Data:

- 1,683 (10%) kidney acceptances came from a reallocation or import (versus host) match run
- 370 (34%) pancreas acceptances were from centers outside the donor recovery DSA (“non-local”)

Request for Feedback

- Agree with host OPO retaining responsibility?
- Agree with 250 NM reallocation circle with proximity points?
- Are there specific operational challenges?
- Should there be a third option to allow center backup in certain situations?
- Concerns about cross-matching?
- Agree with using same solution for kidney and pancreas allocation?

Extra slides

Reallocation Data

2018 - the number of kidney, kidney- pancreas, and pancreas acceptances outside the donor recovery DSA and from reallocation match runs:

- 1,683 (10%) kidney acceptances came from an reallocation or import (versus host) match run
 - These acceptances encompassed 1,451 kidney matches (15%) for 1,351 kidney donors (16%)
- 370 (34%) pancreas acceptances were from centers outside the donor recovery DSA (“non-local”)
 - These acceptances encompassed 335 donors (32%)
 - 35 (3%) acceptances came from a reallocation or import (versus host) match run
 - These acceptances encompassed 35 donors (3%)