OPTN Board of Directors
Meeting Summary
January 27, 2022
Conference Call

Matthew Cooper, MD, Chair
Jerry McCauley, MD, Vice Chair

Introduction

The OPTN Board of Directors met via teleconference on January 27, 2022 to discuss the following agenda items:

1. Welcome and Announcements
2. Regional Meeting Agenda Overview and Board Member Engagement
3. Winter 2022 Public Comment Proposals

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

1. **Welcome and Announcements**
   This round of Regional meetings will be done virtually. We did see an increase in involvement over the virtual platform. We ask the board members to stay engaged with their regions and attend at least their regional meeting. We have had an incredible year of transplants, over 40,000 transplants. We just announced the election results for the Board of Directors, there is an incredible representation with this group. Public Comment opens today and everyone is encouraged to participate.

2. **Regional Meeting Agenda Overview and Board Member Engagement**
   All of the Board members should plan to attend at least their regional meeting. We encourage you to virtually participate in more if you can. They reviewed the agenda and the expectations of participation in the meeting. We have to be sure that the patient voice is heard during the regional meeting. We are starting board policy groups earlier to encourage you to follow along during the public comment period.

3. **Winter 2022 Public Comment Proposals**
   There are a number of policies going out for public comment. We will review some of the proposals that we believe will generate the most conversation.

   1. **Liver and Intestinal Organ Transplantation Committee: Improving Liver Allocation: MELD, PELD, Status 1A and Status 1B**
      This proposal was introduced by the chair of the OPTN Liver and Intestinal Organ Transplantation Committee. The Liver Committee is working to make a more equitable and

efficient liver allocation system by updating the MELD score, updating PELD score and status 1A and 1B requirements. The proposed MELD better predicts wiatilst mortality, decreases overall waitlist mortality and equalizes mortality rates between males and females.
PELD scoring underpresdicts waitlist mortality. The proposal adds creatinine and updates parameters for albumin, bilirubin and INR. It changes age and growth failure to continuous and incorporates age adjusted mortaility factor.
Status 1A update would align the hepatic encephalophty definition to match the North American Society for Pediatric Gastroenterology, Hepatology and Nutrition definition. Status 1B would remove MELD/PELD threshold for cronic liver disease. For candidates with chronic liver disease it updates gastrointestinal bleeding threshold, removes Glasgow Coma Score and prioritizes candidates due to higher mortality risk.
A board member asked about removing GCS score and 25 threshold, how does that change? The pediatric committee chose that because pediatrics have a hard time meeting the threshold and instead prioritize chronic liver disease. Did we take in to consideration the change of someone who is male at birth and identifies as a female? We do not want to define what sex is, so it will be left to programs and physicians to decide. Another board member asked if there is value to having a sex neutral MELD score? The problem is that females body composition, men will have 1.33 MELD points more than women. There have been considerations on height but we know that small statured adults suffer access to organs. Continuous distribution will consider height. Another question was in the 1A review in pediatrics was there discussion on allocation of 1A livers outside the circle? It was not discussed with this committee.

2. **Kidney Committee: 1. Establish Minimum Kidney Donor Criteria to Require Biopsy 2. Standardize Kidney Biopsy Reporting and Data Collection**
   The vice chair of the Kidney Transplantation Committee presented these two proposals. The minimum donor criteria to biopsy is to have clear minimums of criteria when OPOs must perform a kidney biopsy. This will standardized practices and improve allocation efficiency. A board member said that in his region all the OPOs have agreed to a region wide criteria and they would want to look closer at the criteria proposed but a national criteria would be helpful. Another member suggested that setting a minimum could be a point of debate. Was their any discussion of any other biopsy? No no other considerations of reasons for biopsy were discussed.
   Standardizing kidney biopsy reporting and data collection the purpose is to establish a standard set of data reporting. This standardization will streamline information, reduce inconsistencies and improve allocation. A member asked if a center asks for a biopsy is it standard that they must do the biopsy? There is variability amoung OPOs, so this woud standardize the minimum criteria. How did the pathology play into this criteria? We did have renal pathology expert and we asked colleauges in pathology. Is there a required timing for biopsy reporting? That is not in the proposal but is a good thought.
3. **Executive: Redesign Map of OPTN Regions**
   This is a concept paper to gather feedback on updating the OPTN Regions to be more balanced by population. States will stay together in all of the proposed maps. When would be the ideal timing of the change if we decide to change? It might not be best to change during the continuous distribution changes. Other members suggested that equitable might be different than what we are looking at with the maps. Maybe it should be based on the centers and OPOs that we are interacting with in continuous distribution. It might be too early to put out maps when we don't know what we are trying to change.

