

HISTORY OF THE ORGANIZATIONS



UNOS, OPTN and SRTR interrelationships in the world of solid organ transplantation



UNOS - United Network of Organ Sharing

- › In 1968, the Southeast Organ Procurement Foundation (SEOPF) formed as a membership and scientific organization for transplant professionals. The SEOPF implemented the first computer-based organ matching system called “United Network for Organ Sharing” (UNOS) in 1977.
- › In 1984, UNOS separated from the SEOPF and incorporated as a not-for-profit member organization. Two years later, UNOS received the Federal contract to operate the Organ Procurement Transplantation Network (OPTN).
- › The first report on patient survival rates for all active U.S. transplant centers was published in 1992.
- › In 1999, UNOS launched “UNET,” a secure internet-based database system for transplant centers and Organ Procurement Organizations to register transplant patients and to house all organ matching and management of transplant data. <http://unos.org/>

OPTN—Organ Procurement Transplantation Network

UNOS was awarded the first OPTN contract in September 1986 and continues to administer the OPTN under contract to the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services. The OPTN ensures the success and efficiency of the U.S. organ transplant system by:

- › Facilitating the organ matching and placement process through the use of the computer system and a fully staffed organ center 24 hours per day
- › Developing policies and procedures for organ recovery, allocation and transplantation
- › Collecting and managing scientific data about organ donation and allocation
- › Providing data to the government, the public, students, researchers and the Scientific Registry of Transplant Recipients (SRTR), for use in the ongoing quest for improvement in the field of solid organ allocation and transplantation
- › Developing and maintaining the secure web-based computer system that maintains the nation’s largest organ transplant waiting list, and recipient and donor organ characteristics
- › Providing professional and public education about donation and transplantation, the activities of the OPTN and the critical need for donation. All U.S. transplant centers must be members of the OPTN to receive any funds through Medicare. <http://optn.transplant.hrsa.gov/>

Together, all the way.®



SRTR—Scientific Registry of Transplant Recipients

SRTR is administered by the Chronic Disease Research Group (CDRG) of The Minneapolis Medical Research Foundation (MMRF), with oversight and funding from HRSA. SRTR program-specific reports include statistics about organ donation and recovery, wait-list activity and post-transplant outcomes such as graft and patient survival. These reports are published every six months with revised data about each Organ Procurement Organization and Transplant Program operating in the United States. <http://www.srtr.org> The SRTR database was created for the OPTN to identify programs where demonstrated outcomes deem that quality improvement actions are necessary.

Private insurers' use of information for performance measurement

The Division of Transplantation at HRSA understands that many audiences utilize SRTR information to assess the operation and outcomes of the transplant system.

Private insurers use this data to evaluate transplant programs for preferred-provider plans, and identify transplant programs with less than optimal outcomes in an effort to protect the interest of their membership.

Understanding the SRTR data

- › Data is presented for all transplants performed within a given time period – usually 30 months.
- › Expected results are based on multivariate models (patient mix) developed from the national experience. The results are risk-adjusted to account for the variety of severity of patient-mix characteristics.
- › The failure rates are standardized as the ratio of Observed to Expected (O/E) failures, either graft failures or deaths at a specific time interval after transplant. An O/E < 1.0 means fewer failures occurred than expected, an O/E > 1.0 means more failures occurred than expected.
- › Statistical analysis of the O/E ratio uses risk-adjusted models to determine if the value is statistically different than expected.
- › A transplant center with an O/E ratio of deaths greater or less than 1 would be classified as significantly different (that is, Statistically Lower or Higher) from predicted only if the p-value was less than 0.05.

Patient Survival by Time Since First Transplant			
Transplants (n = number)	1 Month	1 Year	3 Years
	46	46	40
Percent (%) of Patients Surviving at End of Period			
Observed at this center	95.65	76.09	80.00
Expected, based on national experience	96.21	90.10	81.65
Deaths During Follow-up Period			
Observed at this center	2	11	8
Expected, based on national experience	1.78	4.44	7.41
Estimated hazard ratio	1.13	2.48	1.08
95% credible interval for the hazard ratio	(0.14–4.07)	(1.24–4.43)	(0.47–2.13)

Source: SRTR Program-Specific Reports www.ustransplant.org

Above is an example of a table from the SRTR database. It outlines the observed patient survival as compared to his/her expected performance.

1-month data provides survival outcome data for all members one month after each transplant

- › The 1-month data shows that 46 transplants occurred in the time period.
- › The observed deaths were two, but the expected number of deaths, as calculated from the multivariate modeling of risk factors, was 1.78, a hazard ratio of 1.13.
- › Essentially, the number of deaths observed was almost equal to those expected for the patients served by this center, given the characteristic mix of the recipient and donor (age, disease, blood type, etc.).

1-year data provides survival outcome data for all members one year after each transplant

- › The 1-year data shows that 46 transplants occurred in the time period.
- › The observed number of deaths were 11, but the expected number, based on national experience was 4.44.
- › The number of deaths observed was more than expected for the patients served by this center, given the characteristic mix of the recipient and donor (age, disease, blood type, etc.) compared to the experience of similar patients in the nation by a ratio of 2.48 (that is, 148% more deaths than expected).

3-year data provides survival outcome data for all members three years after each transplant

- › The 3-year data shows that 40 transplants occurred in the time period
- › If the time period is only 2.5 years, how is 3 years of data collected? SRTR estimates the outcomes based on mathematical modeling had they been followed up to the 3-year mark.

