

## **OPTN Transplant Administrators Committee**

### **Meeting Summary**

**August 24, 2022**

**Conference Call**

**Susan Zylicz, MHA, BSN, RN, CCTC, Chair**

**Jason Huff, MSN, RN, FNKF, Vice Chair**

### **Introduction**

The Transplant Administrators Committee (the Committee) met via Citrix GoTo teleconference on 08/24/2022 to discuss the following agenda items:

1. Welcome
2. Update on Continuous Distribution of Kidneys and Pancreata
3. Redefining Provisional Yes and the Approach to Organ Offers
4. Optimizing Usage of Kidney Offer Filters Concept Paper
5. Closing remarks and adjournment

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

#### **1. Welcome**

UNOS Staff welcomed the Committee and the presenters.

#### Summary of discussion:

There was no further discussion by the Committee.

#### **2. Update on Continuous Distribution of Kidneys and Pancreata**

The Pancreas Committee Vice Chair presented on the progress of continuous distribution, including further detail on proposed attributes and rating scales, overview of AHP exercise results, considerations for allocation components outside of the composite allocation score, and the Committee's first modeling request.

- Analytic Hierarchy Process (AHP) Exercise Results

The Pancreas Committee Vice Chair explained that this exercise asked participants to weigh attributes against each other and that based on the feedback a candidate that is medically urgent (no dialysis access) and an extremely (biologically) difficult to match candidate received the highest prioritization for kidney. A very nearby candidate received the lowest priority rating for kidney. He explained an extremely (biologically) difficult to match candidate received the highest prioritization and a very nearby candidate received the lowest prioritization for pancreas.

- The Committee's first modeling request

The Pancreas Committee Vice Chair noted that the Kidney-Pancreas Simulation Allocation Model (KPSAM) was submitted for first round modeling to test the effects of what would happen in extreme cases, and the next round will be more detailed/granular. The Pancreas Committee Vice Chair gave an overview of kidney and pancreas rating scales and kidney and pancreas weight modifiers. He explained the first run uses current classification to produce a baseline, the second run includes expanded

longevity matching, a steeper CPRA curve, and pediatric priority for KDPI 35-85% pediatric donor kidneys, the third run increases the weight/importance of transplant outcomes from 10% to 40%, the fourth run increases the importance of proximity efficiency from 10% to 30%, and the fifth run uses weights from the second run.

Next steps:

- KPSAM results are expected late August 2022 and will be reviewed and adjusted by the committees
- The OPTN Kidney and Pancreas Committees will resubmit for additional modeling and continue to update the community

Summary of discussion:

A Committee member asked if there was a consideration for points for pancreas for retransplant. The Pancreas Committee Vice Chair responded it was discussed, however his opinion would be that they would be prioritized with CPRA points. The member stated she does think that should be considered especially for long-standing pancreas recipients.

**3. Redefining Provisional Yes and the Approach to Organ Offers**

The Chair of the Operations and Safety Committee explained that “Provisional yes” is defined as when the transplant hospital notifies the OPTN or host organ procurement organization (OPO) that they have evaluated the offer and are interested in accepting the organ or receiving more information about the organ. This project seeks to improve processes to increase the efficiency of the organ offer, review, and acceptance system and reduce overall organ allocation time. The Operations and Safety Committee produced a concept paper that introduced a concept of a three-tiered framework that aims to provide outlined requirements for transplant programs and allow transparency across OPOs and transplant programs. The Chair of the Operations and Safety Committee explained this concept paper is in response to the high number of offers due to the high number of provisional yes responses, which overwhelms transplant programs and does not result in final acceptance.

The Chair of the Operations and Safety Committee is looking for feedback on the three-tiered framework and associated responsibilities, time limit on offers within each tier, and the number of offers that can be sent within each tier.

The Chair of the Operations and Safety Committee explained the Tiered Framework:

- Tier III

Transplant programs evaluate organ offers to see if the offer immediately meets any of their program’s refusal reasons. This would streamline how notifications are sent and notify OPOs of offers that are turned down. A transplant program would receive an electronic offer and provide a response.

- Tier II

In addition to the requirements in Tier I, transplant programs assess the candidate’s medical suitability and notify OPOs of any additional information needed for testing or evaluation. This Tier would include additional back up offers, one offer for each organ available, and a one-hour time limit on offers.

