



Considerations Driving the Changes to Organ Allocation and Distribution

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CUTTING EDGE OF
TRANSPLANTATION

AST | AMERICAN SOCIETY OF
TRANSPLANTATION

RESOLVING THE ORGAN SHORTAGE



PRACTICE |



POLICY |



POLITICS

FEBRUARY 25-27, 2016 • PHOENIX, ARIZONA

Conflict of Interest Disclosure

I have no relevant financial relationships to disclose

Thank yous

Ryo Hirose

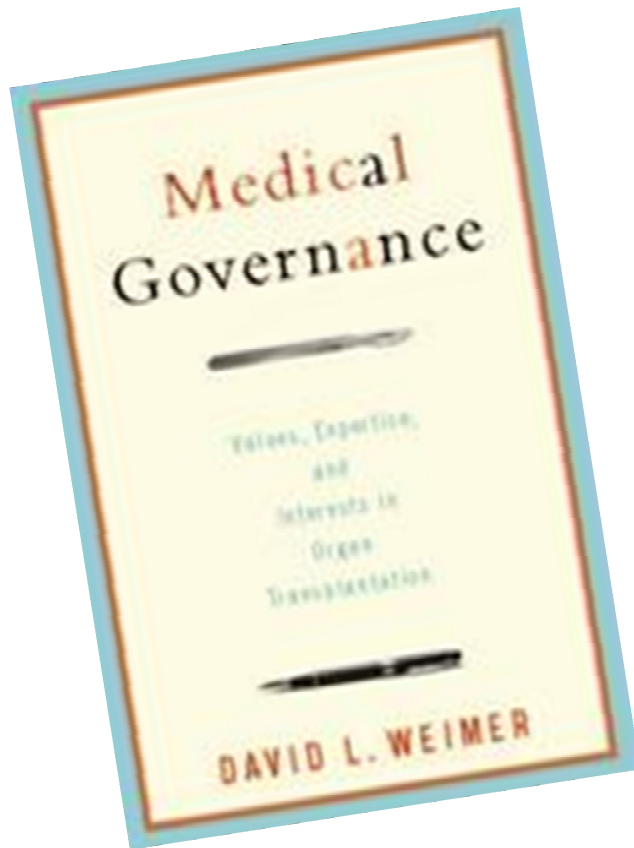
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OPTN/UNOS

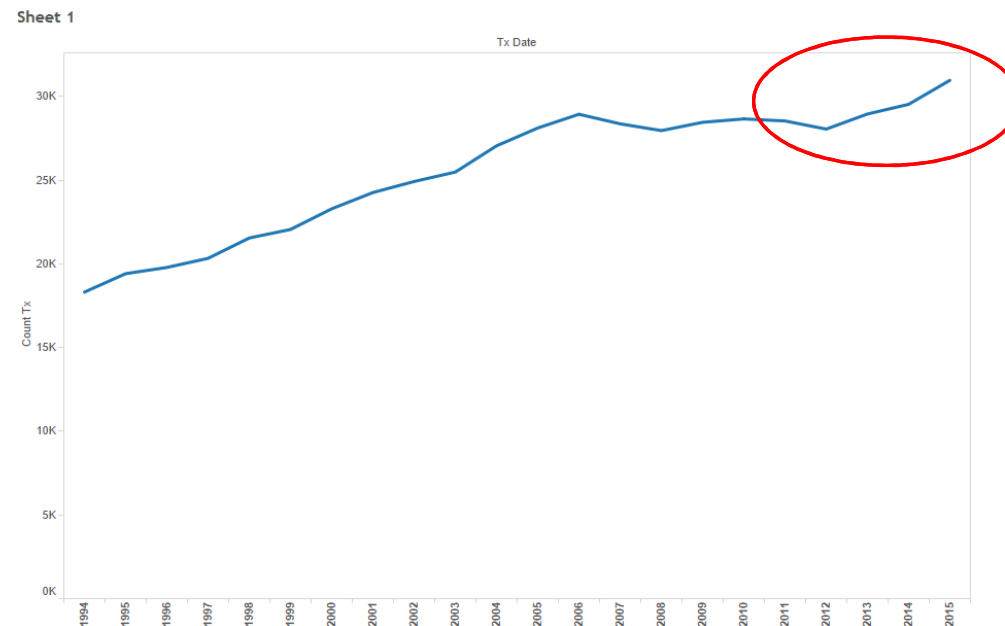




“evidence-based
decision making

...unmatched in
any other area of
medical policy”

Organ Transplants in the US





OPTN Final Rule

- (1) Shall be based on sound medical judgment;
- (2) Shall seek to achieve the best use of donated organs;
- (3) Shall preserve the ability of a transplant program to decline an offer of an organ or not to use the organ for the potential recipient in accordance with §121.7(b)(4)(d) and (e);
- (4) Shall be specific for each organ type or combination of organ types to be transplanted into a transplant candidate;
- (5) Shall be designed to avoid wasting organs, to avoid futile transplants, to promote patient access to transplantation, and to promote the efficient management of organ placement;
- (6) Shall be reviewed periodically and revised as appropriate;
- (7) Shall include appropriate procedures to promote and review compliance including, to the extent appropriate, prospective and retrospective reviews of each transplant program's application of the policies to patients listed or proposed to be listed at the program; and
- (8) Shall not be based on the candidate's place of residence or place of listing, except to the extent required by paragraphs (a)(1)-(5) of this section.



