

OPTN Minority Affairs Committee

Meeting Summary

March 21, 2022

Conference Call

Paulo Martins, MD, PhD, Chair

Alejandro Diez, MD, Vice Chair

Introduction

The OPTN Minority Affairs Committee (the Committee) met via Citrix GoToMeeting teleconference on 03/21/2022 to discuss the following agenda items:

1. Public comment presentation: *Improving Liver Allocation: MELD, PELD, Status 1A and Status 1B*
2. Public comment presentation: *Establish Eligibility Criteria and Safety Net for Heart-Kidney and Lung-Kidney Allocation*

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

1. Public comment presentation: *Improving Liver Allocation: MELD, PELD, Status 1A and Status 1B*

The Committee heard a public comment presentation from the OPTN Liver and Intestinal Organ Transplantation Committee

Summary of discussion:

A member asked how height was considered in the proposal's development. The presenter explained that height and sex are collinear factors. Sex was thought of as a biologic factor, while height aligns with size. The presenter continued that as liver moves into continuous allocation, height or body surface area (BSA) could be incorporated into the access attribute. Another member expressed support for modifications to the Pediatric End- Stage Liver Disease (PELD), including removal of the Model for End-Stage Liver Disease (MELD)/PELD 25 threshold for Status 1B, as more than half of pediatric patients are transplanted with an exception. A member also supported changes to encephalopathy in Status 1A, as diagnosing this in young children is difficult and unreliable. Another member inquired as to how current sex would be defined for transgender patients. The presenter responded that, with the help of transgender medicine subject matter experts, the Liver committee learned that several years of hormone therapy changes an individual's muscle mass. However, because the OPTN would have difficulty monitoring this, the determination of a candidates' current sex would be the responsibility of transplant programs and their patient.

Next steps:

The Committee will submit a comment to the OPTN public comment website.

2. Public comment presentation: *Establish Eligibility Criteria and Safety Net for Heart-Kidney and Lung-Kidney Allocation*

The Committee heard a public comment presentation from the Ad Hoc Multi Organ Transplantation Committee.

Summary of discussion:

A member expressed support for this proposal, but mentioned the concern that kidneys could be allocated away from pediatric or other vulnerable populations because they are being allocated to multi organ candidates. The presenter responded that this concern has been considered throughout the proposal's development and added that safety net patients have had successful outcomes. A member agreed noting that the safety net for liver has been successful, including several patients who they did not anticipate would have challenges with kidneys after liver transplant. A member encouraged the use of living kidney donors. Most of the multi organ transplant recipients are white and male and historically this demographic has had more access to living donors. A member confirmed that if a transplanted kidney is not functioning well, but the candidate's eGFR falls within qualifying threshold, they will still qualify for the safety net.

Next steps:

The Committee will submit a comment to the OPTN public comment website.

Upcoming Meeting

- April 18, 2022 @ 11am ET

Attendance

- **(Sub)Committee Members**
 - First Name Last Name
 - First Name Last Name
- **HRSA Representatives**
 - First Name Last Name
- **SRTR Staff**
 - First Name Last Name
- **UNOS Staff**
 - First Name Last Name
- **Other Attendees**
 - First Name Last Name