

Thank you to everyone who attended the Region 6 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. Sentiment below is averaged to reflect one submission for each member institution.

Non-Discussion Agenda

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

- Sentiment: 1 strongly support, 7 support, 5 neutral/abstain, 0 oppose, 0 strongly oppose
- Comments: No comments

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

- Sentiment: 1 strongly support, 6 support, 4 neutral/abstain, 2 oppose, 0 strongly oppose
- Comments: This was not discussed during the meeting, but OPTN representatives were able to submit comments with their sentiment. Several attendees raised concerns about testing all donors due to the availability of testing and resources needed for higher risk cases. Another attendee commented that this testing would be cumbersome and waiting for results could delay donor evaluation.

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

- Sentiment: 1 strongly support, 10 support, 2 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. One attendee commented that this would improve patient safety.

Discussion Agenda

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

- Sentiment: 0 strongly support, 2 support, 1 neutral/abstain, 9 oppose, 2 strongly oppose
- Comments: During the discussion several attendees commented that more data was needed to understand the problem and the impact to Labs/OPOs/Centers related to cost, resources and time. Several attendees commented that this solution may not even solve the problem. One attendee commented that and this should be addressed with individual labs and not mandated for all labs. Another attendee asked for more data about the cases with switched samples and the outcome for the kidneys post-transplant. One attendee commented that if the lab uses the same platform for both samples potentially both typing's would be incorrect.

Ethical Evaluation of Multiple Listings, *OPTN Ethics Committee*

- Sentiment: 1 strongly support, 8 support, 3 neutral/abstain, 1 oppose, 1 strongly oppose
- Comments: During the discussion several attendees commented that this was an important paper but thought more data was needed around medically complex patients as well as how multiple listing affects waiting times and transplant rates. Another attendee commented that financial and logistical support from Medicaid and other insurance payors needs consideration when a patient multiply lists. One attendee suggested having a review board to review requests to multiple list. Several attendees supported the paper and applauded the committee for addressing this inequity and bringing it to the forefront. One attendee raised concerns about medically complex patients traveling to get a transplant and their access to care post-transplant given that they often have a higher likelihood of complications. Another attendee commented that limiting access to multiply list may result in less access for our Veteran patient population. One attendee commented that Veterans who travel to VA centers to get transplanted and then return home usually do very well. Several attendees commented that patients should not multiply list in the same donor service area. One attendee commented that there needs to be increased transparency so that patients know about multiple listing criteria and also make sure payers understand the options. Another attendee commented that the inequality may reflect a disparity in patients ability to travel and suggested getting data relative to travel benefit related to insurance. They went on to recommend we encourage state and federal benefit allowance for candidates travel.

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

- Sentiment: 0 strongly support, 9 support, 5 neutral/abstain, 0 oppose, 0 strongly oppose
- Comments: During the discussion, several attendees supported a median MELD at transplant (MMaT) -3 so that liver alone candidates will not be disadvantaged. One went on to comment that if these candidates are getting MMaT +6 it is really about waiting time and not acuity. Two attendees supported the proposal but commented that there should be a cap on how many

points these candidates can receive with a suggested cap of MELD 35. Two attendees were concerned that pediatric patients were not included in the presentation and commented that they should also be given consideration when proposing any changes to the guidance. One attendee commented that graft loss and mortality are much higher in multivisceral candidates than in liver alone candidates, so this change would mean allocating high quality livers to candidates who have a higher mortality rate than liver alone candidates.

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

- Comments: Members in the region offered several suggestions for the committee to consider as they continue towards Continuous Distribution. One attendee commented that the distribution of livers should be data-driven to maximize life-years of the graft. Two attendees commented that models should include attributes such as DCD recipient and especially post-transplant survival. Several attendees commented that post-transplant survival should be considered in the liver CAS. One added that adding post-transplant survival is imperative to avoid futile transplants. One attendee commented that distance needs to be prioritized so we are not promoting inequities for centers who don't have the technology available to accept organs from long distances. One attendee commented that this would be a good time to replace MELD with OPOM for medical urgency scores. One attendee wanted more information about how donor attributes would be considered in the new system.

