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Letter to the Editor

Response: DonorNet and the Potential Effects on Organ Utilization

To the Editor:

We appreciate the comments provided by Kayler et al. (1) in response to our recent publication 'DonorNet and the Potential Effects on Organ Utilization' (2). As we emphasized in the article, the many influences on organ utilization, which may change over time, make it challenging to isolate the impact of DonorNet on each individual patient. Therefore, we agree that caution must be exercised in drawing firm conclusions from the data. Nevertheless, we will address the authors' questions with respect to our interpretation of the data.

Kayler et al. disagreed with our statement that the analysis suggests 'improvements in the efficiencies of organ placement, including a decrease in the accepted organ offer for select kidney match runs', because we did not 'point out that for other select kidney match runs, the 90th, 95th and 99th percentile acceptor sequence numbers were higher in the post-DonorNet cohorts'. We believe that the fact that the median acceptance number went down for donation after cardiac death (DCD) and standard criteria donor kidney offers, along with a decrease in the 95th percentile for DCD, is a telling point of the global impact of DonorNet. Integrating these data with the fact that there is no significant change in overall discard rates and the fact that there was a significant decrease in discards in the highest donor risk index quartile for kidneys from the pre-DonorNet to the post-DonorNet period suggests that there have been potential improvements in the efficiencies of organ placement in the contemporary period compared with the pre-DonorNet era. Furthermore, the lack of a significant increase in discards or decrease in recoveries between the pre-DonorNet and the post-DonorNet periods suggest early closures of match runs to be an unlikely explanation for the decrease in acceptor number.

In addition, they felt that 'the increase in rejections occurring under DonorNet prior to finding an acceptor signifies a decreased efficiency in kidney placement'. We respectfully disagree with this interpretation, as there is no significant increase in discard rates when comparing the pre-DonorNet period to the post-DonorNet era. Rather we would interpret these data to say that organs were being appropriately offered in the allocation schema developed under UNOS guidelines with local centers having the opportunity to evaluate potential offers without being artificially bypassed for centers that are perceived to be more aggressive with acceptances. This process has occurred without a significant increase in cold ischemia time (CIT) when comparing the eras and distribution of organs (e.g. local, regional and national). We acknowledge the misinterpretation of the CIT figure as there is an unintentionally placed asterisk to the far right of Figure 2, while the data above national sharing demonstrates no significant change in CIT comparing eras ($p = 0.86$).

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Disclosure

The authors of this manuscript have no conflicts of interest to disclose as described by the *American Journal of Transplantation*.

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