4. **Living Donor Committee: Modify Living Donor Exclusion Criteria**
   The vice chair of the Living Donor Committee presented this topic. This proposal is the broaden opportunities to become live donors while maintaining safety. To do this they proposed modifications to the living donor exclusion criteria. A member suggested that for in the future terms like high suspicion is subjective. It would be hard to get something more measurable and it is up to every center to gauge. The member did not have a suggestion on how to fix it but wished the committee looked further into that language. Another member said that we don't know the long term effects of living liver donation, we are broadening the transplants but we don't know how it will end up. The Vice Chair responded that they are gathering more data and the committee had robust conversation about this topic and we left it to the centers for risk of individual donors.
5. **Ad Hoc Multi-Organ Transplantation Committee: Establish Eligibility Criteria and Safety Net for Heart-Kidney and Lung-Kidney Allocation**
   A committee representative presented the purpose of this allocation is to set criteria and safety for heart-kidney and lung-kidney allocation based on kidney function. If patients meet medical critieria they can have simultanieous transplants. A board member asked if there was thought on needing a timethreshold on when OPO is obligated on this especially with late turndown? This proposal is more of a safety net and eligibility criteria. In future proposals we will addess the OPO match run with multi organs. Another board member asked about data known on the degree of sentivisvation that occurs after solitary heart or lung transplants and would those people be disadvantaged under this safetynet listing? It doesn't seem to panout but that did come up. Another member asked about the consideration after 6 months of a heart that person is at a higher risk of death while waiting for the kidney. A board member commented that the mortality risk is not any higher according to the data.

Matthew Cooper adjourned the meeting.

Upcoming Meeting:

March 31, 2022

Attendance

- **Committee Members**
  - Adam Frank
  - Amishi Desai
  - Andrea Tietjen
  - Bradley Kornfeld
  - Celeste Williams
  - Clifford Miles
  - David Gerber
  - David Mulligan
  - Earnest Davis
  - Edward Hollinger
  - Gail Stendahl
  - Irene Kim
  - James Sharrock
  - Jeffrey Orlowski
  - Jerry McCauley
  - Jonathan Fridell
  - Joseph Ferreira
  - Keith Wille
  - Laurel Avery
  - Leway Chen
  - Linda Cendales
  - Marian Michaels
  - Maryjane Farr
  - Matthew Cooper
  - Melissa McQueen
  - Mindy Dison
  - Pamela Gillette
  - Patrick Healey
  - R. Patrick Wood
  - Richard Formica
  - Stacee Lerret
  - William Bry
  - William Hildebrand
- **HRSA Representatives**
  - Christopher McLaughlin
  - Shannon Taitt
  - Frank Holloman
- **SRTR Staff**
  - Ajay Israni
  - Jon Snyder
- **UNOS Staff**
  - Brian Shepard
  - Susie Sprinson
  - Carrie Caumont
  - Sally Aungier

- Kaitlin Swanner
- Anne McPherson
- Betsy Gans
- Isaac hager
- Krissy Laurie
- Eric Messick
- Alex Tulchinsky
- Cole Fox
- Courtney Jett
- David Klassen
- Elizabeth Miller
- Jacqui O'Keefe
- Jason Livingston
- Joann White
- Kayla Temple
- Kelley Poff
- Laura Schmitt
- Lindsay Larkin
- Mary Beth Murphy
- Matt Cafarella
- Maureen McBride
- Rebecca Brookman
- Roger Brown
- Ross Walton
- Ryan Ehrensberger
- Sara Rose Wells
- Steve Harms
- Tina Roades
- Tynisha Smith
- Susan Tlusty

- **Other Attendees**
  - Jim Pomposelli
  - Jim Kim
  - Nahel Elias
  - Marie Budev