Finding kidneys for CPRA 99-100% recipients

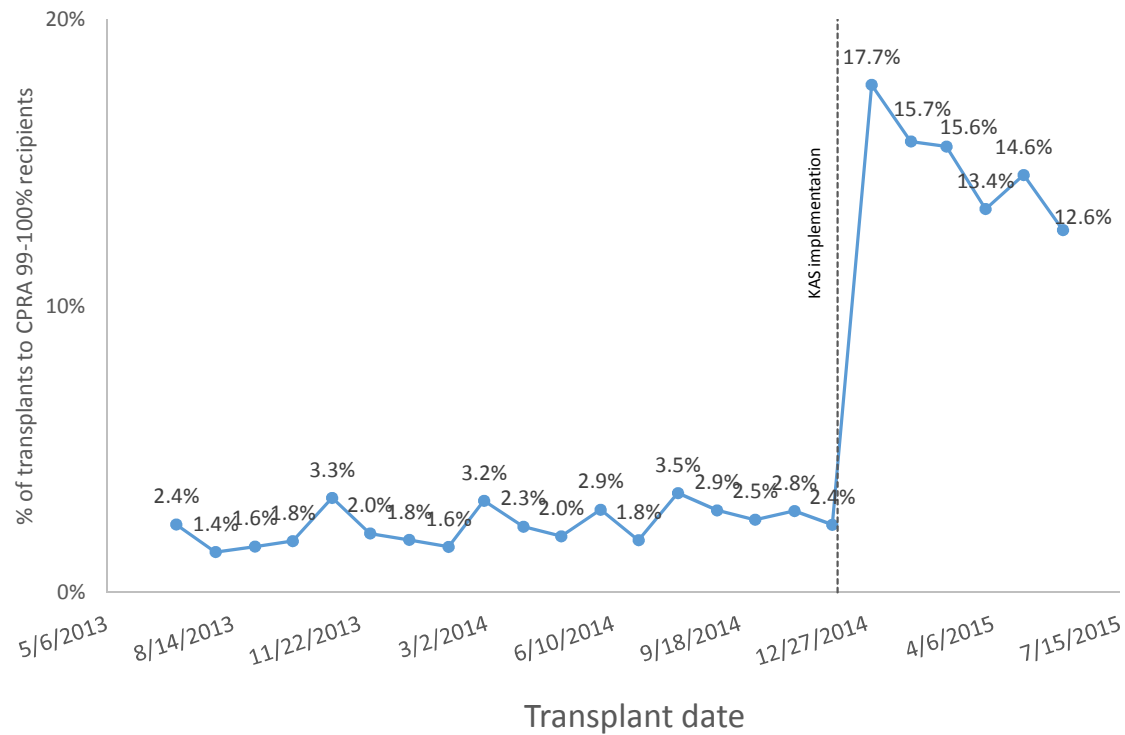
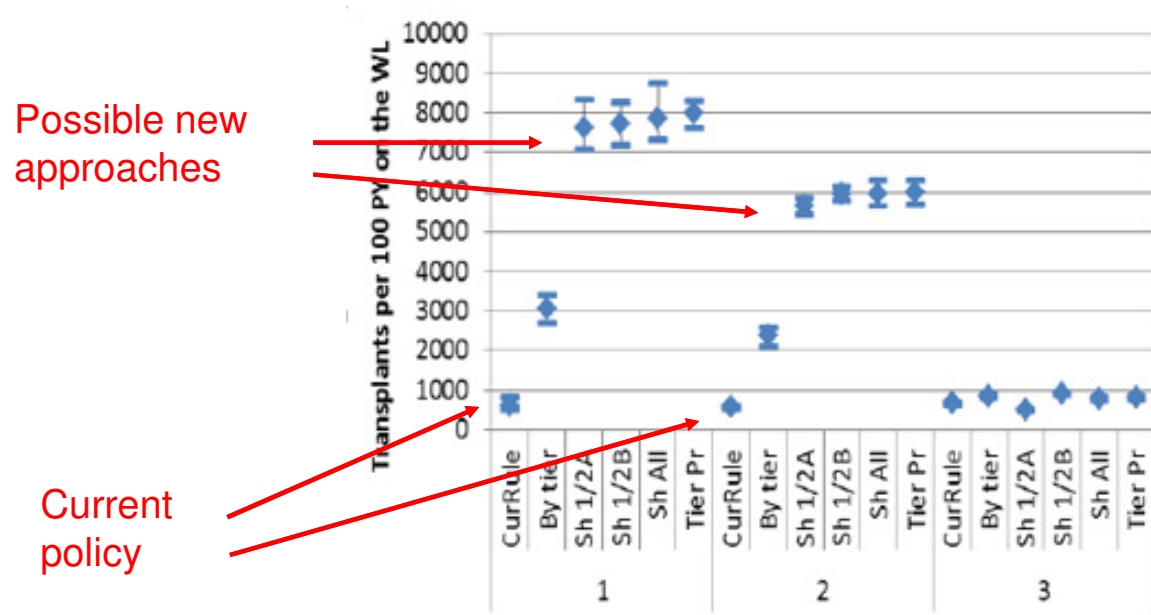
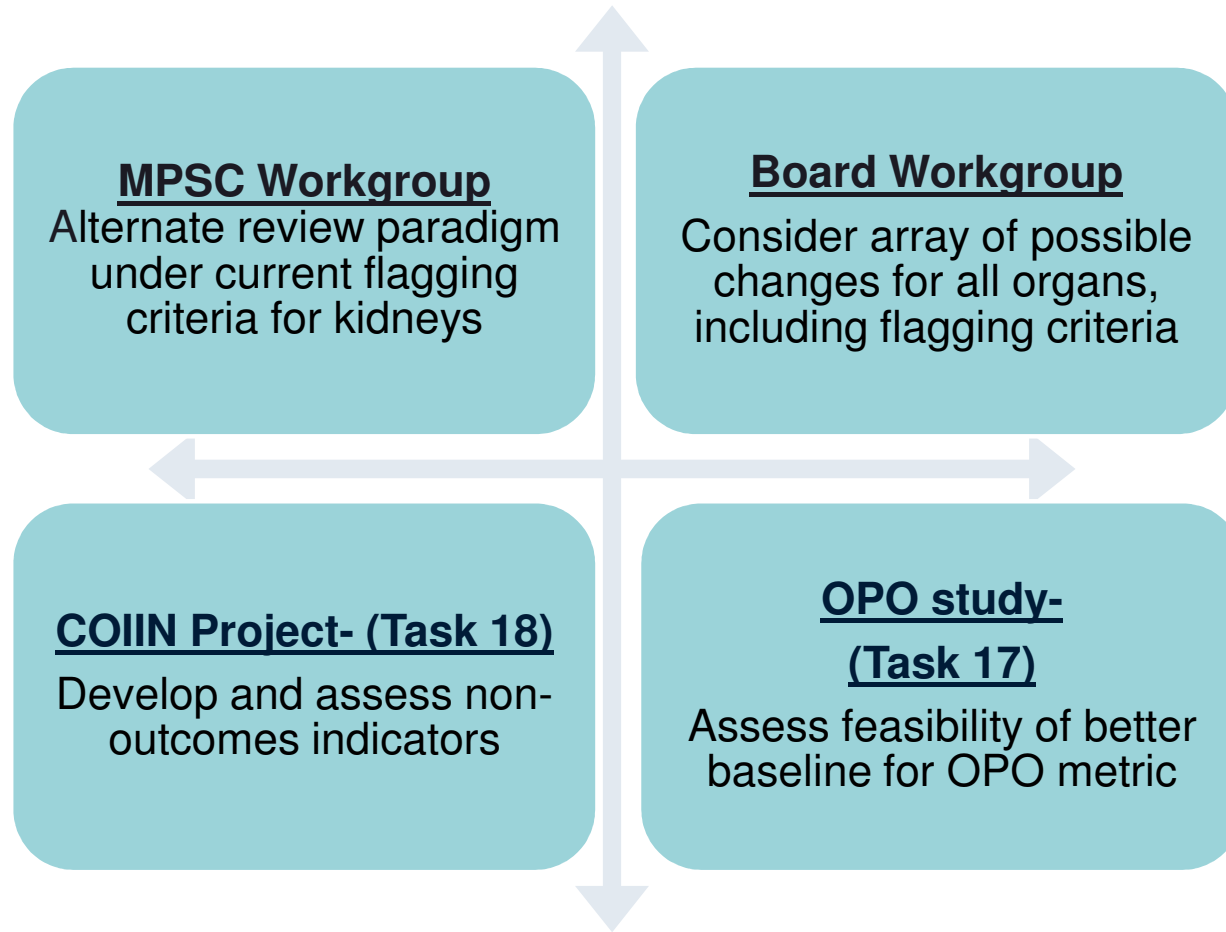


