



## ASTS Responses to OPTN Proposals Open for Public Comment

September 28, 2022

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### Optimizing Usage of Kidney Offer Filters

The American Society of Transplant Surgeons (ASTS) thanks the OPTN Operations and Safety Committee for their work on kidney offer filters. ASTS supports optimization of kidney offer filters in order to improve efficiency in organ allocation and increase organ utilization.

ASTS supports the initial implementation of default offer filters (option 1) that will automatically enable identified filters for all centers unless centers specifically opt-out. Once the default, non-mandatory filters are initially implemented (perhaps 6 months), filters could then become mandatory based on recently collected data.

Mandatory filters will improve organ utilization, but the implementation should not prevent centers from changing their acceptance patterns over time. Without the ability to change acceptance patterns, centers will be limited to selecting donors based on past behavior. Programs may be disadvantaged based on size or geography (travel distance and CIT). By implementing filters that are less restrictive than the model identified filters (option 3), centers will have room to alter behavior.

When mandatory filters are implemented, ASTS recommends a straightforward pathway for programs to request filter liberalization (rather than complete removal). Circumstances for liberalizing a center's filter might include low volume centers, changes in center staff (transplant physicians/surgeons), or a significant change in a center's SRTR outcome data. If filter liberalization is requested by a center but the center continues to decline organs after a 6-month period, ASTS agrees that the mandatory filter should reset automatically.

ASTS also supports the proposed evidence thresholds but suggests changing the number of donors filtered from 20 to 100 donors. In the model data provided, this threshold balances a significant change in the number of non-accepted offers bypassed, with a small impact on accepted offers that are bypassed. Additionally, the mandatory filters should not apply to certain hard to match candidates (cPRA >97%, 0 antigen mismatch). ASTS proposes that acceptance data for adjusting model identified offer filters should be re-evaluated for transplant programs every 6 months when new SRTR data is published.

**ASTS Position: Support**