

OPTN/UNOS Membership and Professional Standards Committee (MPSC)
Meeting Minutes
September 18, 2017
Conference Call

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Introduction

The Membership and Professional Standards Committee (MPSC) met via Citrix GoToTraining and teleconference on September 18, 2017, to discuss the following agenda items:

1. System Optimizations to Expedite Organ Allocation and Increase Utilization
2. Improving Allocation of En Bloc Kidneys
3. Improving Allocation of Dual Kidneys
4. Revisions to Pediatric Emergency Membership Exception
5. Living Organ Donation by Persons with Certain Fatal Diseases Who Meet the Criteria to be Living Organ Donors
6. Committee Actions

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

1. System Optimizations to Expedite Organ Allocation and Increase Utilization

The Membership and Professional Standards Committee (MPSC) received a presentation from the OPO Committee about its proposal "Improving the Efficiency of Organ Placement." The MPSC was encouraged that the OPO Committee was looking at ways to gain efficiency in the allocation process and offered the following comments and recommendations:

- Policy 5.6.B *Time Limit for Review and Acceptance of Organ Offers* does not consistently state whether an organ offer is considered expired in each of the situations when an OPO is permitted to enter an offer refusal during organ placement. The presenter explained the intent in each case was that the offer is considered expired *and* the OPO is permitted to enter an offer refusal. The MPSC suggested providing that clarity and consistency in the policy.
- Policy 5.6.C *Organ Offer Acceptance Limit* should be clearer that a provisional yes can still be entered after two acceptances have been given for a candidate, but an acceptance would have to be relinquished in order to accept a different organ.
- An MPSC member asked if the Committee planned to monitor how often transplant centers accept an organ and then subsequently tell the OPO that they no longer accept the organ. The presenter explained that this will be discussed when discussing programming solutions. The workgroup is committed to ensuring that the system is able to track and monitor compliance moving forward so that the OPOs are not responsible for enforcing policy language as they currently are. The MPSC Chair stated that he appreciates this commitment and believes it is essential to have independent evaluation and compliance monitoring of these policies.

2. Improving Allocation of En Bloc Kidneys

The Committee received a presentation from the Kidney Transplantation Committee about its proposal "Improving Allocation of En Bloc Kidneys". MPSC members expressed that the proposal is a step in the right direction and that they appreciated the Committee's efforts. While en bloc kidney allocation may be a low-frequency occurrence for most OPOs, the current lack of

clarity in policy can make allocation challenging for OPOs and may create inconsistencies in allocation of these organs across the country.

An MPSC member asked where transplant programs would be expected to document the decision to split kidneys, and the presenter replied that it would be discussed when the Committee discussed implementing the proposals.

Several MPSC members encouraged the Kidney Committee to identify ways to make sure that both kidneys are actually used when en bloc kidneys are split, and to monitor how many kidneys are discarded. One MPSC member suggested that if the second kidney of a split en bloc pair is allocated to another hospital, that that hospital has accepted the kidney and is ready to go before the kidneys are split. The presenter responded that by having the new en bloc policy in place, the Kidney Committee will be able to monitor discarded split en bloc kidneys and plans to do so closely. The Committee will also be able to make changes in the future after monitoring the data, such as lowering the weight threshold if it is too high.

3. Improving Allocation of Dual Kidneys

The Committee received a presentation from the Kidney Committee about its proposal “Improving Dual Kidney Allocation”. MPSC members expressed that the proposal is a step in the right direction and that they appreciated the Committee’s efforts. While dual kidney allocation may be a low-frequency occurrence for most OPOs, the current lack of clarity in policy can make allocation challenging for OPOs and may create inconsistencies in allocation of these organs across the country.

An MPSC member asked where transplant programs would be expected to document the decision to transplant kidneys offered as dual kidneys into two different recipients, and the presenter replied that it would be discussed when the Committee discussed implementing the proposals.

4. Revisions to Pediatric Emergency Membership Exception

The Committee received a presentation from the Pediatric Transplantation Committee on its proposal “Revisions to the Pediatric Membership Exception Pathway.” The MPSC chair stated that there was a tremendous amount of give-and-take between the Pediatric Committee and the MPSC that resulted in the development of this proposal, and most of the MPSC’s concerns with the original language were heard and addressed.

One MPSC member asked if hepatic arterial thrombosis (HAT) or primary non-function were realistic scenarios for liver candidates under this pathway, since these events had to happen within 7 days of transplant. The presenter clarified that the Pediatric Committee had considered that in those situations, the candidate’s initial transplant had occurred under this exception pathway, and then an event occurred that required urgent relisting at the same hospital. However the Committee felt these situations would be unlikely.

Another MPSC member stated that receiving age-appropriate ECMO care would be advantageous to heart candidates. He supported the consultation between adult and pediatric programs to determine cases where a heart or liver patient could not be transported and treatment at an adult program may be necessary.

The presenter assured the MPSC that there would be ongoing monitoring of the use of this exception pathway. The Pediatric Committee believes the pathway will be infrequently used, and wants to make sure that the usage is being tracked.

The MPSC Chair stated that because of the amount of interaction between the two committees in the development of this proposal, the MPSC is comfortable with the proposal overall and appreciated the dialogue with the Pediatric Committee.

5. Living Organ Donation by Persons with Certain Fatal Diseases who Meet the Criteria to be Living Organ Donors

The Committee received a presentation from the Ethics Committee on its proposal “Living Organ Donation by Persons with Certain Fatal Diseases who Meet the Criteria to be Living Organ Donors.” Even though the ethical arguments presented in the proposal are compelling, the MPSC is concerned about how these arguments would ultimately be translated into policy. The MPSC is responsible for assessing member compliance with whatever policies are developed, as well as for determining whether patients have been unduly put at risk from a patient safety standpoint. If this proposal goes forward, statements made about ethical acceptability need to also clearly state that these issues are very complex and that a significant amount of careful thought and work will be necessary to implement these recommendations in OPTN policy before they can be put into practice.

The MPSC understands that transplant hospitals would not have to proceed with these types of donations unless both they and the donor were comfortable doing so. However, it is important to understand that just saying something is or should be permitted can pressure practitioners to consider acting beyond their comfort level. The MPSC has dealt with issues before where practitioners have felt pressured by hospital administration, patients, or other groups to go down a path that was beyond their comfort level simply because it was allowed by policy.

6. Committee Actions

The Committee unanimously agreed that actions regarding Bylaws, Policy, and program-specific decisions made during the OPTN session would be accepted as UNOS actions.

** RESOLVED, that the Committee accepts those program specific determinations made during the meeting as UNOS recommendations.

FURTHER RESOLVED, that the Committee also accepts the recommendations made relative to Bylaw and Policy changes.

The Committee voted 24 For, 0 Against, 0 Abstentions.

Upcoming Meetings

- October 17-19, 2017, Chicago
- February 27-March 1, 2018, Chicago
- July 17-19, 2018, Chicago
- October 16-18, 2018, Chicago