Table A.1d

Heart proposal: Transplant Rates



Performance metrics



Collaborative Innovation and Improvement Network



Figure 12. Ratio of eligible deaths/waitlisted candidates with allocation MELD/PELD > 15, by 11 regions.

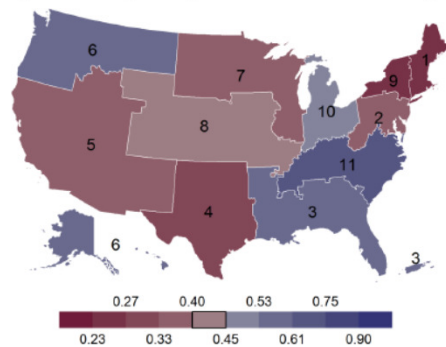


Figure 13. Ratio of eligible deaths/waitlisted candidates with allocation MELD/PELD > 15, by 8 districts.

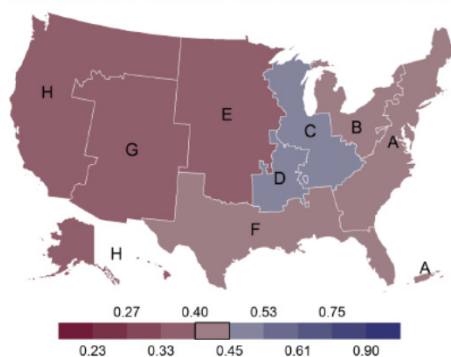
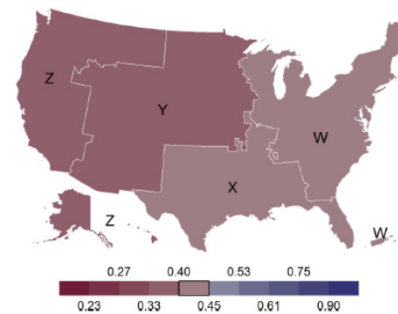
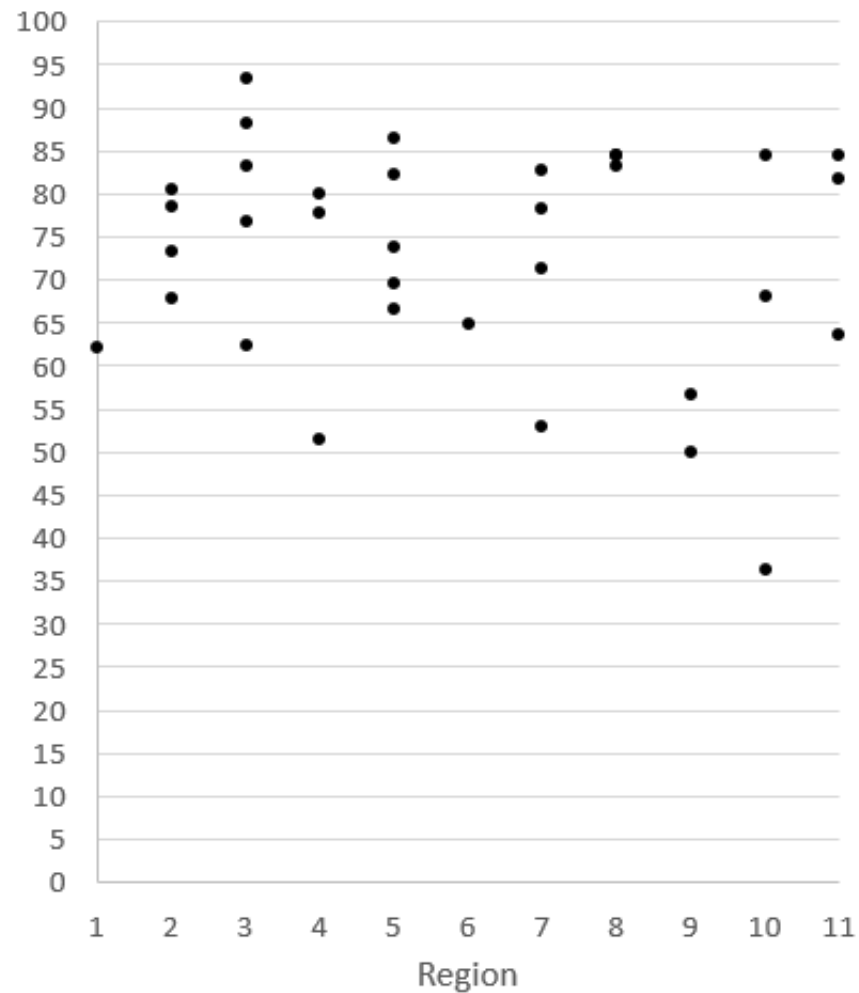


