OPTN Organ Procurement Organization Committee
Meeting Summary
April 17, 2025
Conference Call

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Introduction

The OPTN Organ Procurement Organization Committee (the Committee) met via WebEx teleconference on 04/17/2025 to discuss the following agenda items:

1. Histocompatibility Committee Molecular ABO Typing
2. Multi-Organ Transplantation (MOT) Committee – Additional Feedback
3. Kidney Expedited Placement
4. Modify Organ Offer Acceptance Limits – 6 Month Monitoring Report
5. Machine Perfusion/NRP Data Collection Project
6. Donation after Circulatory Death (DCD) Policy Review Project
7. DDR Question – FPA/Time of Death

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

1. Histocompatibility Committee Molecular ABO Typing

Presentation Summary

In December 2024, the Histocompatibility Committee received a referral from the Membership and Professional Standards Committee (MPSC) to create a policy that requires molecular testing to be utilized when blood typing discrepancies occur, especially after mass transfusion, to ensure that the organs are being safely and appropriately allocated to a compatible candidate.

Currently, *OPTN Policy 2.6 Deceased Donor Blood Type Determination and Reporting* requires organ procurement organizations (OPOs) to "include a process to address conflicting or indeterminate primary blood type results in their written protocol" (2.6.A) and "document that reporting was completed according to the OPO's protocol and the above requirements" (2.6.C).

Questions for the OPO Committee include:

- Who performs donor ABO typing for your OPO (hospital, Human Leukocyte Antigen (HLA) lab, other reference lab)?
- Does your OPO currently order testing for molecular ABO genotyping?
    - If yes, for what indications? Which lab performs the testing?
    - If no, do any of your contract laboratories support molecular ABO genotyping?

Summary of Discussion:

No decisions were made regarding this agenda item.

The Committee discussed the difficulty of matching A and AB Blood types and that American Society for Histocompatibility & Immunogenetics (ASHI) standards state molecular methods cannot be used to

independently verify blood type for transfusion and transplant compatibility due to accuracy concerns. The Committee had concerns about the availability of this technology and that sometimes, this testing happens in off-site laboratories. They also felt it would need to be clear to all parties involved that molecular testing would not be the only form of testing to match blood types.

Next steps:

- Surveying OPOs to see who performs donor ABO typing (the hospital, HLA laboratories, other reference laboratories, etc.)

2. MOT Committee – Additional Feedback

Presentation Summary

Streamlining Requirements for Multi-Organ Offers

Currently, the OPTN Computer System uses different designations and approaches for allocating multi-organs, such as required shares, permissible, and not eligible, depending on the combination of organs. The MOT Committee wants to move to a streamlined system that lists the candidate as either eligible or not eligible to receive the other organs they are registered for. If the candidate is not eligible, OPOs must not offer the multi-organ combination but must make single organ offers in accordance with the match run.

Eligibility Criteria for Multi-Organ Offers

Match Run	OPOs must make multi-organ offers to PTRs who are also registered for:	Subject to the following eligibility criteria:
Heart	Lung, liver, intestine, kidney, pancreas	Adult heart-kidney candidates must satisfy kidney criteria (Policy 10.5.E)
Lung	Heart, liver, intestine, kidney, pancreas	Adult lung-kidney candidates must satisfy kidney criteria (Policy 10.5.F)
Liver	Heart, lung, kidney, pancreas	Adult liver-kidney candidates must satisfy kidney criteria (Policy 10.5.B)
Liver & Intestine	Heart, lung, kidney pancreas	
Intestine	Kidney, pancreas	
Kidney	Intestine	
Pancreas/Kidney-Pancreas	Intestine	Kidney-pancreas candidates must satisfy registration requirements (Policy 12.2.B)

Questions for the OPO Committee include:

- How should eligible multi-organ offers display on the match?
- What should the match display if a candidate is listed for multiple organs and eligible for a subset of those organs? (e.g. Heart-liver-kidney candidates eligible for heart and liver but not the kidney)
- Should the policy address when VCA are offered with other organs?

Summary of Discussion:

No decisions were made regarding this agenda item.

The Committee supported the purposed change of moving towards offers being marked as either eligible or not eligible. The Committee expressed a desire for match runs to have better visual indicators as they are currently not easy to read, and a better layout would reduce the chance of mistakes. They also suggested the idea of having a secondary check when offering organs to make sure that the patient can accept all the organs being offered because sometimes patients are listed for multi organs even when they are not eligible for some organs.