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

- Comments: Members in the region offered several suggestions for the committee to consider as they continue towards Continuous Distribution. Several attendees were concerned that Region 6 will be disproportionately affected by this change and will have large decreases in transplant rate due to geography and population density. One attendee added that using concentric circles as a distribution model disadvantages areas of the country on or near the coasts. One attendee commented that continuous distribution should prioritize increasing number of transplants and minimizing non-utilization before optimizing utility and equity. One attendee was concerned that we are moving toward continuous distribution for the sake of change and added that current modeling does not show that continuous distribution is an improvement over the current allocation system. They went on to comment that the modeling shows an increase in travel time and a decrease in organ survival rates with a small change in transplant rates. One attendee commented that normothermic perfusion and more recovery centers across the country will change organ procurement and transplant in the coming years. One attendee commented that more data is needed about how any change affects non-utilization rate for kidneys. Another attendee commented that the committee needs to consider logistics in sharing kidneys more broadly. They added that the largest concern with distance is for mid-high KDPI kidneys that can't handle long cold ischemic times. Since kidneys are shipped on commercial airlines, there needs to be a mechanism for placing them without adding a lot of cold time.

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

- Sentiment: 1 strongly support, 8 support, 4 neutral/abstain, 1 oppose, 0 strongly oppose
- Comments: During the discussion one attendee asked for data on the actual risk to the OPTN system. Several attendees commented that the administrative burden will be huge for the transplant center when they already have stringent IT security in place. One recommendation was to develop a monitoring process base on risk stratification rather than having frequent requirements when the risk is low. Another attendee recommended limiting the burden of training requirements as much as possible.

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

- Sentiment: 3 strongly support, 10 support, 1 neutral/abstain, 0 oppose, 0 strongly oppose
- Comments: During the discussion one attendee supported notification to patients about the filters being used by their center. Another attendee supports the default filters as long as centers have the ability to change the filters as needed and are able to opt out for an individual patient. One attendee recommended having a website where patients can see the various filters that are applied and could use the information to advocate which filters they would like to apply.

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

- Comments: Members in the region offered several suggestions for the committee to consider as they continue to work on multi-organ allocation. Several attendees commented that pediatric kidney alone candidates should be prioritized above multi-organ adult candidates but below pediatric multi-organ candidates. Another attendee recommended getting data to better understand if certain types of candidates/recipients do better or worse with kidney multi-organ transplant versus a sequential transplant. One attendee recommended developing a data driven hierarchy. Another attendee recommended looking at mortality risk and post-transplant survival to determine where the priority should be between multi organ candidates and single organ candidates.

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

- Sentiment: 1 strongly support, 6 support, 4 neutral/abstain, 2 oppose, 0 strongly oppose
- Comments: During the discussion there were several attendees who supported aligning liver-kidney with heart-kidney allocation. Two attendees had concerns that expanding simultaneous liver-kidney allocation would disadvantage both liver and kidney only candidates. Another attendee commented that the expanded allocation would disadvantage candidates in the region given the geography. One attendee commented that if the simultaneous liver-kidney does not use the combined organs, the single liver or kidney should be offered within the accepting centers donor service area.

Updates

OPTN Predictive Analytics

- Comments: During the discussion one attendee recommended including SDoH in the tool. They went on to recommend that we measure what will provide the most opportunities for improvement. Another attendee commented that having a desktop version of the tool will be more beneficial and recommended that key analytics be visible next to the patients name so members don't have to click through multiple screens. They added that they would like to see if the KDPI is less than 50 and maybe have options to change what is visible. Another attendee recommended having a slider feature for KDPI from 0-100 with resulting waiting time and mortality.

OPTN Patient Affairs Committee Update

- Comments: No comments

OPTN Membership and Professional Standards Committee Update

- Comments: During the discussion one attendee asked about getting a variance for Hawaii given the geography, adding that the ratio for the region is affected because they are so far away. Another attendee applauded the MPSC changes and added there should be less emphasis on 1-year outcomes and more on network building.

OPTN Executive Committee Update

- No comments