Figure 14. Ratio of eligible deaths/waitlisted candidates with allocation MELD/PELD > 15, by 4 districts.



% transplanted
within
90 days of listing

MELD 35+



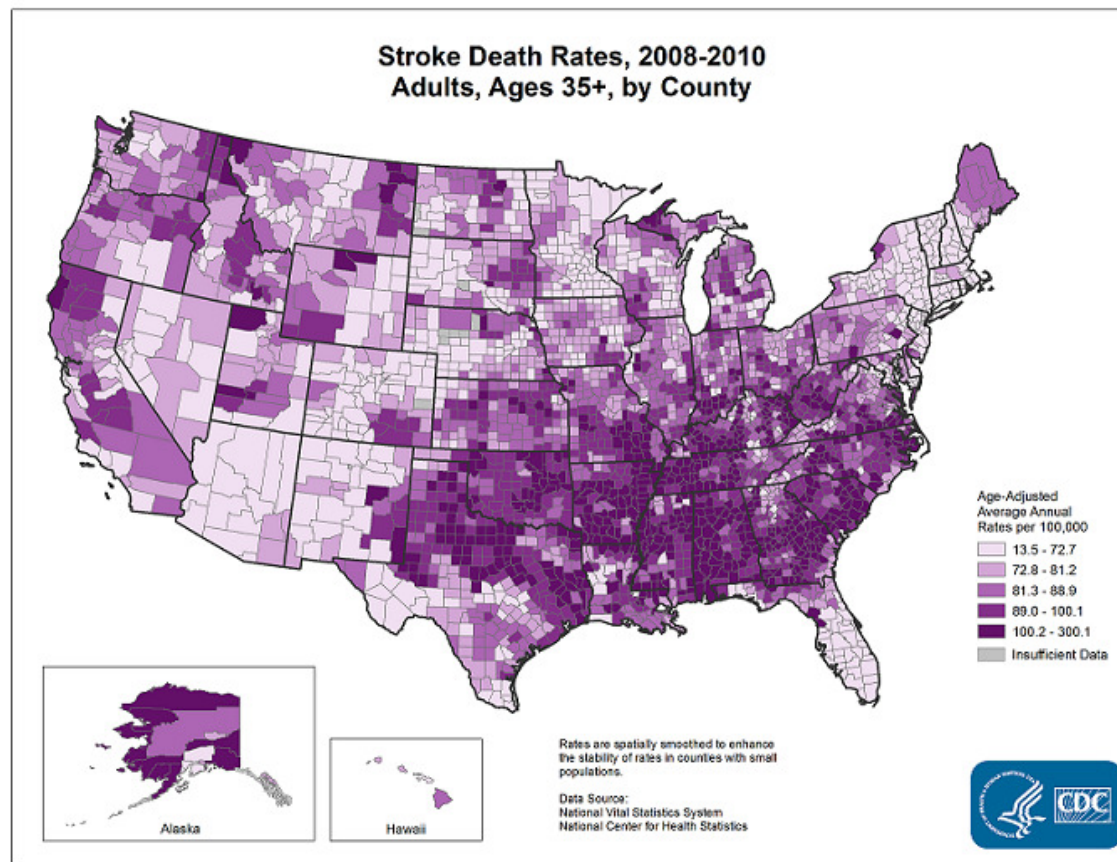
OPTN/UNOS Board Resolution

November 2012

RESOLVED:

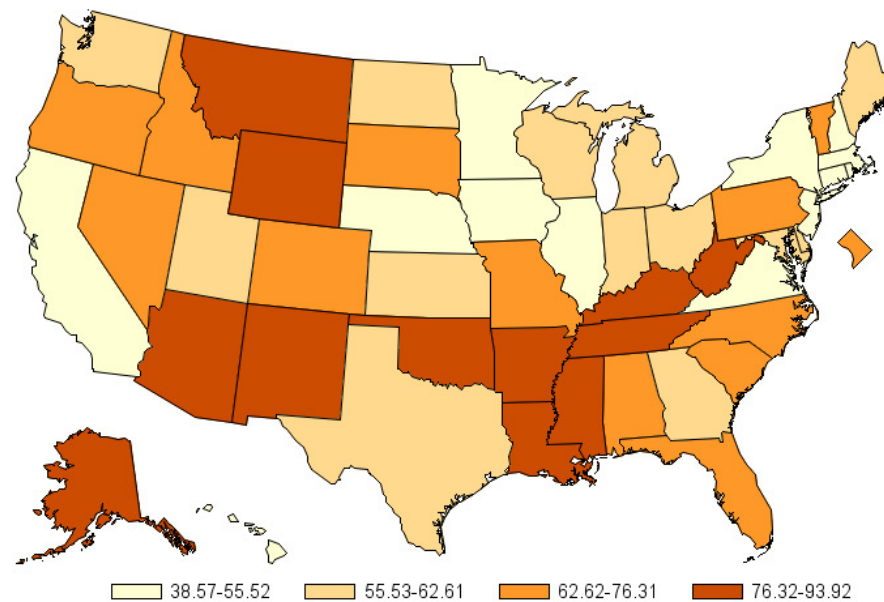
- The existing geographic disparity in allocation of organs for transplant is unacceptably high
- The Board directs the organ-specific committees to define the measurement of fairness and any constraints for each organ system...
- The Board requests that optimized systems utilizing overlapping v. non-overlapping geographic boundaries be compared