Next steps:

There are no next steps for this agenda item.

3. Kidney Expedited Placement

Presentation Summary

The Kidney Committee is working to develop a national kidney expedited placement policy for “hard to place” kidneys. Before initiating expedited placement, OPOs must offer kidneys through priority classifications. After confirming acceptance or decline in priority classifications, the OPO initiates expedited placement when donors meet at least two clinical characteristics of “hard to place” kidneys. These characteristics are as follows:

- Donor history of hypertension greater than 5 years
- Donor history of diabetes greater than 5 years
- Dono age greater than or equal to 60 years
- Donation after circulatory death (DCD)
- Biopsy with glomerulosclerosis greater than 10%

Additionally, kidneys with 6 hours of cold ischemic time are considered “hard to place”.

Kidneys recover with 2 or more “hard to place” characteristics accounted for 26.8% of all kidneys recover in 2023. The non-use rate of kidneys with 2 “hard to place” characteristics in 2023 was 53.3% of kidneys recovered. For kidneys with 3 "hard to place” characteristics the non-use rate was 70.9% in the same year.

OPOs must report the following information prior to sending expedited offers:

- Anatomical description, including number of blood vessels, ureters, and approximate length of each
- Kidney perfusion information, if performed
- Images of the kidney(s), including front and back of the kidney(s) and view of the aortic patch

- Biopsy results, if performed per Policy 2.11.A Required Information for Deceased Kidney Donors

Upon initiation of expedited placement:

- New expedited offer filters will be applied base on the "hard to place" donor cohort
- Other offer filters will also be applied again (default filters and program-designed filters)
- If filter criteria are met, filters will apply to existing Provisional Yes responses

Simultaneous offers are sent to the remaining potential transplant recipients

- Transplant programs have a set amount of time to respond to offers
- Transplant programs must be willing to accept the offer based on virtual crossmatch
- OPO places the kidney(s) with the highest patient transplant recipient (PTR(s) remaining on the match

Questions for the OPO Committee include:

- Should the simultaneous evaluation period be 60 or 90 minutes?
- Should the transplant program be required to respond for all of their remaining (PTRs) on the match within that evaluation period?
- Should there be different limits on how many offers OPOs can send at a time for the simultaneous evaluation period?
- Do you expect OPOs to do one round of simultaneous evaluation upon implementing expedited placement, or a series of simultaneous evaluation notifications to groups of PTRs until the kidney(s) are placed?
- What should the OPO do if the kidneys are not placed via expedited placement?
- Will this approach developed by the workgroup assist OPOs in allocating hard-to-place kidneys?

Summary of Discussion:

No decisions were made regarding this agenda item.

The Committee was concerned that the anatomical requirements preventing them from sending expedited offers would limit their ability to get offers out quickly. There was some discussion around whether the anatomical requirements were for pre-recovery or post-recovery scenarios, and if they were for post-recovery scenarios, then that needed to be explicitly stated in the proposal.

The Committee also discussed the expedited offers going out in batches. They felt that the amount of time for a transplant center to review and respond would vary depending on how many offers the OPOs were pushing to the centers. They also felt there should not be a limit to the number of expedited offers they could make because sometimes an OPO has multiple donors simultaneously. The Chair said that transplant centers shouldn't be penalized for not responding to expedited offers due to the volume of expedited offers they might be getting.

The Committee discussed what would happen if an OPO could not place a kidney through the expedited pathway. They were unsure of the best way to handle that situation. They did feel it did not make sense to make offers through the standard allocation process to transplant centers that had already received the offer through the expedited pathway.

Next steps:

There are no next steps for this agenda item.

4. Modify Organ Offer Acceptance Limits – 6 Month Monitoring Report

Presentation Summary

Background

Multiple primary organ offer acceptances can lead to late declines, which can cause logistical issues for OPOs. On May 29, 2024, the OPTN implemented the Modify Organ Offer Acceptance Limit policy. This policy reduced the number of primary organ offer acceptances from two to one for any one candidate per organ type.

