

OPTN Organ Procurement Organization Committee

Meeting Summary

March 27, 2025

Conference Call

PJ Geraghty, MBA, CPTC, Chair
Lori Markham, RN, MSN, CCRN, Vice Chair

Introduction

The OPTN Organ Procurement Organization Committee (the Committee) met via WebEx teleconference on 03/27/2025 to discuss the following agenda items:

1. Multi-Organ Transplantation (MOT) Proposal – Feedback on Process for Running Matches and Generating Allocation Plans
2. Machine Perfusion/Normothermic Regional Perfusion (NRP) Data Collection – Update
3. Donation After Circulatory Death (DCD) Policy Review - Update

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

1. MOT Proposal – Feedback on Process for Running Matches and generating Allocation Plans

Presentation Summary

The (MOT) representative gave a brief overview of MOT allocation using multi-organ allocation tables to generate an allocation plan for OPOs to follow.

Potential Policy Components

- OPOs must allocate organs from multi-organ donors according to the multi-organ allocation tables.
- OPOs must execute the match runs for organs to be recovered for the purpose of transplantation.
- OPOs must generate a multi-organ allocation plan for donors covered by multi-organ allocation tables prior to making primary offers.
- If organs are not accepted upon completion of the applicable multi-organ allocation table, the remaining organs are allocated to single and multi-organ candidates in the order in which they appear on the match runs.
- If the donor is not covered by a multi-organ allocation table, organs are allocated to single and multi-organ candidates in the order in which they appear on the match runs.
- If the OPTN Policy requires re-execution of a match run during the allocation of organs from multi-organ donors, the OPO must also re-execute a multi-organ allocation plan incorporating that match run.
- If information about a multi-organ donor changes during allocation, but OPTN Policy does not require re-execution of a match run, the OPO may continue to follow the existing multi-organ allocation plan or re-execute the match run and the multi-organ allocation plan.

- If an additional organ becomes viable for donation during allocation, the OPO must run the additional match and generate a new allocation plan.

Questions for the OPO Committee

1. Does the process for running matches and allocation tables sound workable?
2. How might the process impact allocation practices/efficiency?
3. Are standardization and flexibility balanced appropriately?

Summary of Discussion:

No decisions were made regarding this agenda item.

The Committee members pointed out that it is not feasible to run all the match runs at one time or to wait to allocate organs until they were certain of every organ that would be viable. They agreed that running all the match runs at once would be the ideal state but that due to the variability of each case, it is often not practical. As examples, they pointed to things like expedited kidney placement or lungs that looked like they would not be viable but then later improved enough to be viable for donation.

The Committee members discussed the need for clear instructions on multi-organ allocation. They suggested that the multi-organ allocation plan have built-in warnings and notifications to keep OPO operators from making mistakes when allocating multi-organs. They also suggested that the multi-organ allocation plan does not automatically prevent them from making offers outside of the allocation plan as there may be extenuating circumstances. When asked about the timing for generating the multi-organ allocation plan, the Chair said it should be the last thing an OPO does before making offers.

Next steps:

There are no next steps regarding this agenda item.

2. Machine Perfusion (NRP) Data Collection - Update

Presentation Summary

NRP Data Elements

Data elements awaiting implementation include:

- NRP Recovery
- Initiation of NRP
- Four Flush times

Data elements being added include:

- Second cross clamp time
- NRP Run Time, end time (start time awaiting implementation)
- Organs intended to be recovered using NRP.
- Thoracoabdominal NRP vs Abdominal NRP
- Total Heparin Administered into the NRP Circuit

- SBP50 Intervals (Require OPO to enter vitals on minute-by-minute basis)
- Lactate Levels

Machine Perfusion Data Elements

General

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|---|---|
| <ul style="list-style-type: none"> • Normothermic vs Hyperthermic • Machine type • On machine, date/time. • Off machine, date/time. | <ul style="list-style-type: none"> • Who requested the use of machine perfusion? • Who performed the machine perfusion? • Lactate Levels |
|---|---|

Machine Specific

- | | |
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| <ul style="list-style-type: none"> • P02 • PCO2 • pH • Temp • Bile • Arterial Flow | <ul style="list-style-type: none"> • Portal Flow • IVC Flow • Arterial Pressure • IVC Pressure • Glucose clearance (Machine specific) |
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Other Considerations

There is real-time data available for some machine perfusion devices via the manufacturers' website.

Summary of Discussion:

No decisions were made regarding this agenda item.

NRP Data Elements

One Committee member asked if the Machine Perfusion NRP Workgroup should include more data elements for medication given so that the information is captured in the OPTN Donor Data and Matching System. The Chair responded that all medication administered is captured, some in the Deceased Donor Registration (DDR) and some in OPO flow sheets. The Chair agreed it would be beneficial to have all the information in one place, but there is too much information to include everything that could be relevant to NRP. The Workgroup wants to capture the most critical information first, which is why they only have heparin administered as a suggested data element regarding medication.

There was no discussion on the Machine Perfusion part of this agenda item.

Next steps:

- The Machine Perfusion NRP Workgroup will report their final proposal at a future Committee meeting.

3. DCD Policy Review - Update

Presentation Summary

The DCD Policy Review Workgroup discussions have focused primarily on the timing of the discussion of organ donation with the potential donor's family members. The Workgroup was divided with OPO representatives preferring to remove the timing restriction and the Ethics representative preferring to maintain the restriction. During the Workgroup's last meeting (03/12/2005), the group came to an agreement on new language. The Workgroup plans to finalize this language and then begin updating the rest of the language in Policy 2.15.

Summary of Discussion:

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| No decisions were made regarding this agenda item. |
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There was no discussion on the Machine Perfusion part of this agenda item.

Next steps:

- The DCD Policy Review Workgroup will report their final proposal at a future Committee meeting.

Upcoming Meeting

- April 17, 2025

Attendance

- **Committee Members**
 - PJ Geraghty
 - Lori Markham
 - Clint Hostetler
 - Dan DiSante
 - Donna Smith
 - Doug Butler
 - Judy Storfjell
 - Kerri Jones
 - Rachel Markowski
 - Stephen Gray
 - Theresa Daly
- **SRTR Staff**
 - Jon Miller
 - Katie Siegert
- **UNOS Staff**
 - Robert Hunter
 - Kaitlin Swanner
 - Ethan Studenic
 - Alina Martinez
 - Houlder Hudgins
 - Kevin Daub
 - Ross Walton
 - Sarah Roache
- **Other**
 - Lisa Stocks