How does supply vary? - stroke rates



Supply – deaths due to injury

2004-2010, United States
Death Rates per 100,000 Population
All Injury, All Intents, All Races, All Ethnicities, Both Sexes, All Ages
Annualized Crude Rate for United States: 58.92

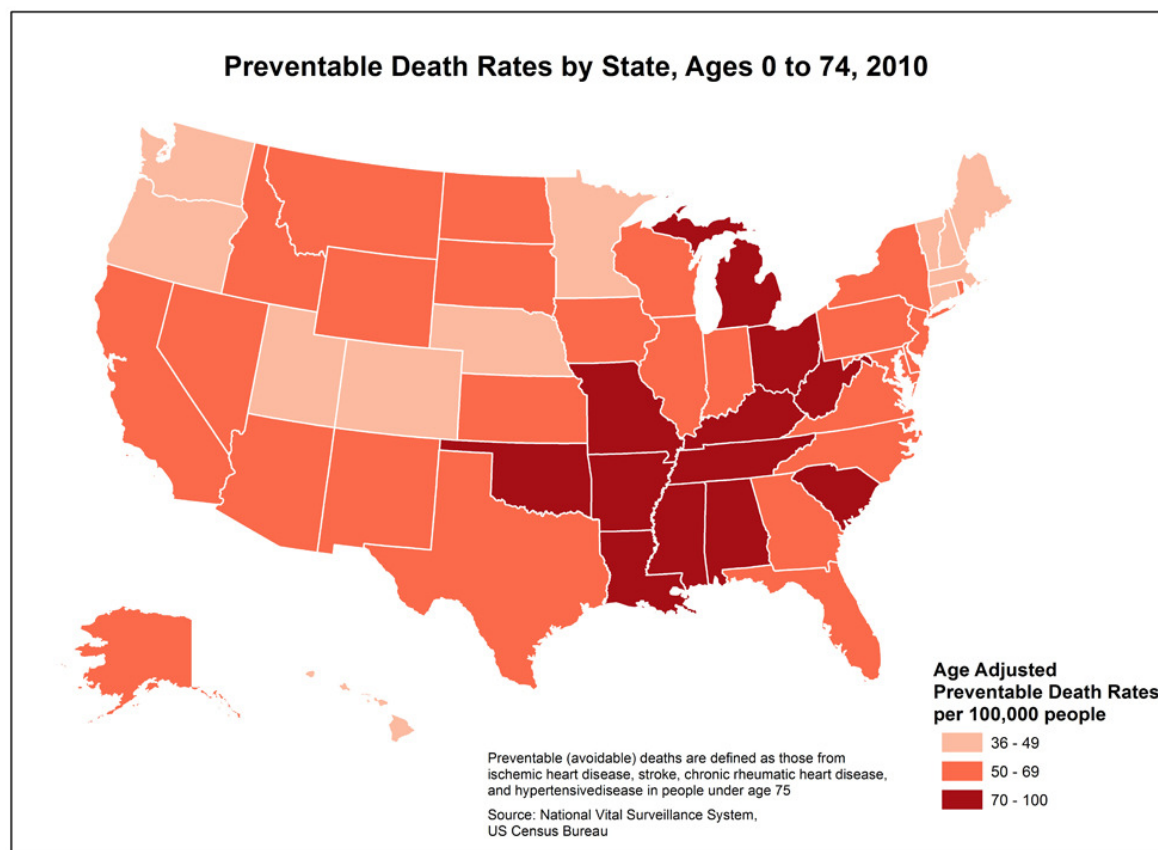


Reports for All Ages include those of unknown age.

* Rates based on 20 or fewer deaths may be unstable. States with these rates are cross-hatched in the map (see legend above). Such rates have an asterisk

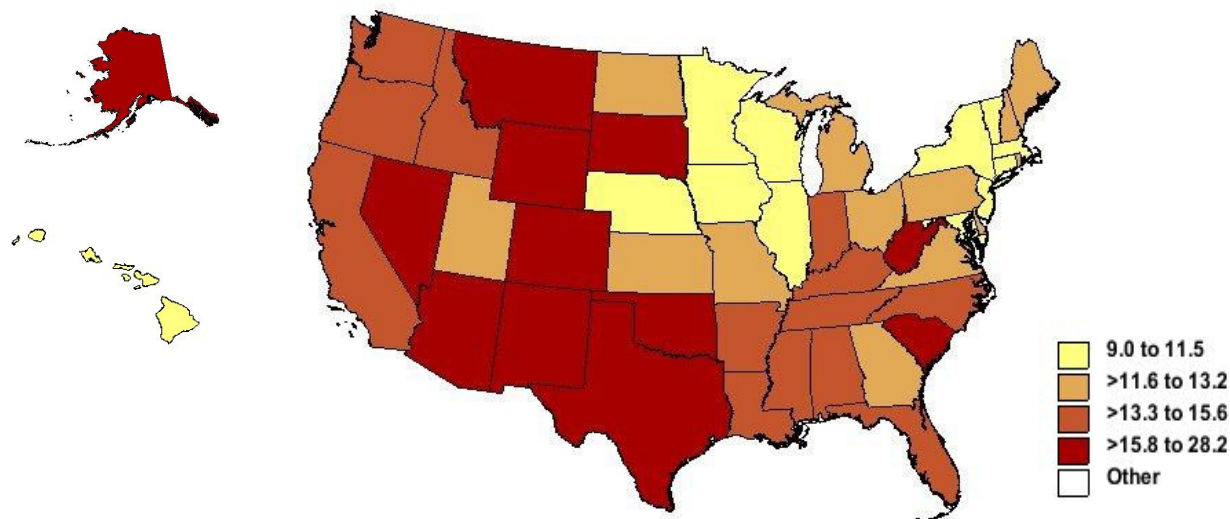
Produced by: the Statistics, Programming & Economics Branch, National Center for Injury Prevention & Control, CDC
Data Sources: NCES National Vital Statistics System for numbers of deaths; US Census Bureau for population estimates.

