

OPTN Policy Oversight Committee

Meeting Summary

August 8, 2022

Conference Call

Nicole Turgeon, MD, FACS, Chair

Jennifer Prinz, RN, BSN, MPH, CPTC, Vice-Chair

Introduction

The Policy Oversight Committee (the Committee) met via Citrix GoToMeeting teleconference on 08/08/2022 to discuss the following agenda items:

1. Post-Implementation Monitoring
2. New Projects
3. Monkeypox Update

The following is a summary of the Committee's discussions.

1. Post-Implementation Monitoring

Part of the charge of the Committee is to "assess the impact of implemented policy proposals". The Committee reviewed three projects that were implemented.

Data summary:

Removal of DSA and Region from Kidney Allocation: 1 Year Post-Implementation Monitoring

- Transplant rates increased
- Transplant rates increased for all age groups, most notably those under 18
- Transplant rates increased for all ethnic groups
- Transplant rates increased by dialysis time at listing, notably those on dialysis for 3+ years
- Transplant distance from donor hospital increased
- Discard rates increased
- Cold time increased
- 6 Month graft survival did not change

Removal of DSA and Region from Pancreas Allocation: 1 year Post-Implementation Monitoring

- Kidney/Pancreas
 - Transplant rates are still highest within 250 NM
 - Median distance increased from 79 NM to 110 NM
 - Median preservation time increased from 9.2 hours to 10.5 hours
- Pancreas
 - Median distance decreased from 174 to 138 NM
 - Discard rate increased
 - Overall acceptance rate decreased from 79 to 68 acceptances per 1000 offers
 - Median sequence number of final acceptor increased from 3 to 5
- Committee members were concerned to see an increase in the pancreas discard rate and a decrease in allocation efficiency (increased offer rates and decreased acceptance rates)

Removal of DSA and Region from Liver and Intestine Allocation: 2 Year Post-Implementation Acuity Circle Monitoring

- Increase in adult liver-alone transplants
- Increase in multi-organ transplants
- Increase in livers recovered from deceased donors
- Likelihood of transplant is higher post-AC compared to pre-AC
- Likelihood of removal for death or too sick is lower post-AC than pre-AC
- Proportion of adult transplants by MELD or PELD score or status group remained similar
- Variance in Median MELD at Transplant (MMaT) decreased by OPTN Region, DSA, and State
- More DCD transplants were performed post-AC, with a larger proportion of DCD transplants in the MELD 15-28 group
- Median distance for adult transplants increased from 72 NM to 141 NM
- Cold ischemia time for adult transplant increased by roughly 10 minutes
- Post-AC, a smaller share of pediatric transplants had a MELD or PELD score greater than 36 or were Status 1A/1B
- Fewer split liver transplants
- Median distance for pediatric transplants increased from 202 NM to 340 NM
- No statistically significant change in patient survival

Summary of discussion:

Removal of DSA and Region from Kidney Allocation: 1 Year Post-Implementation Monitoring

A member inquired whether there were areas across the United States where transplant rates didn't go up, given that during the presentation they noted it varied across the country. Research Staff replied they could gather that information.

Another member requested more information surrounding the increase in discard rates and cold time.

Removal of DSA and Region from Pancreas Allocation: 1 year Post-Implementation Monitoring

There were no comments on this item.

Removal of DSA and Region from Liver and Intestine Allocation: 2 Year Post-Implementation Acuity Circle Monitoring

The chair wondered how the results of the acuity circle change can be applied to the policy elements of continuous distribution. The presenter responded that there is a general sentiment that people are unhappy with the amount of travel that the livers are undergoing.

A member asked if there had been any adjusted analyses done with regard to COVID-19 and organ utilization rates. The presenter replied that there would also likely be a change to the discard rate of organs due to the incidence of donors being COVID-19 positive.

Another member requested more information on the increased number of transplants and lower waitlist mortality, in conjunction with the increased discard rate, noting that they seemed to contradict each other. The presenter did not have an answer outside of the possibility of COVID-19 related discards and an increasing number of donors overall.

Next steps:

Include specific assignments for specific people (Research will collect ## data as requested, UNOS Staff will determine whether ## is a realistic policy expectation, etc.)

2. New Projects

The Committee reviewed two new projects pending POC approval.

Data summary:

Review and Update OPTN Histocompatibility Guidance and Policy with Current Practice (Histocompatibility Committee)

- Updates histocompatibility-related guidance and policies to ensure accuracy, relevancy, and clarity

Summary of discussion:

Review and Update OPTN Histocompatibility Guidance and Policy with Current Practice (Histocompatibility Committee)

A member inquired if they were supposed to score the project based off what they felt from the narrative on the project form or based off of the answer provided in the project form. They felt like it cast undue criticism at the Committee completing the form if the reviewer disagreed with the information provided. Members of the Committee advocated for a version of the project form that did not include staff responses on benefit scoring.

With no further discussion, the Committee unanimously voted to approve the project (yes, 0 no, 0 abstain)

Update Guidance on Optimizing Recovery from Deceased Donors (VCA Committee)

This agenda item was not discussed.

Next steps:

The Histocompatibility Committee will appraise the Committee of their progress as they progress.

3. Monkeypox Update

The Committee received an update from the DTAC about their Monkeypox summary of evidence.

Data summary:

Multiple OPTN Committees have requested DTAC create a summary of evidence document for monkeypox. HRSA has also asked if the DTAC would consider publishing a summary of evidence.

Monkeypox was declared a public health emergency 08/04/2022.

Summary of discussion:

There was no discussion surrounding this item.

Next steps:

DTAC will continue updating the Committee of relevant findings for the Committee.

Upcoming Meetings

- September 13, 2022
- September 30, 2022 (in-person)

Attendance

- **Committee Members**
 - Nicole Turgeon
 - Jennifer Prinz
 - Rachel Engen
 - Andrew Flescher
 - Stevan Gonzalez
 - Vijay Gorantla
 - Matthew Hartwig
 - Jason Huff
 - Jim Kim
 - Scott Lindberg
 - Jondavid Menteer
 - Dolamu Olaitan
 - Stephanie Pouch
 - Jesse Schold
 - Peter Stock
- **HRSA Representatives**
 - Vanessa Arriola
 - Jim Bowman
 - Marilyn Levi
 - Amond Uwadineke
- **SRTR Staff**
 - Ajay Israni
 - Jon Snyder
 - Nick Wood
- **UNOS Staff**
 - James Alcorn
 - Sally Aungier
 - Matt Belton
 - Sarah Booker
 - Keighly Bradbook
 - Roger Brown
 - Matt Cafarella
 - Alex Carmack
 - Christine Chyu
 - Cole Fox
 - Isaac Hager
 - Darby Harris
 - Courtney Jett
 - Lindsay Larkin
 - Krissy Laurie
 - Taylor Livelli
 - Lauren Mauk
 - Meghan McDermott
 - Kelley Poff
 - Tina Rhoades

- Laura Schmitt
- Sharon Shepherd
- Susie Sprinson
- Lisa Stocks
- Kaitlin Swanner
- Stryker-Ann Vosteen
- Joann White
- **Other Attendees**
 - James Trotter