

Update Criteria for Post-Transplant Graft Survival Metrics

OPTN Membership and Professional Standards Committee (MPSC)

Purpose of Proposal

- Support Expeditious Task Force bold aim of 60,000 deceased donor transplants by 2026
- Remove barriers to increasing the number of transplants
- Request for MPSC to evaluate changes to thresholds for
 - Two post-transplant graft survival metrics to remove barrier
 - Offer acceptance to encourage programs to accept more organs

Proposal

- MPSC uses metrics to identify outlier programs for performance monitoring
- Proposes change to flagging thresholds for two post-transplant graft survival metrics
 - Current threshold: 50% probability that graft survival hazard ratio is greater than 1.75
 - Proposed threshold: 50% probability that graft survival hazard ratio is greater than 2.25
 - Applies to both 90-day graft survival and 1-year conditional on 90-day graft survival
- Proposes threshold change only for adult transplants, not pediatric transplants
- No proposed change to offer acceptance threshold at this time
- Does not affect the metrics available on the Scientific Registry of Transplant Recipients (SRTR) public website

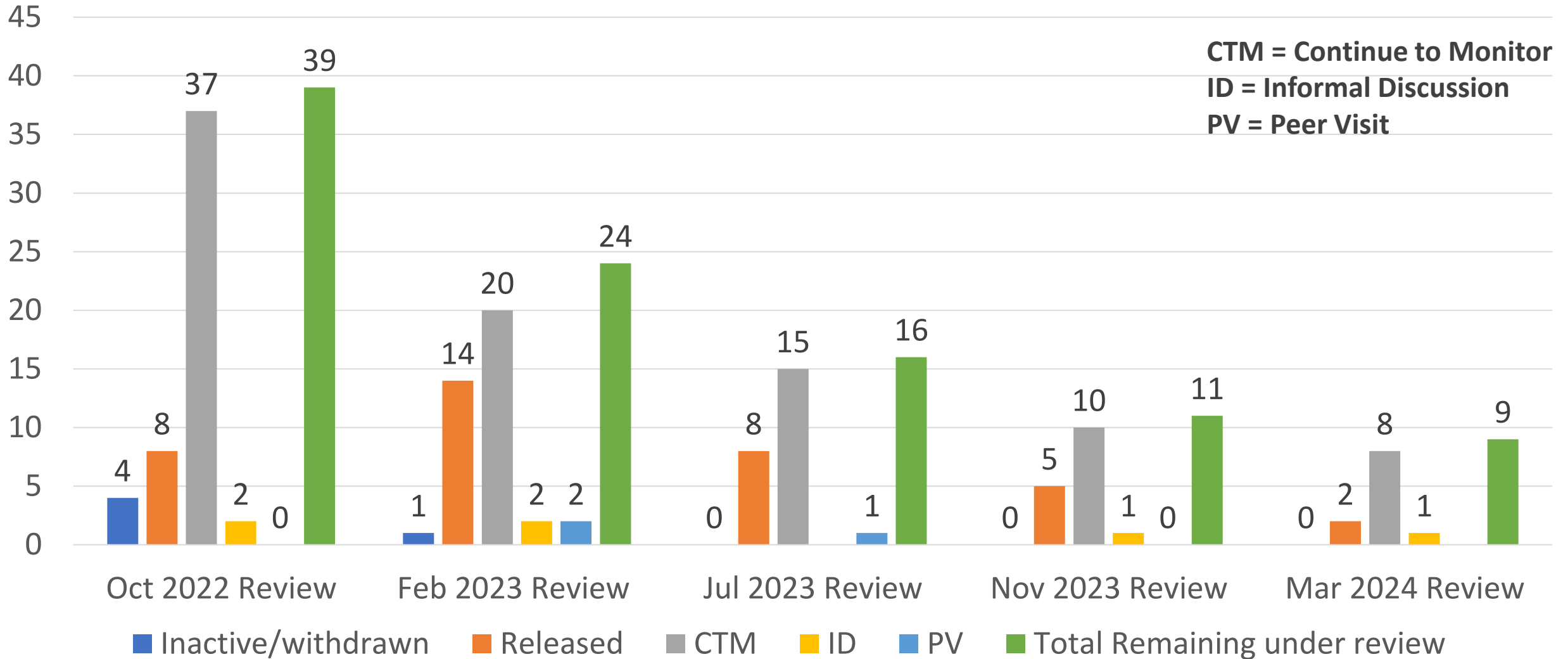
Program Flags: Current vs. Alternative Bylaws (January 2024 SRTR Reports)

Adult

Metric	Current (1.75)	Alt. (2.0)	Alt. (2.25)
90-Day	25	13	12
Cond. 1-Year	17	9	2
Total	42	22	14

Post-transplant Outcomes Reviews, July 2022 Reports

51 Programs Identified in July 2022, 47 Inquiries Sent



Rationale

- Reduce transplant program concern regarding potential MPSC performance review
- Encourage transplant programs to accept more complex donor organs to increase transplants
- Supports, in combination with other OPTN Expeditious initiatives, an
 - Increase in organ utilization
 - Increase in transplants
 - Decrease in candidate pre-transplant mortality
- Majority of serious patient safety issues identified through other monitoring activities, not through review of post-transplant outcomes

Rationale

- **No change to flagging threshold for pediatric transplants based on**
 - Need for closer monitoring of transplant outcomes for children
 - Encouragement of use of more complex donor organs in transplants in children should be avoided
 - Smaller number of pediatric programs and lower volume of pediatric transplants makes it harder to determine statistically meaningful outliers
- **No change to offer acceptance flagging threshold at this time due to**
 - Limited experience reviewing transplant programs for offer acceptance
 - More time needed for programs to become familiar with and evaluate use of offer filters
 - The need for more robust offer filters

What do you think?

- Would this change increase your willingness to accept more complex organs and perform more complex transplants?
- Do you support a flagging threshold change to 2.0 rather than 2.25?
- Would you support an increase in flagging threshold for offer acceptance rate ratio to identify more programs and incentivize programs to accept more organs?
- Should the change in flagging threshold be applied to pediatric transplants in addition to adult transplants?
- Are patients supportive of the change in threshold which aims to increase access to more complex organs?

Additional Questions?

- Please direct questions to Sharon Shepherd at sharon.shepherd@unos.org

Provide Feedback

Submit public comments on the OPTN website:

- September 17 – October 16, 2024
- **optn.transplant.hrsa.gov**