Supply – preventable deaths



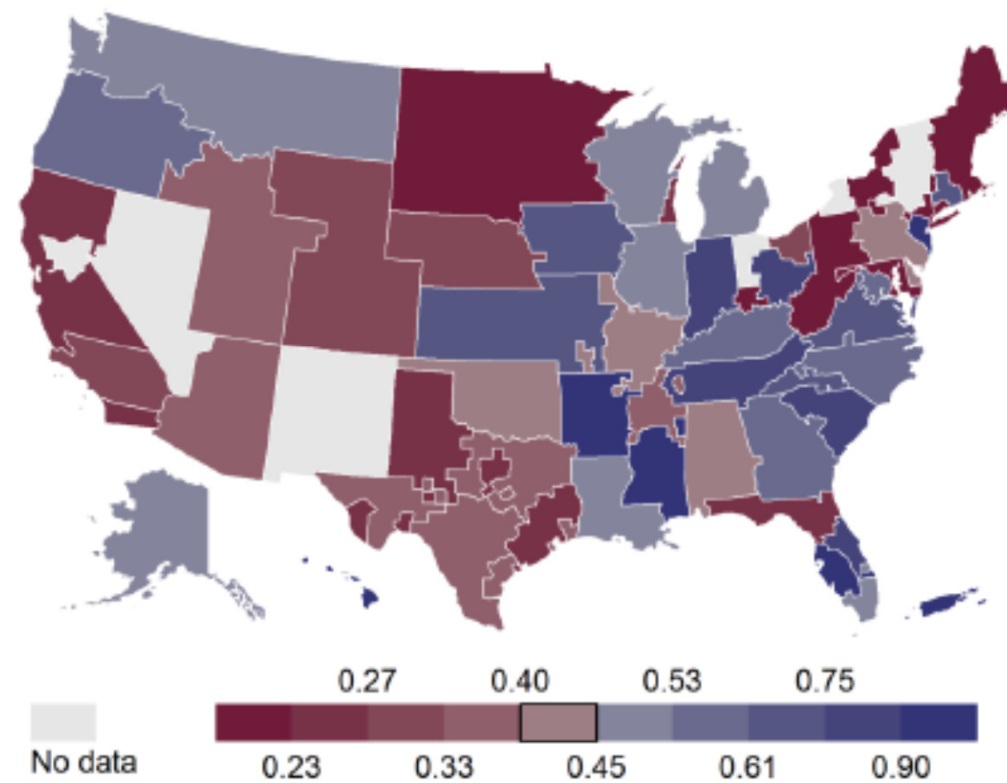
How does demand vary?

