OPTN

Thank you to everyone who attended the Region 3 Winter 2023 meeting. It was great being back in person and still having an option for you to join virtually. We plan to continue providing both options.

Regional meeting presentations and materials

Public comment closes March 15! Submit your comments

The sentiment and comments will be shared with the sponsoring committees and posted to the OPTN website.

Non-Discussion Agenda

Modify Heart Policy for Intended Incompatible Blood Type (ABOi) Offers to Pediatric Candidates, *OPTN Heart Transplantation Committee*

- Sentiment: 6 strongly support, 8 support, 3 neutral/abstain, 0 oppose, 0 strongly oppose
- Comments: Region 3 supported this proposal with no comments.

Improve Deceased Donor Evaluation for Endemic Diseases, *OPTN Ad Hoc Disease Transmission Advisory Committee*

- Sentiment: 2 strongly support, 14 support, 1 neutral/abstain, 0 oppose, 0 strongly oppose
- Comments: This was not discussed during the meeting, but OPTN representatives were able to submit comments with their sentiment. The proposal was generally supported by the region. One attendee recommended keeping Chagas testing for all donors who meet the requirement but modify the pre-recovery testing requirement due to availability of the testing and the amount of time it takes to get the results. Another attendee commented that the second confirmatory lab for *T. cruzi* could be difficult to get in a timely and cost-effective manner.

Align OPTN Kidney Paired Donation Blood Type Matching Policy and Establish Donor Re-Evaluation Requirements, *OPTN Kidney Transplantation Committee*

- Sentiment: 4 strongly support, 9 support, 3 neutral/abstain, 0 oppose, 0 strongly oppose
- Comments: Region 3 supported this proposal with no comments.

Discussion Agenda

Require Human Leukocyte Antigen (HLA) Confirmatory Typing for Deceased Donors, *OPTN Histocompatibility Committee*

- Sentiment: 0 strongly support, 3 support, 1 neutral/abstain, 4 oppose, 8 strongly oppose
- Comments: Region 3 was not in support of this proposal. During the discussion, two attendees commented that within Organ Procurement Organization (OPO) community there are still questions and concerns about the cost associated with this proposal, how discordant results will be resolved and what would happen in expedited cases where you can't get a confirmatory test. They went on to comment that it is unclear if the proposed solution will solve the problem. Another attendee commented that the .3% discrepancy data goes back to 2015 and there have been changes since 2015 such as double data entry and locking down parts of software to prohibit accidental changes. They went on to comment that we need to understand the error rate in great detail and need to look at more recent data to see how much the changes improved typing. They added that without granular data it's hard to know what problem we are trying to solve. One recommendation was for the Histocompatibility Committee to consider additional guidelines to ensure labs have gene integrity and a process for resolving ambiguities. One attendee commented that it is not clear if this will resolve the very rare errors, but it will dramatically increase cost and time delays. There was also a recommendation that the committee needed more data and analysis on the source of the sample switch to determine if the problem is the collection site or the lab. One attendee commented that this solution was cost prohibitive for some labs and recommended looking for more granular data and process improvement methodology to help close the gaps. Several attendees commented that the community needs more information regarding added costs, inefficiencies, and unintended consequences.

Ethical Evaluation of Multiple Listings, *OPTN Ethics Committee*

- Sentiment: 0 strongly support, 3 support, 2 neutral/abstain, 5 oppose, 5 strongly oppose
- Comments: Region 3 did not support this proposed white paper. During the discussion, several attendees commented that they did not support limiting patient autonomy or restricting patient choice and care. One attendee added that patients are often not comfortable severing ties with their current center when pursuing being listed at more aggressive centers. Another attendee recommended making it easier for all patients by lowering barriers to multiple listing. One attendee commented that multiple listings is not our most pressing ethical issue and opined that limiting patients' ability to multiple list does not solve the problem of significant disparities in access to transplant.

National Liver Review Board (NLRB) Guidance for Multivisceral Transplant Candidates, *OPTN Liver and Intestinal Organ Transplantation Committee*

- Sentiment: 1 strongly support, 13 support, 2 neutral/abstain, 0 oppose, 0 strongly oppose
- Comments: Region 3 supported this proposed guidance. During the discussion several attendees commented that this was long overdue and may not be enough to get access to transplant for this group. They went on to recommend that the committee monitor the impact to see if these candidates need even more priority. One attendee added that under the current system the multi-visceral candidates have a high rate of mortality on the waiting list and center cannot get them transplanted.

Update on Continuous Distribution of Livers and Intestines, *OPTN Liver and Intestinal Organ Transplantation Committee*

- Comments: During the discussion one attendee commented that there is a compelling argument to be made for continuous distribution. They added that one challenge of the system is that it is not easy to understand by patients and professionals. Another attendee commented that Optimized Prediction of Mortality or OPOM seems like a good concept.

Continuous Distribution of Kidneys and Pancreata, *OPTN Kidney Transplantation Committee and Pancreatic Transplantation Committee*

- Comments: During the discussion, one attendee commented that the reasons for non-utilization of kidneys are complicated and not easily categorized by a code in the database. They added that we need to understand more about why such a large number of kidneys are not getting transplanted by having better qualitative data to inform all processes. Another attendee commented that one challenge of the system is that it is not easy to understand by patients and professionals.