6 Month Monitoring Report Conclusions

- The utilization rate of heart and liver donors increased.
- There was an increase in the utilization rate of donation after brain death (DBD) lung donors and an increase in the non-use rate of DCD lung donors.
- The percentage of accepted lung donors and accepted liver donors allocated out of sequence or via expedited placement increased post-implementation.
- The median cold ischemic time of livers increased post-implementation.
- Waiting list mortality rates did not change significantly for heart, liver, or lung candidates.

Summary of Discussion:

No decisions were made regarding this agenda item.

The Committee felt it was hard to attribute the increased utilization of organs to this policy due to continual changes in the field, though they felt it was probable that the policy was at least partially responsible. The Chair noted that the policy had not increased patient mortality rates.

Next steps:

There are no next steps for this agenda item.

5. Machine Perfusion/NRP Data Collection Project

Presentation Summary

NRP Data Elements

Data elements awaiting implementation include:

- NRP Recovery
- Initiation of NRP
- Four Flush times

Data elements being added include:

- Incision – date/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
- Hematocrit (during NRP)

Data elements being removed:

- Cross clamp time

Machine Perfusion Data Elements

- Normothermic vs Hyperthermic
- Machine type
- On machine, date/time.
- Off machine, date/time.
- Who requested the use of machine perfusion?
- Who performed the machine perfusion?
- Lactate Levels

Summary of Discussion:

No decisions were made regarding this agenda item.

The Committee felt this proposal was a positive step forward in collecting data and consolidating it into a single place to help make policy decisions in the future. They discussed the removal of the cross-clamp and were supportive of the decision but felt that it would require a lot of education for the transplant community to understand and accept the change.

Next steps:

6. DCD Policy Review Project

Presentation Summary

Progress to Date

Significant discussions regarding the timing of the family discussion

- Agreement on revised policy language

During the Workgroup's last meeting they reviewed sections of Policy 2.15

- 2.15.A (Agreement) – No changes
- 2.15.B (Protocols) – No changes
- 2.15.C (Potential DCD Donor Evaluation) – Some discussion, leaving as written
- 2.15.D (Consent for DCD) and 2.15.E (Authorization for DCD)
    - Significant discussion about these sections
    - Agreed to reorganize and edit these sections

Summary of Discussion:

No decisions were made regarding this agenda item.

The Committee was pleased with the changes to policy language involving the time of family discussions. They felt the new language struck a nice balance between parties and allowed the OPOs the flexibility to do their work. The Committee discussed the possible inclusion of policy language for recovering a DBD as a DCD. They felt this may provide helpful guidance for OPOs unsure how to handle this scenario.

Next steps:

There are no next steps for this agenda item.

7. DDR Question – FPA/Time of Death

Presentation Summary

Member Question

Some OPOs list the date/time the next of kin authorizes DCD donation or when disclosure occurs

- The definition is clear, but does it make sense?
- The definition does not distinguish between DCD vs DBD

DDR Definition

Date and time authorization obtained for organ donation: Enter the date, use the standard 8-digit numeric format of MM/DD/YYYY, and military time authorization was obtained for organ donation. If Method of authorization used is first person, the time of authorization entered should be the time of death.

Summary of Discussion:

No decisions were made regarding this agenda item.

The Committee felt that they should change this definition. They agreed it needed to change because of the differences between DCD and DBD and because it doesn't accurately reflect when the OPOs get involved. They debated removing part of the definition or adding the word notification to authorization. They did not make a decision on how to update the language.

Next steps:

Upcoming Meeting

- May 22nd, 2025

Attendance

- **Committee Members**
  - PJ Geraghty
  - Lori Markham
  - Ann Rayburn
  - Clint Hostetler
  - David Zaun
  - Doug Butler
  - Greg Veenendaal
  - Judy Storfjell
  - Kerri Jones
  - Lee Nolen
  - Micah Davis
  - Rachel Markowski
  - Shane Oakley
  - Sharyn Sawczak
  - Stephen Gray
  - Theresa M Daly

- **SRTR Staff**
  - Jon Miller
  - Katie Siegert

- **UNOS Staff**
  - Robert Hunter
  - Kaitlin Swanner
  - Ethan Studenic
  - Alina Martinez
  - Ross Walton
  - Jamie Panko
  - Kevin Daub
  - Laura Schmitt
  - Sarah Roache
  - Sharon Shepherd

- **Other**
  - Gerald Morris
  - Lisa Stocks