

Thank you to everyone who attended the Region 3 Summer 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 September 19!** [Submit your comments](#)

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

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## 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)*

- Comments: None

Continuous Distribution of Hearts Concept Paper, *OPTN Heart Transplantation Committee*

- Comments: One attendee recommended moving forward while also exploring the post-transplant survival attributes. Two attendees commented that the committee really needs to maximize efficiency as they move forward in this model.

Deceased Donor Support Therapy Data Collection, *OPTN Operations and Safety Committee*

- Sentiment: **4 strongly support, 7 support, 4 neutral/abstain, 0 oppose, 0 strongly oppose**
- Comments: This was not discussed during the meeting, but attendees were able to submit comments with their sentiment. One attendee questioned if multiple stops of support therapy would require multiple entries? They added that they currently document support therapies and are exploring tying it to our donor outcomes for evaluation of utilization.

Recognizing Seasonal and Geographically Endemic Infections in Organ Donors: Considerations during Deceased and Living Donor Evaluation, *OPTN Disease Transmission Advisory Committee (Ad Hoc)*

- Sentiment: **2 strongly support, 10 support, 3 neutral/abstain, 0 oppose, 0 strongly oppose**
- Comments: This was not discussed during the meeting, but attendees were able to submit comments with their sentiment. One attendee commented that OPOs and Transplant centers should use UNet for sharing information.

Remove CPRA 99-100% Form for Highly Sensitized Kidney Candidates, *OPTN Histocompatibility Committee*

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

## Update Guidance on Optimizing VCA Recovery, *OPTN Vascularized Composite Allograft Transplantation Committee*

- Sentiment: **0 strongly support, 7 support, 9 neutral/abstain, 0 oppose, 0 strongly oppose**
- Comments: This was not discussed during the meeting, but attendees were able to submit comments with their sentiment. One attendee commented that a “Family Considerations” section will be helpful.

## Update HLA Equivalency Tables 2023, *OPTN Histocompatibility Committee*

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

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

- Comments: No comments

## Discussion Agenda

### Efficiency and Utilization in Kidney and Pancreas Continuous Distribution Request for Feedback, *OPTN Kidney & Pancreas Transplantation Committees*

- Comments: Several attendees recommended that the committee take distance into consideration when modeling the composite allocation score.

During the meeting the attendees participated in group discussion sessions and provided feedback on one of three questions:

- Pancreas Medical Urgency clinical guidance
  - One group recommended incorporating medical urgency. The two main factors discussed were age, particularly reaching a specified age point established by the center, and the rapid progression of peripheral vascular disease. The concern arises from the potential for an elevated non-utilization rate due to broader distribution and a 250nm system with kidney/pancreas. They added that there needs to be specific criteria to ensure fairness for all centers utilizing medical urgency.
  - One group talked about exhaustion for dialysis as medical urgency for pancreas and kidney pancreas candidates.
- Mandatory Kidney Pancreas Shares Threshold
  - Two groups commented that if we move towards a composite score, the proximity points need to be the weighted the heaviest. They added that commercial flights and cold ischemic time are important factors. The ability to accept an offer without relying on commercial flights is important. They added that the emphasis should be on quick, nearby placements for pancreas.

- One group commented that it will be important for the Pancreas Committee to collaborate closely with the OPO Committee. They also recommended using efficiency matching so that candidates get more points the closer they are to the donor hospital.
- One attendee attending virtually commented that kidney/pancreas allocation should not go to continuous distribution based on the current non-utilization rate but should be used locally. They added that any composite allocation score should be heavily weighted for candidates within 150NM of the donor.
- Dual Kidney Eligibility Requirements
  - One group commented that the requirements should be a combination of donor factors. They went on to comment that selecting criteria based on a number of factors such as donor age, hypertension, biopsy results, and pump characteristics. Another suggestion was using a timeframe for pivoting to dual allocation. The group did not support allocating down a certain percentage of the single kidney match before moving to dual.
  - Another group agreed that a percentage threshold is not the way to go. They recommended rather than a percentage of the match run, the committee should consider donor characteristics that would impact the likelihood of the kidney being placed as a single.
  - Virtual attendees commented that they agreed with the comments in the room about donor criteria and added that cold ischemic time (CIT) should be a factor used by OPOs to move to dual kidney allocation.

## Amend Adult Heart Status 2 Mechanical Device Requirements, *OPTN Heart Transplantation Committee*

- Sentiment: **0 strongly support, 7 support, 8 neutral/abstain, 1 oppose, 0 strongly oppose**
- Comments: During the discussion one attendee raised concerns about extension criteria, specifically Mean Arterial Pressure (MAP) less than 60. They suggested that a more appropriate threshold would be MAP below 70, emphasizing the potential dangers of MAP dropping to 60.

## Require Reporting of Patient Safety Events, *OPTN Membership & Professional Standards Committee*

- Sentiment: **2 strongly support, 13 support, 0 neutral/abstain, 1 oppose, 0 strongly oppose**
- Comments: One attendee recommended expanding the list of reportable events to include ABO typing, potential candidate issues, etc. Other attendees commented about transportation events and noted that the proposal only requires the transplant center to report a transportation event and not OPOs. They added that when transportation events happen it is important for transplant centers and OPOs to communicate about the event with each other in addition to the OPTN. They added that there should also be a requirement for member organizations to share information with each other. There was also discussion about third parties who arrange transportation and that the onus for reporting is with the member organization.

