OPTN Histocompatibility Committee
Meeting Summary
January 9, 2024
Conference Call

John Lunz, Ph.D., F(ACHI), Chair
Gerald Morris, MD, Ph.D., Vice Chair

Introduction

The Histocompatibility Committee, the Committee, met via WebEx teleconference on 1/9/2024 to discuss the following agenda items:

1. Expedited Placement Variance
2. CMS Final Rule: Histocompatibility
3. Update: MPSC Leadership Meeting
4. Guidance on Reducing HLA Critical Discrepancies
5. CPRA Calculation Issue Historical Impact

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

1. Expedited Placement Variance

OPTN contractor staff reviewed a public comment item that focuses on expedited placement variance.

Presentation summary:

The Expedited Placement Variance, originating from the Expeditious Task Force, is currently open for public comment. This initial pilot program aims to explore alternative allocation pathways for organs that are hard to place.

Structure of Pilot:

- Structure as a variance
  - Board/ExCom approves an open variance
  - Special public comment
  - Time limited study
  - Members opt in
- Protocols
  - Collect protocols from community
  - Task force will develop framework to select protocols to test
  - The protocols would live outside of policy but be accessible to the community
- Test protocols to assess most effective protocols
  - Evaluation plan with objective criteria to measure the variance's success
  - Members submit information required by variance

Structure of Protocols:

- Each protocol must include criteria for organs eligible for expedited placement, criteria for candidates eligible to receive expedited placement offers, conditions for the use of expedited placement, and OPO and transplant hospital responsibilities

- Protocols MUST comply with NOTA and the OPTN Final Rule.

Proposed Changes to Variance Governance:

- Clarification regarding the creation of variances
- Remove requirement to solicit agreement prior to public comment
- Change frequency of reporting requirements. Important for short, iterative variances.

Summary of discussion:

The Committee did not make any decisions.

The Chair acknowledged uncertainty about the direct impact of this proposal on the Histocompatibility Committee and the histocompatibility community at large. Nevertheless, he urged the group to collectively reflect on whether there were any potential projects that could be deemed significant or essential enough to warrant a variance.

A member expressed appreciation for the concept of a variance, highlighting its advantages in providing an expedited pathway for implementing new changes compared to the more traditional processes within the OPTN. Seeking clarification, he inquired about the expedited selection process for the protocols under consideration. In response, the Chair explained that the Executive Committee holds the ultimate authority in approving protocols. He mentioned that recommendations from the task force would play a crucial role in informing the Executive Committee's decisions. While specifics about the approval process were not identified, he explained that the Executive Committee and task force would soon convene to develop a matrix or some standardized method to review and prioritize the protocols.

2. CMS Final Rule: Histocompatibility

The Vice Chair of the Committee reviewed updates that were made to the CMS Final Rule Histocompatibility section and discussed potential implications for the histocompatibility community.

Presentation summary:

- CMS published update to CLIA on 12/28/2023
    - Histocompatibility section goes into effect 12/28/2024
- OPTN previously commented on the RFI and Proposed Rule
- Final Rule made the following changes:
    - Allows virtual crossmatching as the final crossmatch for kidney transplantation
    - Moves some sections from strict definition in regulation to definition through transplant agreements
    - Updates personnel requirements, including for lab directors
- CMS guidance document on virtual crossmatching being developed

Summary of discussion:

The Committee did not make any decisions.

The Chair urged committee members to thoroughly review the document themselves, cautioning that alterations may extend beyond modifications to the regulations. He informed the members that, as the OPTN Histocompatibility Committee, they actively sought involvement in discussions with the Centers for Medicare & Medicaid Services (CMS) regarding a guidance document on virtual crossmatching. The Chair underscored the mutual benefits of this collaboration, highlighting the importance of expert representatives from the committee in assisting CMS in crafting guidance documents. This collaboration

aimed to ensure that the guidance accurately portrayed histocompatibility practices, enabling CMS to incorporate these considerations effectively.

