OPTN

Thank you to everyone who attended the Region 1 Summer 2023 meeting. It was great seeing people 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 September 19! Submit your comments

The sentiment and comments will be shared with the sponsoring committees and posted to the OPTN website. Comments from live discussion and electronic submissions are included in this summary.

Non-Discussion Agenda

Clarification of OPO and Living Donor Hospital Requirements for Organ Donors with HIV Positive Test Results

OPTN Disease Transmission Advisory Committee (Ad Hoc)

- No comments

Continuous Distribution of Hearts Concept Paper

OPTN Heart Transplantation Committee

- No comments

Deceased Donor Support Therapy Data Collection

OPTN Operations and Safety Committee

- Sentiment: **0 strongly support, 3 support, 2 neutral/abstain, 0 oppose, 0 strongly oppose**
- No comments

Recognizing Seasonal and Geographically Endemic Infections in Organ Donors: Considerations during Deceased and Living Donor Evaluation

OPTN Disease Transmission Advisory Committee (Ad Hoc)

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

Remove CPRA 99-100% Form for Highly Sensitized Kidney Candidates

OPTN Histocompatibility Committee

- Sentiment: **0 strongly support, 4 support, 1 neutral/abstain, 0 oppose, 0 strongly oppose**
- No comments

Update Guidance on Optimizing VCA Recovery

OPTN Vascularized Composite Allograft Transplantation Committee

- Sentiment: **0 strongly support, 3 support, 2 neutral/abstain, 0 oppose, 0 strongly oppose**
- No comments

Update HLA Equivalency Tables 2023

OPTN Histocompatibility Committee

- Sentiment: **0 strongly support, 2 support, 3 neutral/abstain, 0 oppose, 0 strongly oppose**
- No comments

Update on Continuous Distribution of Livers and Intestines

OPTN Liver & Intestinal Organ Transplantation Committee

- No comments

Discussion Agenda

Efficiency and Utilization in Kidney and Pancreas Continuous Distribution Request for Feedback

OPTN Kidney & Pancreas Transplantation Committees

- Comments: During the meeting the attendees participated in group discussion sessions and provided feedback on one of three questions:
    - Dual Kidney Eligibility Requirements
        - One group shared that they believe it should be a combination of single kidney offers and donor criteria because every case is different. They suggested that donor factors and cold ischemic time should be considered. They did not think it should be after a certain percentage of the match run. With higher KDPI kidneys, such as kidneys from older donors, using a percentage of the match run may still take too long for the kidney to be utilized. They think a single placement attempt threshold should be based on CIT instead of a percentage of the match run.
        - Another group suggested adding the ability for a center to decline for single kidney, but accept for dual kidneys, so that OPOs could see which programs were interested in what immediately. They also agreed that the policy should focus on cold ischemic time and other donor variables that put these complex organs at risk for non-use.
        - A member stated that about 50% of donors are over the age of 50 in New England, so these should go right to the patients that will accept them, and that the OPOs trying to place these kidney's shouldn't get flagged.
        - A group expressed support for using a percentage of the match run for dual kidney allocation. They added that kidneys that are taken as dual tend to be more medically complex and would probably need a biopsy. If the biopsy was not good, it would be best to offer those kidneys to programs that would actually accept them. OPOs need to be able to exercise discretion when allocating.
        - Virtual participants: 60% support a combination of donor criteria and offering the kidneys as single first, 20% support offering the kidneys as single first, and 20% support donor criteria alone. In terms of what percentage of the match run

should be offered and decline the primary offer before an OPO can move to dual allocation, 66.7% support less than 50% and 33.3% support 50-75%.

- Pancreas Medical Urgency
  - One group said that because they do not believe you can quantify medical urgency for pancreas, they do not believe it should be included.
  - Another member pointed out that for a medically urgent kidney candidate who also needs a pancreas, it might be worth having medical urgency for pancreas available for candidates in that situation so they can get offers for both organs.
  - A group stated there is no medically urgent reason for allocating pancreas, and while medical urgency exists for kidney, it's not clear whether that should qualify a candidate as medically urgent for pancreas too.
  - A member suggested that perhaps pancreas medical urgency could be something determined by a review board.
  - Another group agreed with the fact that pancreas medical urgency is difficult to define and could create an opportunity for gaming the system.
- Mandatory Kidney Pancreas Shares
  - A group said that mandatory kidney pancreas shares might result in a lot more delays in kidney allocation in cases where the pancreas is not recovered.