Age-adjusted Death Rates due to Liver Disease
Per 100,000 Population: 2011-2014*

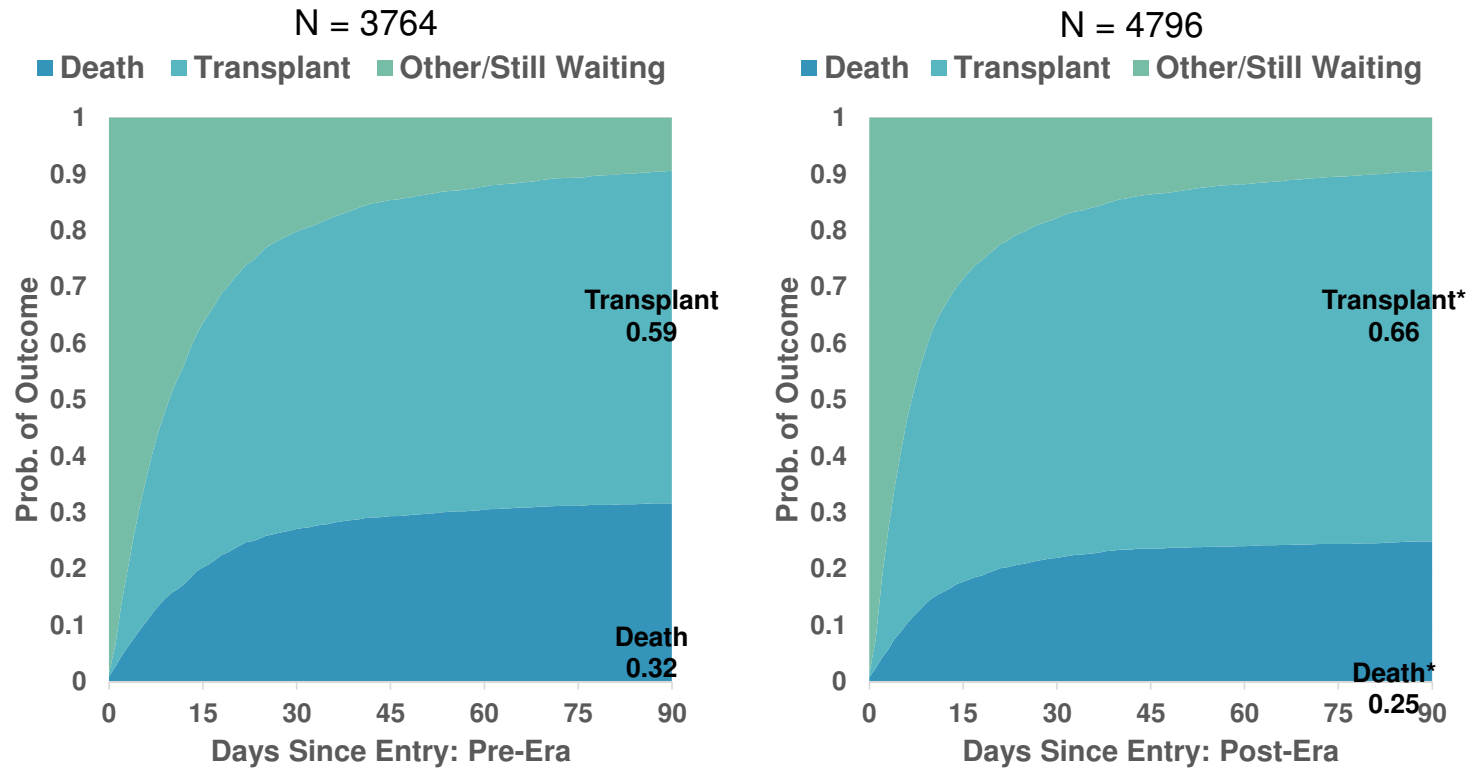


* Centers for Disease Control and Prevention, National Center for Health Statistics.
Compressed Mortality File 1999-2014 on CDC Wonder Online Database, released
December 2015.

Figure 11. Ratio of eligible deaths/waitlisted candidates with allocation MELD/PELD > 15, by DSAs.



Share 35



*Transplant rate, Death Rate Significantly Different, $p < 0.05$

Pre: 6/18/2011-6/17/2013 Post: 6/18/2013-6/18/2015

Redesigning Liver Distribution

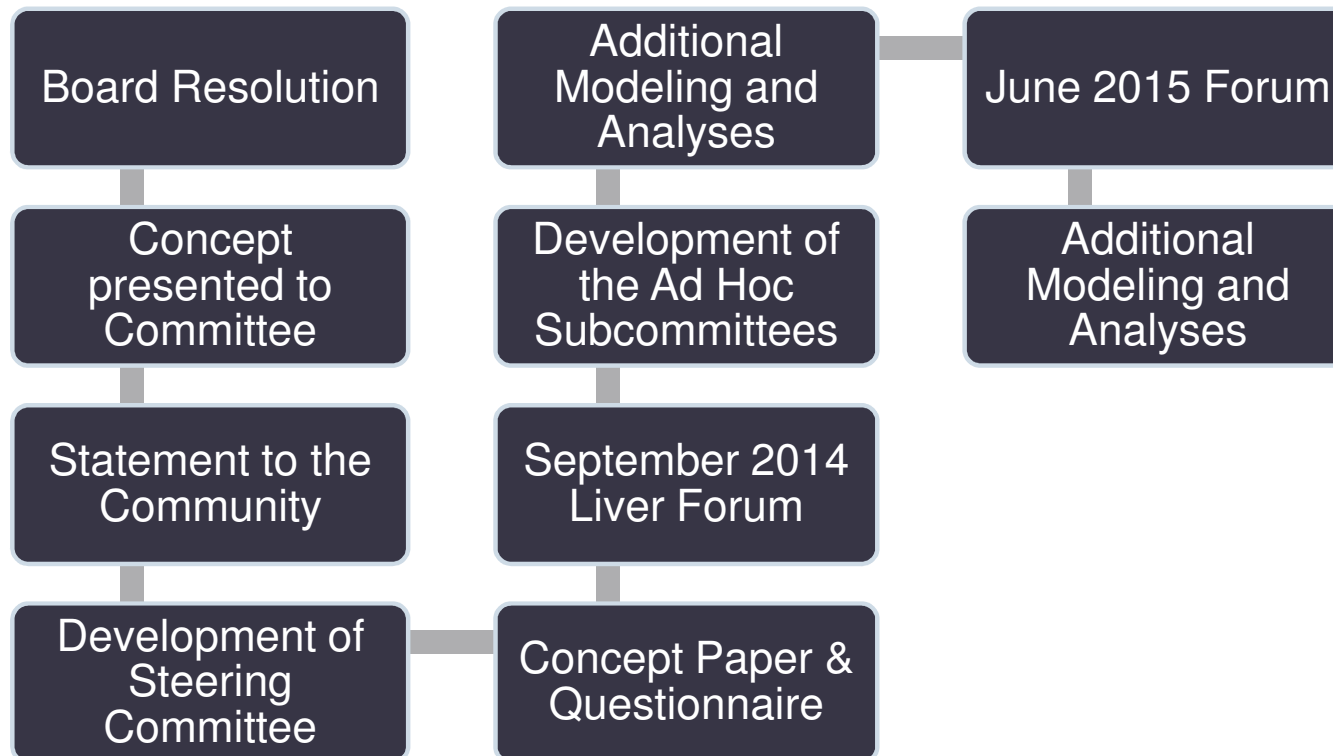


Figure 12. Ratio of eligible deaths/waitlisted candidates with allocation MELD/PELD > 15, by 11 regions.

