

**OPTN Organ Procurement Organization Committee
Organ Offer Acceptance Limit Workgroup
Meeting Summary
April 13, 2023
Conference Call
David Marshman, Workgroup Chair**

Introduction

The Organ Offer Acceptance Limit Workgroup met via Citrix GoToMeeting teleconference on 04/13/2023 to discuss the following agenda items:

1. Overview of OPTN Liver and Intestinal Organ Transplantation Committee Feedback
2. Policy Options
3. Next Steps

The following is a summary of the Workgroup discussions:

1. Overview of OPTN Liver and Intestinal Organ Transplantation Committee Feedback

The Workgroup Chair provided an overview of the feedback provided by the Liver Committee during its April 3, 2023, meeting.

Summary of discussion:

The Workgroup Chair noted that the feedback addressed topics the Workgroup has already discussed. Highlights of the discussion included:

- Noting there has not been an increase in discards as OPOs are able to re-allocate most livers within an appropriate timeframe.
- Acknowledging the logistical challenges created by late turndowns of livers – this not only includes OPOs, but also recipient transplant hospitals receiving liver offers following a late turndown.
- Recommending the policy still allow for two acceptances, especially for higher status patients.

There was also a review of the data provided to the Workgroup in February 2023, which showed the frequency and urgency status of multiple acceptances by organ type, outcomes for those placements, timing of turndown, and impact on cold ischemic time.

2. Policy Options

Staff reminded members of the policy options previously discussed by the Workgroup. These options include the following:

Option 1

- Modify existing OPTN *Policy 5.6.C: Organ Offer Acceptance Limit* to only allow a transplant hospital to have one organ offer acceptance for each organ type for any one candidate. Staff noted this would not include a provisional yes acceptance and it does not prevent additional organ offers from being received.

Option 2

- Add a timeframe prior to scheduled donor organ recovery to decide on an offer if there is more than one offer for a candidate. Staff noted that previous recommendations included 4 or 6 hours. Staff also noted that if the Workgroup chooses to pursue this option, there is a data field in OPTN Donor Data and Matching System that allows the OPO to enter the donor recovery date/time. This is currently an optional field so the Workgroup will need to determine if this needs to be a required field, particularly if OPOs and transplant programs are going to have timeframe requirements in policy.

Option 3

- Medical urgency criteria to determine if candidates with higher statuses should still be allowed to have two concurrent primary acceptances.

Staff noted that these are not stand-alone options and a hybrid of these options could be considered.

Summary of discussion:

The Workgroup Chair noted that a hybrid of options 1 and 3 to account for higher MELD/PELD and Status 1 liver candidates would only reduce the incidences of multiple acceptance by approximately 33%.

He further added that the “timeframe” option previously discussed should be considered as well. This is to avoid the scenario where a liver is procured and transported to the recipient transplant hospital before a final decision is made about acceptance. Another member questioned how that could be enforced. For example, if cross clamp has occurred that offer is locked in, and the second acceptance is released. Another member expressed concerns about using cross clamp time because some recovery surgeons perform a visual inspection or biopsy on the back table.

A member asked if there was data that looked at the statuses for liver candidates receiving livers following re-allocation. She added that while it is reasonable to want to get livers to the sicker candidates, however if the late turndown results in the next 100 patients getting bypassed then it is disadvantaging other candidates.

Staff presented a scenario that comes up when there is more than one acceptance for one candidate. If the candidate shows up on different OPO match runs, they might have a different MELD score based on the location of the donor hospital. This is due to the implementation of median MELD at transplant (MMaT) where MELD scores are calculated around the donor hospital and not the transplant center.¹ Staff noted that if the Workgroup establishes a MELD/PELD threshold there could be different MELD/PELD scores on each match run. A member noted that since this is current liver allocation policy, then a candidate would not meet the requirements for an exception to the acceptance limit if they didn't meet the threshold on both match runs. Other members agreed with her comment.

A member asked if the timeframe being discussed should be in reference to the first or second donor. He felt it should be for the second donor because one of the reasons transplant centers accept two offers is that the first one might not be an acceptable organ. Additionally, he noted a recent situation where a donor recovery was delayed for a significant period, and they eventually received another offer 18 hours later. He added that the first offer fell through due to some subsequent testing.

¹ <https://optn.transplant.hrsa.gov/news/updated-median-meld-at-transplant-scores-take-effect-september-29/>

An OPO member noted that once cross clamp has occurred on that first donor, how long should it take to make a decision. She added that, in most cases, it is difficult for OPOs to reallocate a liver post cross clamp. Another member commented that making a decision on an offer prior to cross clamp is reasonable for her pediatric transplant center. She added that once the organ is visualized or biopsied, they know whether they are going to accept it, except for potential split livers.

Staff asked if requiring a decision prior to the organ leaving the donor operating room would address the concerns about cross clamp time and back table visualization. Several members supported this idea.

Another member expressed concern about how the “first donor” is being used to determine a timeframe for acceptance. He added that this donor could be 18 hours later so why does it matter if it’s before or after cross clamp if it's not affecting that second donor.

OPO members understood the logic, but wanted to address the scenario that the organ leaves the first donor operating room without a final decision while also retaining the second acceptance. They added that it prevents the OPO from moving forward with allocating organs from the second donor.

A member noted that for marginal thoracic organs they could be pumped later on, but it might be beneficial to have a second offer available. An OPO member commented that marginal lungs with waivers will either be used by the lung team or not utilized for transplant. Another member noted that emerging perfusion technology could impact this policy language.

Members did agree that using donor recovery date/time would be difficult to implement. This is due to recovery times changing as OPOs coordinate the recovery of organs from various teams.

The Workgroup members agreed that a hybrid of options 1 and 3 might be the best approach. They acknowledged that policy language will mostly impact liver allocation followed by lung allocation. Members also acknowledged that if a threshold for lung status is used then the lung allocation score (LAS) identified in the data would need to be converted to a lung composite allocation score based on the recent implementation of lung continuous distribution.

3. Next Steps

OPO Committee leadership will continue to solicit feedback from other committees. The Lung Committee is providing feedback on April 13, 2023, and the Transplant Coordinators Committee will provide feedback on April 20, 2023.

The OPO Committee meets in person on April 21, 2023, and decide which policy solution to pursue during the upcoming public comment period.

Upcoming Meeting

- May 11, 2023, at 2:00 pm EDT (Teleconference)

Attendance

- **Work Group Members**
 - David Marshman
 - PJ Geraghty
 - Larry Suplee
 - Samantha Endicott
 - Kelsey McCauley
 - Errol Bush
 - Kyle Herber
- **SRTR Staff**
 - Katherine Audette
- **UNOS Staff**
 - Robert Hunter
 - Kevin Daub
 - Katrina Gauntt
 - Sharon Shepherd
 - Rebecca Brookman