

**OPTN Minority Affairs Committee (MAC)****Meeting Summary****August 22, 2022****Conference Call****Paulo Martins, MD, Ph.D., Chair****Alejandro Diez, MD, Vice Chair****Introduction**

The OPTN Minority Affairs Committee (the Committee) met via Citrix GoToMeeting teleconference on 08/22/2022 to discuss the following agenda items:

1. Public Comment Proposal: *Continuous Distribution of Liver and Intestines Concept Paper*
2. Public Comment Update: *Modify Waiting Time for Candidates Affected by Race-Inclusive eGFR Calculations*

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

**1. Public Comment Proposal: *Continuous Distribution of Liver and Intestines Concept Paper***

The Committee heard a presentation from the OPTN Liver and Intestinal Transplantation Committee out for the summer 2022 public comment period titled, *Continuous Distribution of Liver and Intestines Concept Paper*.

Summary of discussion:

A member inquired how the efficiency of continuous distribution (CD) for all the organs can be measured if social determinants of health (SDoH) are not collected. The member suggested that the Liver Committee consider SDoH variables that could be used to measure the impact of the continuous distribution on vulnerable populations.

The presenter responded that collecting new data is important for understanding which attributes would be included in the CD model and the populations that are advantaged or disadvantaged. However, collecting additional information to measure SDoH may be beyond the project's scope. As the process continues, there may be an opportunity for the MAC to work with other committees to identify which variables are important and present them to the Office of Management and Budget (OMB), which approves additional data extraction that would be required.

A member referred to a past kidney project and noted that in kidney allocation, there is a possibility for recipients with type B blood to receive donor kidneys that are A2. There is a mismatch in access to different blood types, and blood type B has one of the most extended wait times. Given the lower immunity and immunogenicity of A2/2B, there is an advantage to offering individuals unable to access transplantation. The member asked, does the possibility of having type A2 donors match type B recipients currently exist in liver allocation. The presenter responded that there is a possibility to create a classification for blood type. A member asked who pays for liver transplants and post-transplant care. The presenter replied that Medicaid has not been expanded within Texas and many southern states, which is a limitation for patients to get on the transplant waiting list. However, liver transplants are paid for through private insurance, Medicaid, or Medicare if the patient is 65 years old or older.

The Chair stated that there are articles showing that women are at a disadvantage because of how Model for End-Stage Liver Disease (MELD) scores are calculated. The Chair asked how this project will address disparities in transplant access between male and female patients. The presenter responded that the focus of the MELD 3.0 was to rectify the discrepancy between women and men in terms of waitlist mortality. MELD 3.0 essentially gives 1.2 MELD points to women, which mitigates the disparity.

## **2. Public Comment Update: *Modify Waiting Time for Candidates Affected by Race-Inclusive eGFR Calculations***

The Committee heard an update *about Modify Waiting Time for Candidates Affected by Race-Inclusive eGFR Calculations*. The update included public comment feedback received, how to potentially make a policy mandatory, and monitoring ideas for transplant centers.

### Summary of discussion:

A member asked if similar wait time modifications are mandatory in OPTN policy. The Chair responded that there are liver policies in place that allow patients with various conditions, such as pulmonary hypertension, to apply to obtain extra points by submitting a request to the review board. The Chair explained that in order to receive additional points, required documentation must be submitted.

The Chair noted that it is important to mandate the proposal. As of July 27, 2022, transplant programs are required to use race-neutral eGFR calculations. If *Modify Waiting Time for Candidates Affected by Race-Inclusive eGFR Calculations* was made mandatory, transplant programs would be required to review their waiting lists for Black kidney candidates who could qualify for an eGFR waiting time modification. Although there is some effort on the transplant center end, the work burden would be temporary given the proposed 365 timeframe to assess their waiting list, gather required documentation, and submit eGFR waiting time modifications.

Another member asked if transplant programs would face any challenges with not knowing which formula was used to calculate the GRR. A member responded that transplant programs and labs might have difficulty tracking which calculation was used.

### Next steps:

The Committee will continue to discuss this proposal before voting on the final language to send to the OPTN Board of Directors.

### **Upcoming Meeting(s)**

- September 19, 2022
- October 17, 2022

## Attendance

- **Committee Members**
  - Paulo Martins
  - Alejandro Diez
  - Amaka Eneanya
  - Anthony Panos
  - April Stempien-Otero
  - Ayana Andrews-Joseph
  - Christiana Gjelaj
  - Jason Narverud
  - Niviann Blondet
  - Stephen Gray
  - Steve Averhart
  - Marcus Urey
  - Wayne Tsuang
- **HRSA Representatives**
  - Shelley Grant
- **SRTR Staff**
  - Bryn Thompson
- **UNOS Staff**
  - Tamika Watkins
  - Kelley Poff
  - Carol Covington
  - Darby Harris
  - Kim Uccellini
  - Jesse Howell
  - Krissy Laurie
  - Matt Cafarella
  - Sara Moriarty
  - Stryker-Ann Vosteen
- **Other Attendees**
  - Scott Biggins