Amend Adult Heart Status 2 Mechanical Device Requirements

OPTN Heart Transplantation Committee

- Sentiment: **0 strongly support, 3 support, 1 neutral/abstain, 1 oppose, 0 strongly oppose**
- No comments

Require Reporting of Patient Safety Events

OPTN Membership & Professional Standards Committee

- Sentiment: **1 strongly support, 4 support, 0 neutral/abstain, 0 oppose, 0 strongly oppose**
- Comments: The region supported this proposal. One attendee suggested including HLA discrepancies in the proposal, as they can be very serious for highly sensitized patients. Another attendee commented that the living donor recovery hospital may not know if a living donor has been listed for any organ transplant and suggested that perhaps the system should link prior living donor status with the patient's social security number, so in the event a prior living donor is listed, there would be an automatic notification. A member stated that the committee needs to define ABO discrepancy very specifically because issues with ABO typing happen fairly often. An attendee suggested that reporting living donors listed for another organ within five years makes sense. A couple members recommended considering other errors or events that result in non-use like late turndowns. Another member said that there should be a way to capture events outside of policy in a way that they could be reviewed by the MPSC.

Modify Organ Offer Acceptance Limit

OPTN Organ Procurement Organization Committee

- Sentiment: **3 strongly support, 1 support, 0 neutral/abstain, 0 oppose, 0 strongly oppose**
- Comments: The region supported this proposal. A member commented that while liver programs in Region 1 have been good stewards, other programs outside of the region have not,

so this change is needed, especially with teams from other regions coming into Region 1. Attendees commended the OPO Committee on their work and expressed complete support, as this practice results in late declines. Another attendee also stated support, adding they felt the proposal should go farther by saying once you accept an organ, you will not get other organ offers. One member said that very few of these organs were discarded, as they were considered good enough to be used by someone. One member asked if the committee might consider focusing only on liver, since it seems to be the biggest issue. Another member suggested adding a deadline after which a program could not back out of an offer.

Concepts for a Collaborative Approach to Living Donor Data Collection

OPTN Living Donor Committee

- Comments: Overall attendees were supportive of this concept. An attendee expressed support for this idea and encouraged the committee to think of ways to motivate donors to provide feedback, as many are doing so well, they don't have any interest in follow up. They added that the additional data collection suggested is important, but it is a significant amount of additional work. A member stated that just as a lot of disparities exist prior to listing a candidate for transplant, who makes it to evaluation for living donation and what factors impact that are equally important. Another attendee contemplated what resources might be needed to collect this data. A member shared that they were part of a pilot project where they were able to build an EPIC poll automatically and something like that could be connected directly to the SRTR. An attendee also added their support for the initiative.

Ethical Analysis of Normothermic Regional Perfusion

OPTN Ethics Committee

- Sentiment: **1 strongly support, 5 support, 0 neutral/abstain, 0 oppose, 0 strongly oppose**
- Comments: Overall the region was supportive of this paper. One attendee commented that the committee has done a great job with this paper, but suggested that there is a distinction between abdominal and thoracic NRP from an ethical and potentially legal basis. They felt that exploring the differences between the two from an ethical perspective could add value to the conversation. A member spoke about the growing discussion about the unified concept of death and how cessation of circulation is meaningful so far as it stops circulation in the death. The member suggested that what is meaningful is cessation of permanent circulation to the brain. An attendee stated concern for the idea of mandating what is discussed with donor families in the moment. OPOs do not typically discuss the details of surgical procedures unless the family asks questions, it's not a standard part of authorization. The attendee believes that the reaction of wanting to disclose things to the family is really about absolving the transplant/OPO communities own discomfort, rather than it being meaningful for the donor family. All of this comes after the donor has died, so this is disclosure. Another member said this was a very thoughtful approach, and that the important consideration is potential recirculation of blood supply to the brain. The member added that to their understanding, both Spain and the UK use additional surgical methods to prevent circulation. Another attendee stated that TA-NRP can have negative effects on the lungs. A member expressed concern about NRP potentially being misunderstood by the general public resulting in a loss of trust and a reduction in the number of donors.

