



September 19, 2023

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Alden M. Doyle  
Chair  
Organ Procurement and Transplantation Network  
Operations and Safety Committee  
University of Virginia Health Sciences Center  
545 Ray C. Hunt Drive  
Charlottesville, VA 22903

**RE: Deceased Donor Support Therapy Data Collection**

Dear Dr. Rudow and Dr. Doyle:

On behalf of the more than 37,000,000 Americans living with kidney diseases and the 21,000 nephrologists, scientists, and other kidney health care professionals who comprise the American Society of Nephrology (ASN), thank you for the opportunity to respond to provide comment regarding the Organ Procurement and Transplantation Network (OPTN) proposal “Deceased Donor Support Therapy Data Collection.”

ASN supports the proposal from the Operations and Safety Committee (OSC) to create new data collection fields within the OPTN Donor Data and Matching System and standardize the reporting of donor continuous renal replacement therapy (CRRT), dialysis, and extra-corporeal membrane oxygenation (ECMO) interventions. ASN recognizes that this proposal emanated from the OSC and OPTN’s work on the January 2023 proposal *Optimizing Usage of Organ Offer Filters*. ASN’s complete comments on that proposal can be [accessed here](#).

The society is strongly supportive of policy changes that enable the use of more organs to allow more patients to receive a transplant and to encourage investment in transplant-related research and innovation. This proposal advances both of these goals and in addition, could in the future facilitate another ASN objective, greater transparency and shared decision-making involving patients regarding organ offer decisions.

**Enabling the use of more organs**

As the proposal outlines, by providing transplant professionals considering organ offers with more information about the donor support therapies used will allow them to better and more comprehensively consider the organ for transplantation. At present, because information about the use of therapies like CRRT and ECMO is not readily available, organ offers from donors that may be suitable for donation and benefit a waitlisted patient may be passed over because of

concerns (e.g. acute kidney injury) potentially compromised them. By making available information such as the use of CRRT to mitigate acute kidney injury, these potentially viable kidneys will have the chance to receive more appropriate consideration for placement in the appropriate patient.

The addition of the proposed fields will also increase efficiency in the transplant ecosystem. As OSC notes, because donor support interventions are not tracked in one standardized field or format, the transplant team members who review offers to spend extra time reviewing free text fields, reviewing donor attachments, or calling the offering Organ Procurement Organization (OPO) to determine what, if any, therapies have been used. With the addition of the proposed standardized fields, their time can be better allocated to other duties.

### **Investing in transplant-related research and innovation**

ASN also believes that this proposal, if finalized, will enable future research that is not currently possible, such as evaluating post-transplant outcomes for recipients of organs. In turn, this research can help by inform future care decision-making, helping us understand the implications of using organ that have benefited from donor support interventions in various patient populations and guide best practices.

### **Increasing transparency and patient-centered decision-making**

In the future, ASN hopes that individual patient preferences regarding organ offer acceptance will be more routinely taken into account, such as through retrospective shared decision-making frameworks. As this donor support therapy data and post-transplant outcomes for recipients become available, ASN believes it may be appropriate to share these findings with waitlisted patients in a patient-friendly format in the context of shared decision-making conversations about organ offer acceptance.

In sum, ASN appreciates OPTN's and the committee's dedication to thorough data collection and to supporting future research and encourages OPTN to finalize this proposal. Please contact ASN Strategic Policy Advisor Rachel Meyer at [rmeyer@asn-online.org](mailto:rmeyer@asn-online.org) with any questions or to discuss this letter in more detail.

Sincerely,



Michelle A. Josephson, MD, FASN  
President