OPTN

Thank you to everyone who attended the Region 3 Winter 2024 meeting. Your participation is critical to the OPTN policy development process.

Regional meeting presentations and materials

Public comment closes March 19! Submit your comments

Continuous Distribution – tell us what you value!
The Heart Transplantation Committee is seeking feedback from the community to inform the development of heart continuous distribution allocation. The community is invited to participate in a prioritization exercise through March 19. You do not need to be a clinician, heart transplant professional or heart patient to participate. Click here to complete the exercise and provide your feedback.

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

Non-Discussion Agenda

Update Post-Transplant Histocompatibility Data Collection, *OPTN Histocompatibility Committee*

- Sentiment: 4 strongly support, 10 support, 2 neutral/abstain, 0 oppose, 0 strongly oppose
- No comments

Promote Efficiency of Lung Allocation, *OPTN Lung Transplantation Committee*

- Sentiment: 3 strongly support, 6 support, 7 neutral/abstain, 0 oppose, 0 strongly oppose
- No comments

Standardize Six Minute Walk for Lung Allocation, *OPTN Lung Transplantation Committee*

- Sentiment: 8 strongly support, 4 support, 3 neutral/abstain, 0 oppose, 0 strongly oppose
- No comments

Clarifying Requirements for Pronouncement of Death, *OPTN Organ Procurement Organization Committee*

- Sentiment: 5 strongly support, 11 support, 0 neutral/abstain, 0 oppose, 0 strongly oppose
- No comments

Discussion Agenda

Standardize the Patient Safety Contact and Reduce Duplicate Reporting, *Ad Hoc Disease Transmission Advisory Committee*

- Sentiment: 8 strongly support, 8 support, 0 neutral/abstain, 0 oppose, 0 strongly oppose
- Comments: Region 3 supported the proposal. During the discussion, one attendee voiced support from the OPO perspective and commented that the proposal addresses a current

challenge. Another attendee supported allowing group emails so that multiple staff can be aware of any reporting requirements.

Concepts for Modifying Multi-Organ Policies, *OPTN Ad Hoc Multi-Organ Transplantation Committee*

- Comments: Members in the region offered several suggestions for the committee to consider as they address this very important issue. One attendee speaking from an OPO perspective recommended flexibility in a policy that prioritizes multi-organ allocation so that OPOs are able to maximize organ utilization. Several attendees supported kidney/pancreas as a multi-organ transplant. They added that the utilization and outcomes for pancreas is highest when transplanted with a kidney. One added that multi-organ for liver/kidney and heart/kidney should be ranked based on the highest risk of death on the waiting list. Other attendees supported treating the kidney/pancreas candidates similarly to kidney candidates. One added that kidney/pancreas should not be prioritized ahead of pediatric candidates. Another attendee commented that organ availability for actively wait-listed kidney candidates has improved markedly. They added that trying to divide organs between multi-organ candidates and kidney alone candidates when allocating kidneys from KDPI<35 donors could be problematic for many of the high-mortality, high urgency heart/kidney, liver/kidney, kidney/pancreas recipients. Another attendee commented that kidneys should be prioritized to multi-organ candidates who have high risk of pre-transplant mortality.

Modify Effect of Acceptance Policy, *OPTN Ad Hoc Multi-Organ Transplantation Committee*

- Sentiment: 6 strongly support, 7 support, 2 neutral/abstain, 0 oppose, 0 strongly oppose
- Comments: Region 3 supported this proposal. During the discussion, one attendee commented that no specific timeframe should be included in the policy.

OPTN Strategic Plan 2024-2027, *OPTN Executive Committee*

- Sentiment: 3 strongly support, 11 support, 2 neutral/abstain, 0 oppose, 0 strongly oppose
- Comments: Region 3 supported this proposal. During the discussion, several attendees recommended narrowing the focus of the plan and being more specific regarding the metrics of each goal. They added that implementing these strategies takes time and accounting for that will help with successful outcomes. Another attendee recommended reviewing projects that are in various stages of progress by committees to evaluate their alignment with the new strategic plan and engage committee discussion prior to tabling ongoing projects.

Update on Continuous Distribution of Hearts, *OPTN Heart Transplantation Committee*

- Comments: Meeting attendees offered several suggestions for the committee to consider as they move forward with continuous distribution. One attendee supported moving forward with continuous distribution for hearts, especially with meaningful consideration of sensitized candidates. Another attendee recommended further enhancements to enable organ placement efficiency. One attendee commented that the committee should learn lessons from lung continuous distribution and include offer filters. One attendee commented that there is an article in JAMA about developing validation risk of predicting death without transplant (by Stanford and Chicago) and encouraged the committee to review the paper.