## Modify Organ Offer Acceptance Limit, *OPTN Organ Procurement Organization Committee*

- Sentiment: **9 strongly support, 4 support, 0 neutral/abstain, 2 oppose, 1 strongly oppose**
- Comments: During the discussion several attendees supported the proposal as long as it does not apply to status 1A liver candidates. They added that hours matter for these candidates and since often the OR time is not set when the offer is accepted, the center will accept the first organ that becomes available. They went on to comment that there needs to be active communication between OPOs and centers in situations where a center has more than one acceptance. Another attendee agreed with the exception for 1A candidates as long as there is a clearly defined cutoff for when to release organ for further allocation. One attendee commented that when livers are recovered by local teams rather than teams from the accepting center, the accepting center is more likely to have a late turndown. Another attendee commented that the current system of using "provisional yes" acceptance for organ transplant allocation is causing delays, especially during overnight hours. They added that these delays can lead to families changing their decision to proceed with organ donation. They went on to comment that although the system was designed for final decision-makers to receive organ offers, transplant centers currently don't follow this practice. Also, the involvement of third-party service providers who work with multiple centers simultaneously further exacerbates the delay in organ allocation times. Additionally, the ability of transplant centers to accept multiple organs per recipient, lack of clear communication about which organ will be accepted, and administrative challenges contribute to the problem. To address these issues, suggestions include revising acceptance criteria to accurately reflect recipient needs, discontinuing the practice of transplant centers accepting multiple donor organs, and adjusting how electronic offers interact with organ acceptance. Lastly, the Organ Procurement and Transplantation Network (OPTN) should track reasons for provisional acceptances that are later declined, based on information available during the initial review.

## Concepts for a Collaborative Approach to Living Donor Data Collection, *OPTN Living Donor Committee*

- Comments: Several attendees commented that they supported this initiative.

## Ethical Analysis of Normothermic Regional Perfusion, *OPTN Ethics Committee*

- Sentiment: **1 strongly support, 10 support, 5 neutral/abstain, 0 oppose, 0 strongly oppose**
- Comments: One attendee commented that transplant centers need to have standard guidelines for NRP donors.

## Updates

### Councillor Update

- Comments: None

### OPTN Patient Affairs Committee Update

- Comments: None

## **OPTN Membership and Professional Standards Committee Update**

- Comments: During the discussion about the OPO metrics, one attendee commented that the donation rates are not risk-adjusted, and some populations have more medical issues than others. During the discussion about allocations out of sequence, one attendee commented that the increase is due to a problem with the system. They added that one solution is to develop policies that help OPO's allocate hard-to-place organs quickly with the aggressive centers. Another attendee commented that the increased volume of out of sequence allocations is due to the sequence being wrong. Another attendee commented that we have built an overly complex and complicated system when what we need to figure out is how to place organs faster and more efficiently. They went on to recommend that the MPSC evaluate transplant centers with late turndowns sometimes resulting in the OPOs not placing the organs. Other attendees commented that most out of sequence allocations are due to multiple acceptances for one organ and late declines.

## **Member Quality Update**

- Comments: One attendee commented that the tools available for transplant centers need to work as far as usability. They went on to note that when using offer filters, until recently, they could not look beyond the current week without the tool crashing. They added that transplant programs should review offer acceptances retrospectively. They also commented that it would be helpful to have access to granular clinical indicators for the recipients who were transplanted with organs their center did not accept.

## **OPTN Executive Committee Update**

- Comments: One attendee commented that they were supportive of the Efficiency Task Force, particularly given that lung continuous distribution has resulted in OPOs having to manage donors for much longer in order to place the lungs from a long list prior to offering other organs. Another attendee expressed enthusiasm for the Efficiency Task Force and its potential impact. They added that the primary challenge is the underutilization of kidneys and unless there is a fundamental shift in the organ allocation system, this issue won't be resolved. They added that achieving consensus within the transplant community will require time, but in the interim suggested considering punitive measures for programs that have late turndowns. One attendee commented that the Task Force needs to have strong OPO representation. Another attendee commented virtually that one of the limitations of pediatric donor management and organ acceptance rate is not having an intensive care specialist on the case. They went on to advocate for a system where the ICU doctors continue to help manage pediatric donors.

## **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's 3 top goals were to improve allocation efficiency, increase donors and available organs for use and increase transplants. They added that without efficiency, an increase in donors and available organs won't help to increase transplants.
- One group also had "improve allocation efficiency" as the top priority and commented that if we increase efficiency there will be a natural progression toward more transplants. They added that a missing theme for the strategic plan is to increase continued efficiency.
- One group agreed that if we improve allocation efficiency most of the other goals will fall into place. They added that another priority is to make sure patients and donor families remain engaged with transparency and education.
- One group recommended using artificial intelligence to determine where to begin allocation using past practices and outcomes to determine allocation patterns.

## **OPTN Policy Oversight Committee Update**

- Comments: None