A Committee member expressed concern about the potential time-consuming nature of changing OPTN policies or bylaws and recommended proactive efforts to identify and address necessary changes promptly. He emphasized the importance of initiating this process early to avoid delays. Additionally, the member appreciated the representation from the OPTN Histocompatibility Committee but strongly suggested reaching out to the Kidney Committee for their input. Stressing the significance of including the end-users, such as surgeons and doctors, in the decision-making process, he highlighted the Kidney Committee's valuable perspective.

The committee member also proposed collaboration with organizations like American Society for Histocompatibility and Immunogenetics (ASHI) and the American Medical Association (AMA) on clearing Current Procedural Terminology (CPT) codes. Acknowledging the time-intensive nature of such processes, he recommended proactive engagement to stay ahead of timelines. In response, the Vice Chair assured that they were actively working on identifying the policies and bylaws requiring adjustments. The Chair also noted that the Health Resources and Services Administration (HRSA) had recently approved the ability to modify bylaws, which had been previously frozen. In light of this development, leadership is actively exploring OPTN resources to facilitate the necessary changes to bylaws by December 28, 2024, to be in alignment with guidelines established by CMS.

Next steps:

Committee leadership have started to evaluate which policies or bylaws may need to be updated to be in alignment with CMS changes. Once this review has been completed, the Committee should have a clearer understanding of what they must do.

3. Update: MPSC Leadership Meeting

The Chair provided the Committee with an update of their discussion with the Membership & Professional Standards Committee (MPSC) regarding the requirement to report critical HLA discrepancies to the OPTN.

Presentation summary:

- MPSC had previously endorsed idea of requiring reporting of HLA critical discrepancies 11/1/2023, but expressed concern about how to operationalize this
    - Committee leadership discussed with MPSC leadership and MPSC histocompatibility representation on 12/12/2023
- Recommended operationalization:
    - MPSC histocompatibility subcommittee (with Histocompatibility Committee representatives) to review reported cases
    - MPSC subcommittee to report to Histocompatibility Committee on regular cadence with aggregate findings to develop policy changes from

Summary of discussion:

The Committee did not make any decisions.

A member expressed satisfaction with the progress made and the valuable discussion held during meetings with the MPSC. He specifically commended the idea of having a larger subcommittee with more extensive histocompatibility representation involved in the review process. Emphasizing the

importance of clarity and standardization from the start, he stressed the need to define what qualifies as a critical issue.

In response, the Chair provided assurance that the Committee had diligently drafted detailed guidelines outlining what constitutes a critical discrepancy. Looking ahead, the focus would now be on operationalizing these guidelines, determining the practical steps for the subcommittee to effectively carry out its work.

4. Guidance on Reducing HLA Critical Discrepancies

The Committee discussed ideas related to the creation and structure of a guidance document that would look at HLA discrepancies and potential best practices that could reduce such discrepancies.

Presentation summary:

- Began brainstorming at 9/27 in-person meeting
- Goal: Provide guidance on best practices that may help labs reduce HLA critical discrepancies throughout the phases of work
- Potential sections of the guidance document: Introduction/General across all sections, Pre-analytical, Analytical, Reporting, Confirmatory, Conclusion
    - For each section, address:
        - Challenges within that section
        - Practices that can help address those challenges

Summary of discussion:

The Committee did not make any decisions.

Next steps:

The Committee will be seeking volunteers to initiate the drafting of sections for the guidance document. The goal is to have a preliminary draft of the sections ready before the in-person meeting scheduled for 4/12/2024, allowing for a comprehensive review by the entire committee.

5. CPRA Calculation Issue Historical Impact

The Committee analyzed data that looked at the impact of the discrepancy between what was in the Calculated Panel Reactive Antibodies (CPRA) calculator and what was defined in policy.

