



Health Resources & Services Administration

Health Systems Bureau/Division of Transplantation

5600 Fishers Lane

Rockville, MD 20857



December 2, 2025

John Magee, M.D.
President, Board of Directors
Organ Procurement and Transplantation Network

Dear Dr. Magee:

The Health Resources and Services Administration (HRSA) has identified a potential issue affecting the reliability of Organ Procurement and Transplantation Network (OPTN) match run data and is requesting the OPTN's review.

This issue was brought to HRSA's attention through correspondence from [REDACTED] to the OPTN, dated October 27, 2025. HRSA staff met with [REDACTED] representatives to better understand the circumstances described in their letter. We appreciate [REDACTED]'s openness and the constructive discussion that followed.

[REDACTED] described a process known as an "open offer," in which a transplant program chooses to place an organ with a "backup" candidate rather than the candidate who initially accepted the organ. In these instances, the organ procurement organization typically changes the primary candidate's "yes" organ offer response to a "no" in the OPTN IT system. HRSA has also noted similar reports from other OPTN members in Allocation Out of OPTN Sequence (AOOS) Workgroup meetings. While this practice is intended to streamline the transplant process, HRSA is concerned about the impact it has on the ultimate veracity of match run data, as data modified in this way misrepresent a) the primary candidate's acceptance, b) the lack of offer to the backup candidate, and c) the decision of the transplant program to re-allocate the organ after acceptance.

HRSA's review of raw OPTN data further identified other cases where offer responses changed in ways that do not align with expected allocation patterns (for example, "yes" or "no" responses later becoming "bypass," or "no" responses changing to "yes"), raising an additional concern that final match run data, which only reflect the latest response for each potential recipient, do not reliably represent allocation events.

Reliable and auditable match run data are essential to the OPTN's functions, including policy development, evaluation, and public accountability. The practices described above, and HRSA's preliminary findings, suggest potential weaknesses in the integrity of those data that must be addressed. HRSA requests that the OPTN:



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1. Review match run record keeping protocols and practices to identify barriers to accurate reporting and/or drivers of inaccurate reporting; and
2. Identify policy clarification, technical modifications, or additional guidance necessary to ensure the fidelity of match run data.

Given their relevant expertise in OPTN data and allocation oversight, HRSA recommends involving the Data Advisory Committee (DAC) and the AOOS Workgroup in this review.

We appreciate the OPTN's continued efforts to strengthen data quality and system transparency in service of patients, families, and the transplant community.

Sincerely,

/Raymond Lynch/

Raymond J. Lynch, MD, MS, FACS
Director (Acting), Division of Transplantation

Cc: Justin Wilkerson
Chair, AOOS Workgroup

Jesse Schold, PhD
Chair, Data Advisory Committee

Maureen McBride, PhD
CEO, United Network for Organ Sharing

Christine Jones
Principal Researcher, AIR