National Liver Review Board (NLRB) Updates Related to Transplant Oncology, *OPTN Liver & Intestinal Organ Transplantation Committee*

- Sentiment: 3 strongly support, 9 support, 2 neutral/abstain, 0 oppose, 0 strongly oppose
- Comments: Region 3 supported the proposal. One attendee raised concern about the workload for the Committee to review and approve patient care protocols for all liver transplant programs and commented that there should be a way to outline guidelines for standard of care requirements prior to request for exception. They added that verification of compliance could be done during program survey during regular regulatory review.

Refit Kidney Donor Profile Index (KDPI) Without Race and Hepatitis C Virus, *OPTN Minority Affairs Committee*

- Sentiment: 9 strongly support, 7 support, 0 neutral/abstain, 0 oppose, 0 strongly oppose
- Comments: Region 3 supported the proposal. During the discussion there was clarification that this proposal would not change Hepatitis C Virus testing or reporting, it would only remove it from the KDPI calculation.

Updates

Councillor Update

- No comments

OPTN Patient Affairs Committee Update

- No comments

OPTN Membership and Professional Standards Committee Update

- During the discussion one attendee commented that as the OPTN defines late declines, they need to consider differences in organ types and identify patterns of intraoperative turndowns that did not result in expedited placement. They added that this information could provide education to the programs. Several attendees commented that centers listing behavior is influenced by the performance metrics. They went on to comment that there should be exceptions for centers who list more challenging candidates. One attendee commented that the committee, and the SRTR, should create measures so that programs are not penalized if they accept organs after late declines.

  One attendee commented that offer acceptance metrics penalizes programs for being thoughtful for donor recipient matching and pushes programs to be aggressive. One attendee commented that the metrics for performance outcomes for heart is underpowering the expected mortality, which makes the observed/expected worse than it is, adding this could be true for other organs. One attendee supported the pre transplant mortality as it relates to liver disease. They added that it reflects pre-transplant decision making, keeping patients alive prior to transplant, surgical decision making, and post-transplant survival and helps to ensure that all transplant centers are aligned and able to interpret their data.

OPTN Executive Update

- Comments: During the discussion one attendee commended the improvements in equity in access and the eGFR waiting time modifications. Another attendee was pleased with the increase in the number of transplants and commented that we also need to improve outcomes. One member recommended considering a different allocation for DCD organs to improve utilization. They added that one idea would be to keep these organs locally. Another attendee recommended that NRP be added to kidney offer filters. One attendee recommended that the OPTN publish on the known racial disparities in access to organ donation and transplantation. One attendee commented that the Task Force needs to be transparent with patients about any variances they implement and provide regular updates about their performance.

Improving Organ Usage and Efficiency: Update from the Expeditious Task Force

- Meeting attendees appreciated the opportunity to discuss and participate in the Expeditious Task Force conversations. One attendee commented that the big plan is good but there needs to be some way to include personnel needs and help with retention. Another attendee noted that one solution to decreasing cold ischemic time is to allocate organs closer to the donor hospitals. There was also support for consistent and standardized biopsies and guidelines for standardized donor management. One attendee commented that we need to hold centers accountable for late turndowns. Another attendee commented that for organs that are at risk of not being used, we can re-execute the match run and use HLA as the only criteria as a final placement opportunity.
- During table exercises to discuss activities from the Expeditious Task Force, the attendees provided the following feedback:
    - When discussing candidate and donor criteria for expedited placement, one group commented that communication between OPOs and known aggressive centers early in the process is important. They added that there should be automatic backup to local centers who have their list of potential recipients ready to go in the event of a late turndown. They also commented that OPOs should have a list of centers who they know will accept more challenging to place kidneys. Another group supported the idea of an opt in policy with a probationary period to identify centers who will accept organs during expedited placement. They added that this would create a more equitable allocation system. Another group recommended sharing of successful practices in aggressive offers to peers, standardized use of virtual crossmatching, filters, standardized protocols for withdrawal and moving DCD donors to recovery centers.
    - When discussing policies that slow down allocation or impede efficiency, one group commented that multi-organ transplant policies for liver/kidneys and heart/kidney is clunky. They added that the policy for deceased donor information requiring a chest Xray for lung donors is not feasible for smaller donor hospitals. Another group commented a “provisional yes” needs to be more meaningful and include fields to indicate where a center is in the workup. They added that more standard communication in donor highlights between the OPO and the donor hospital would be beneficial.

HRSA Update

- During the discussion about the data directive, one attendee recommended obtaining the OPO required data directly from the transplant centers. Another attendee commented that when transplant programs are reporting data for referrals and evaluations, if patients are listed at multiple centers, it could confuse the data. Another attendee commented that one of the biggest barriers is staff at community hospitals and maintaining pathways to becoming a donor. Anything that CMS can do regarding the condition for participation would be helpful. Another attendee commented that we need to collect data that is going to be impactful and consider burden versus what will be informative for potential outcomes.