- Tier I

In addition to the requirements in Tier I and Tier II, transplant programs assess histocompatibility and confirm candidate availability for transplant. There would be primary and back up offers with one offer

sent for each organ available. This would include a one-hour time limit on the first offer and 30 minutes for subsequent offers.

Summary of discussion:

A member stated she thinks push notifications from the OPTN Donor Data and Matching System would be extremely helpful if/when timeframe changes (i.e., time increases when the tier changes). The Chair of the Operations and Safety Committee stated this is consistent feedback to have the same system nationally and have it automated.

A member asked when the tier process would require requesting additional information. She explained that for example, a splitting of a liver that requires a CT scan with contrast would not occur until the primary team declines the organ. The Chair of the Operations and Safety Committee explained it would happen in tier I or tier II when the offer is received. OPOs have stated 'provisional yes' is not as genuine a system as it could be, so programs give a 'provisional yes' and then hours later will explain they cannot accept until the CT scan is performed, which slows down the process. The member vocalized concern for when a program is a backup and that cannot be performed in tier I and tier II, so efficiency would not be improved. The Chair of the Operations and Safety Committee responded the OPO putting out that tier II offer knew the backup has examined it with the contingency of that CT scan, so that keeps it on the radar instead of waiting until there is a primary offer to note that.

#### **4. Optimizing Usage of Kidney Offer Filters Concept Paper**

The Chair of the Operations and Safety Committee explained the goal of this concept paper is to develop a more broadly utilized offer filter model that will create multi-factorial offer filters to filter off organ offers more precisely. This will first address kidney offer filters, then eventually offer filters for all organs. The concept paper increases awareness on the benefit of offer filter usage and updates the community on the Operations and Safety Committee's work on kidney offer filters, while asking for feedback on potential offer filter options: default and mandatory options.

The Chair of the Operations and Safety Committee explained that default filters would involve recommended offer filters turned on by default and allow transplant programs to have the ability to turn off filters and/or adjust recommended offer filter criteria. He explained that mandatory offer filters would develop a pathway to demonstrate change in behavior and uses model filter to develop more restrictive criteria, either using distance, cold ischemia time, or a mixture of all criteria.

The Operations and Safety Committee asked for feedback on:

- Should OPTN policy promote increased filter use? If so, which option outlined in the concept paper do you support?
- What is the appropriate threshold for applying a filter?
- Should the filter be mandatory? If so, can a program request removal under certain circumstances?
- Should the filter be removable by the program? If so, should the filter reset if the center continues to decline the organs?
- Should certain hard to match candidates never be subject to having offers filtered?
- How often should the acceptance data be re-evaluated for transplant programs in order to adjust the model identified offer filters?

Summary of discussion:

The Chair stated some of the filters are not addressing the issues at her program. The Chair noted there are patients you want to broaden the scope of the donor pool, so application of these filters should

allow those patents to be easily identifiable. The Chair of the Operations and Safety Committee explained that his program looked at the balance between losing a kidney, but not receiving an excessive amount of offers and the explorer tool helped facilitate those discussions between administrators and medicine.

A member asked if the OPTN would monitor the filters to see if the program is not accepting organs according to their criteria. The Chair of the Operations and Safety Committee stated that it is already occurring, and most programs are not using these effectively. He stated this presents the discussion for a broad and mandatory filter imposed or allow it to be voluntary.

The Chair of the Operations and Safety Committee urged the Committee to ask the teammates from members' different programs, and UNOS staff noted that feedback could be provided via email.

## **5. Closing remarks and adjournment**

The Chair and UNOS staff reminded the Committee of the in-person meeting.

### Summary of discussion:

There was no further discussion by the Committee.

### **Upcoming Meetings**

- September 28, 2022: 4PM-5PM ET
- October 12, 2022: 8AM-2:30PM ET, in-person

## Attendance

- **Committee Members**
  - Christopher Wood
  - Denise Neal
  - Erica Seasor
  - Jason Huff
  - John Gutowski
  - Kavita Debairakkam
  - Melissa Roberts
  - Michelle James
  - Nancy Metzler
  - Rachel Detweiler
  - Sara Geatrakas
  - Sarah Madgwick
  - Stephanie Johnson
  - Susan Zylicz
- **HRSA Staff**
  - Megan Hayden
- **Other Committee Members**
  - Dolamu Olaitan
  - Alden Doyle
- **UNOS Staff**
  - Alex Carmack
  - Lindsay Larkin
  - Matt Belton
  - Robert Hunter
  - Taylor Livelli