Establish Member System Access, Security Framework, and Incident Management and Reporting Requirements, *OPTN Network Operations Oversight Committee*

- Sentiment: 1 strongly support, 7 support, 1 neutral/abstain, 4 oppose, 2 strongly oppose
- Comments: Region 3 had mixed support for this proposal. During the discussion one attendee commented that pieces of the proposal are fine, but as a whole, it is too prescriptive and an unreasonable level of burden to place on member hospitals who have their own needs to maintain security. They went on to recommend that this be pared down and focused on things that are appropriate like user management. Two attendees recommended that the OPTN should get together with hospital IT leadership to get feedback about feasibility of proposal. One attendee commented that their institution has a security plan and was concerned that if their plan does not align with the OPTN requirements it will be difficult to resolve.

Optimizing Usage of Offer Filters*, OPTN Operations & Safety Committee*

- Sentiment: 6 strongly support, 5 support, 0 neutral/abstain, 4 oppose, 0 strongly oppose
- Comments: Region 3 was generally supportive of offer filters. During the discussion, one attendee commented that they supported the use of offer filters and the benefits to the system. They went on to recommend more patient education about what filters a center has in place, as choice and transparency of care continues to be a priority. Another attendee commented that the patient education should be focused on transplant rates and offer acceptance rates and not

on specific organ offers. One attendee commented that they use filters and find them helpful. They went on to recommend the inclusion of candidates Estimated Post-Transplant Survival (EPTS) as a filter option, particularly for high Kidney Donor Profile Index (KDPI) kidneys. This would help centers match EPTS and KDPI. Another attendee commented that there should be continued improvements on extended organ offers that a center would not accept for any of their patients.

Identify Priority Shares in Kidney Multi-Organ Allocation, *OPTN Ad Hoc Multi-Organ Transplantation*

- Comments: During the discussion, one attendee commented that offering isolated kidneys ahead of multi-organ transplant is difficult for OPOs and there needs to be flexibility in the policy. Another attendee commented that previous living donors who need an isolated kidney should have priority over multi-organ transplant candidates. One attendee commented that there should be similar eligibility criteria for kidney pancreas candidates as with simultaneous liver and kidney candidates. Another attendee commented that while they were generally supportive, they did not agree with requiring one kidney to go to a kidney-alone candidate when offering multi-organs due to the potential to adversely affect patients awaiting multi-organ transplants. One attendee supported some controls and prioritization for highly sensitized kidney patient, but added that multi-organ recipients are very sick, making it harder to get them organs. They went on to recommend that this should focus on using more of the kidneys we recover before denying this very small number of patients kidneys they need. Another attendee commented that patients truly needing multi organ transplants do better with both organs. They went on to comment that the issue becomes when high quality kidneys bypass pediatric patients, prior living donors, high PRA patients and other vulnerable populations. One attendee recommended monitoring multi-organ listing criteria for trends and lessons learned.

Expand Required Simultaneous Liver-Kidney Allocation, *OPTN Ad Hoc Multi-Organ Transplantation*

- Sentiment: 1 strongly support, 11 support, 2 neutral/abstain, 1 oppose, 0 strongly oppose
- Comments: Region 3 generally supported this proposal. During the discussion, one attendee supported the concept but commented that we need to put all the multi-organ allocation requirements in one table to make it as simple as possible. Another attendee recommended standardizing OPO practices as they relate to multi-organ allocation.

Updates

OPTN Predictive Analytics

- Comments: During the discussion, one attendee commented that there were too many kidneys recovered and not utilized in 2022. They went on to ask if the pilot phase of predictive analytics showed patterns of the type of kidney getting accepted, and did the additional information about rate of death and time to next offer change programs decision making? They added that OPOs are recovering KI from every donor, so this tool may help transplant programs understand acceptance patterns. Another attendee commented that they have used the tool and recommend that a more helpful input would be looking at time to next better offer. They gave

an example of long-term patient survival impact for taking this KI now, versus waiting until the next offer, adding that knowing dialysis survival is interesting but not sufficient. They commented that it would be helpful to know how long to wait for KDPI under 75%. They added that they rarely use donor mobile site, so it would be helpful if the tool was accessible through desktop. Another attendee commented that they were part of the pilot study and think that analytics is improving predictive value. They asked if there was a plan to adopt and tailor to different regions, due to varied waiting times, etc.

OPTN Patient Affairs Committee Update

- Comments: No comments

OPTN Membership and Professional Standards Committee Update

- Comments: No comments

OPTN Executive Committee Update

- Comments: During the discussion one attendee commented the SRTR PSR data during the COVID era is inaccurate, because it affected different areas at different times. They added that excluding the three-month cohort, does not treat programs equally. Another attendee commented that when the executive leadership and Board of Directors consider changes like continuous distribution and transportation issues, they also need to consider utility and new technology like NRP. Another attendee added that as NRP evolves, we need to use our collective experiences to inform policy going forward.