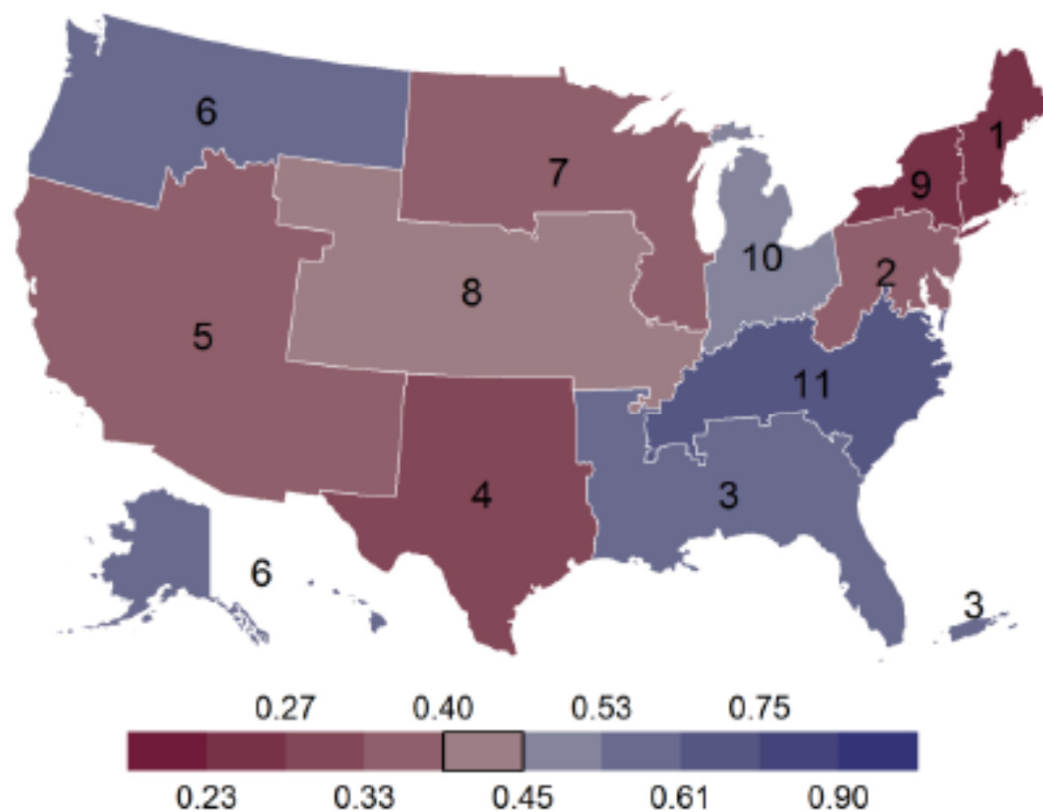


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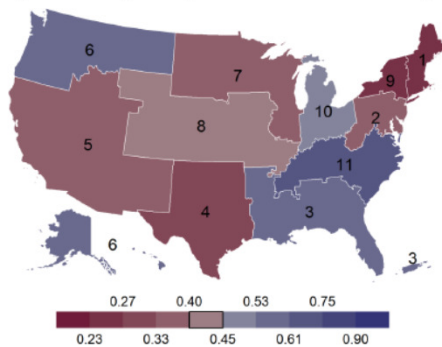


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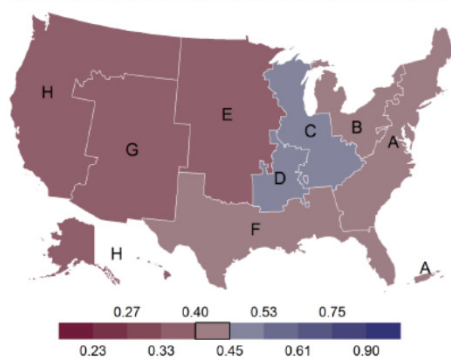
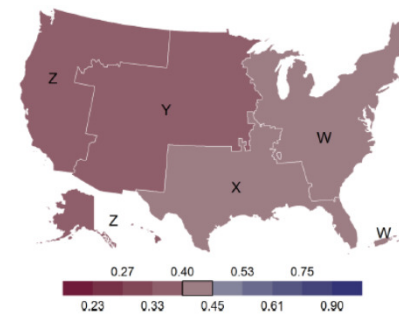
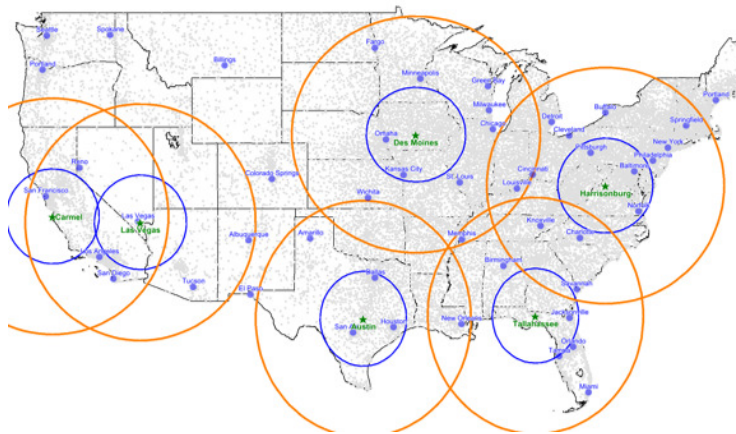
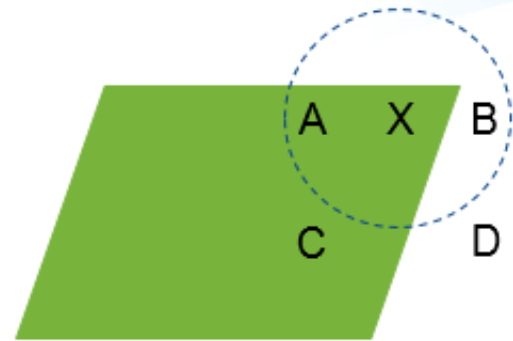


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Liver public comment timetable

National review board –
Feb 2016

Further HCC revisions –
Aug 2016

Revised distribution –
Aug '16 or Jan '17

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