Updates

Councillor Update, OPTN Patient Affairs Committee Update, and Policy Oversight Committee Update

- No comments

OPTN Membership and Professional Standards Committee Update

- Comments: An attendee commented that some of the things the MPSC is suggesting they monitor for OPOs are actually regulated through CMS, such as the interaction between referral and donor hospital. The member added that the CMS metrics are not risk adjusted, and theoretically there could be risk-adjusted OPOs that are high performing under OPTN metrics, but low performing under CMS metrics. The member also stated support for collection of referral data to build better data source for the denominator of any kind of metric.

Member Quality Update

- Comments: A member commented on offer acceptance and how if they are, for example, at sequence 400, 399 other patients have already turned down the offer, and they are much less likely to accept than the patient at sequence 1. The ratio won't be good because when you're getting most offers that have been declined by many others. They are not sure the metric will really accomplish the goal.

OPTN Executive Committee Update

- Comments: A member commented that there needs to be a real incentive for accepting more medically complex organs and suggested that one way to do this would be to not account for the outcomes of recipients of these organs. The member also pointed to the higher acceptance rates of medically complex organs in other countries. Another attendee added that we talk about outcomes, we are talking about the outcome of the patient receiving this kidney versus the patient not receiving a kidney, not this kidney versus another. Last year there were 7,548 kidneys donated but not used, and 4,386 kidney candidates died while waiting. The tweaks on the system are good, but if the goal is to increase the number of transplants for patients, then we cannot have a system that pretends it's a system of abundance at allocation when it's a system of scarcity. Another member commented that it would be helpful if there could be push notifications to a transplant center with updates on the donor organ, specifically when a center moves up in rank for an offer to a position where they are seriously in consideration for that offer. The member added that the more automations we put in the system for things like this, the less we lose things in translation by relying on humans and telephones, which could perhaps reduce accumulation of cold ischemic time. An attendee encouraged the efficiency task force to ensure any actions taken align with existing work on addressing geographic disparities. The attendee also expressed concern that with the HRSA modernization effort and the possible addition of other contractors into the OPTN, there could be a lack of coordination among these contractors, as well as concern for how the OPTN Board of Directors will be impacted by these changes.

OPTN Strategic Planning Feedback Session

- During the meeting the attendees participated in a group discussion session and provided feedback on which of the ideas for strategic plan goals generated by the OPTN Board should be

the prioritized, which was the highest priority, and if there were any key themes missing. The ideas from the OPTN Board were: to increase patient engagement through education and transparency, increase transplants, increase donors and available organs for use, maximize the value of organs and increase post-transplant quality of life and improve allocation efficiency.

- One group chose increase transplants as their top priority, and then increased patient engagement through education and transparency, and improve allocation efficiency. They felt that increasing transplants would pull in the other two.
- One table selected improving efficiency and increasing transplant as goals 1A and 1B, with their third being increasing patient engagement. Patient engagement is important for prospective donors and the general public, which would increase the donor pool and increase those registered as donors. They added another key point that this must be done in a way that is multi-lingual and accounts for literacy barriers. The group said that a key theme that was missing is the cost effective nature of the system and how it relates to transplant centers bearing the burden for traveling and charter flights, how that cost is passed along, and how that relates to reimbursement, which could be imbalanced.
- Another group said that system design that incorporates elements of behavior economics is an important goal. In terms of what is missing, they felt like context of what's happening over the next three to four years has the potential for great disruption to the system, such as half of all OPOs potentially being decertified. They said it should be a goal to provide system stability, in a time of great transition, that continues to deliver for patients.
- Another table shared they believed improving transplant outcomes to be the most important because if that improves, it will help improve efficiency. It is more important do to a good number of transplants that are really beneficial to patients, as opposed to doing more transplants that do not work as well.
- One group said the most important goal for them is system efficiency and not just with the allocation of organs. All donation and transplantation stakeholders, like OPOs, transplant centers, third party vendors, need to be aligned. They added that the OPTN really needs to leverage OPTN Computer System applications. The group agreed that cost is important. With continuous distribution, organs are going to be traveling farther, requiring more use of perfusion, which is costly. They expressed concern that these costs will become a problem for transplant centers, especially smaller centers. If centers have to close, it means some patients will have to travel even farther for care.
- Virtual attendees also provided feedback on the strategic goals. Their top voted goal was improve allocation efficiency. The following all received the same number of votes: increase patient engagement through education and transparency, increase transplants, increase donors and available organs for use, maximize the value of organs and increase post-transplant quality of life.