Presentation summary:

- Historical impact analysis provides context of impact to all candidates ever waiting, since 1/26/23 implementation

Overall:

- 5648 registrations with at least one impacted DQA1 unacceptable antigen January 26, 2023-December 6, 2023
    - 3,212 waiting at time that fix was applied
    - 2,436 previously impacted but not impacted at time the fix was applied
- Of those 2,436 not impacted at time the fix was applied
    - 623 still waiting but no longer had any of the affected DQA1 antigens at time fix was implemented
    - Of those removed from the waiting list before the fix was implemented,
        - 1261 were transplanted

- 129 died while waiting
- 171 became too sick for transplant
- 252 were removed for another reason

Summary of discussion:

The Committee did not make any decisions.

The Chair was glad that the vast majority of candidates who could have potentially been affected by the changes experienced a 0% change, with minimal differences noted in their CPRA values. Acknowledging the potential for this issue to have had a substantial impact, the Chair underscored the importance of ongoing review and thorough vetting of any changes to prevent inadvertent errors. This cautious approach aims to ensure the accuracy and reliability of the processes in place, particularly those that could have significant implications for candidates and the overall system.

6. Chair Updates

The Chair provided general updates on the OPTN, the Committee, and upcoming events.

Presentation summary:

The Chair noted progress and upcoming initiatives as it relates to the Expeditious Task Force. The goal is to streamline processes and increase the number of transplantations. Additionally, the Chair emphasized the role of the Histocompatibility Committee in advocating for meaningful changes within the community to maximize the number of patients benefiting from transplantation.

Summary of discussion:

The Committee did not make any decisions.

A member highlighted the transitional phase the OPTN is entering and noted the potential for major change. Stressing the importance of active participation, the member urged fellow participants to consider attending public meetings addressing these topics. The member emphasized that their histocompatibility expertise and general input during these meetings would be valuable for HRSA as they navigate decisions on how to proceed in light of the impending changes.

Another member shared their involvement with the Expeditious Task Force and highlighted potential areas where Histocompatibility might play a role in the task force's initiatives. Specifically, the member pointed to virtual cross matches as a focus area for expediting the allocation process, especially in rapid cases. In emphasizing the importance of this initiative, he noted that expediting the typing of patients further down the list could be instrumental in reducing organ waste.

The member explained that the most significant waste occurs with borderline donors, where organs are viable but may be suboptimal for recipients higher on the list. To address this challenge, he urged the group to collaborate and brainstorm ways to accelerate these processes, with virtual cross matches identified as a promising avenue for improvement.

A member expressed curiosity about what might happen once a transition is made to virtual cross matching as it relates to rules that mandate laboratories to operate 24/7. The member highlighted the challenges faced by laboratories in maintaining round-the-clock staffing, noting that she had heard various stories detailing the difficulties associated with meeting this requirement. She stressed the significance of considering these topics and addressing associated issues as they move forward.

Upcoming Meeting(s)

- February 13, 2024
- March 12, 2024

Attendance

- **Committee Members**
  - John Lunz
  - Gerald Morris
  - Caroline Alquist
  - Laurine Bow
  - Amber Carriker
  - Manish Gandhi
  - Lenore Hicks
  - Julie Houp
  - Andres Jaramillo
  - Helene McMurray
  - Omar Moussa
  - Darryl Nethercot
  - Hemant Parekh
  - Jerome Saltarrelli
  - Crystal Usenko
  - Qingyong Xu
  - Hua Zhu
- **HRSA Representatives**
  - Jim Bowman
  - Marilyn Levi
- **SRTR Staff**
  - Katie Audette
  - Jon Miller
  - Rajalingam Raja
- **UNOS Staff**
  - Courtney Jett
  - Alex Carmack
  - James Alcorn
  - Amelia Devereaux
  - Thomas Dolan
  - Laura Schmitt
  - Kaitlin Swanner
  - Susan Tlusty