

**OPTN/UNOS Ad Hoc Disease Transmission Advisory Committee
Report to the Board of Directors
November 17- 18, 2008
St. Louis, MO**

Summary

Action Items for Board Consideration

- None

Other Significant Items

- The Committee continues to work with the OPO Committee in developing appropriate policy regarding donor NAT testing. (Item 3A, Page 5)
- The Committee continues to work with the OPO Committee in developing further revisions to policy regarding donor screening and diagnostic tests. (Item 3C, Page 5)

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Chairman, Michael Ison, MD
Vice-Chairman, Michael Nalesnik, MD

The Disease Transmission Advisory Committee (DTAC) met on September 3, 2008, and considered the following items:

1. Welcome to new Committee members and preview of year ahead. New members received a brief history of the Committee, including the creation of DTAC as an advisory group to the OPTN/UNOS Operations Committee, spending most of its time on peer review of cases involving potential donor disease transmissions. Earlier in 2008, the OPTN/UNOS Board approved the DTAC to be an Ad Hoc OPTN/UNOS Committee, and since that time, the role of the Committee has expanded from case review to also include the development and revision of OPTN/UNOS policies relevant to organ donor-transmitted disease.

During the year ahead, the Committee will work on both short and long-term goals set for the Committee by OPTN/UNOS executive leadership. The primary goals for the Committee will include:

- Determining the current understanding of the risk of donor disease transmission through solid organ transplantation. This will further the long-term strategic focus of the OPTN on promoting safe, high-quality care for patients involved in transplantation. Toward accomplishing this goal, the Committee will continue activities aimed at quantifying the risk of donor disease transmission in the OPTN;
 - Evaluating the status of screening and diagnostic testing for donor disease transmission, recommending appropriate evidence-based OPTN policy concerning donor testing and screening for transmissible disease. This too will further the long-term strategic focus of the OPTN on promoting safe, high-quality care for transplant patients;
 - Developing plans to address the risk of donor disease transmission through a collaborative consensus process including organizers and participants representing the Association for Organ Procurement Organizations (AOPO), the American Society of Transplant Surgeons (ASTS), the American Society of Transplantation (AST), and the OPTN, including DTAC. This goal, similar to the other two, will further the long-term strategic focus of the OPTN on promoting safe, high-quality care for transplant patients;
 - Dedicate considerable effort to updating and refining Policies 2.0 and 4.0 over the coming year; and
 - Develop avenues for better communicating with the transplant community regarding issues and topics related to donor disease transmission.
2. Committee Orientation. UNOS staff provided the Committee with an orientation, including instructions for accessing and using the secure SharePoint site dedicated to the Committee's work.

Discussion followed regarding who has access to UNetSM and how reporting occurs when there are potential disease transmission events. UNOS staff presented a graphic showing all the reporting relationships that come into play whenever a potential transmission is reported. Refinements to the graphic were suggested, including bi-directional arrows where information transfer does not occur only in one direction. It was noted that according to policy, the host OPO must provide the OPTN with a final report within 45 days of any potential reportable transmission involving one of its donors. The Committee wishes to discuss this report further in the future, refine its contents, and communicate about it to OPTN members. It was noted that for most cases of potential donor-transmitted malignancies, 45 days is not sufficient for determining whether cancers discovered in the recipient early post-transplant are of donor origin.

Throughout the Committee's discussions, the need was underscored for better communication with the transplant community about the purposes and activities of the DTAC; how the reporting process works; and eventually about general findings and guidance of the Committee. A well-publicized communications plan is needed for OPTN members, and where this plan will reside (e.g., OPTN web site, etc.) needs to be decided and communicated well. Activities of the DTAC need to be reported on a regular basis at OPTN/UNOS regional meetings. Additionally, there may be a need for the Committee to provide general educational information to the transplant community, and at present, there is no vehicle for such communications. It was noted that the more information the DTAC puts out about its activities and the disease transmission reporting process, the more cases will be reported, and the workload could grow quickly.

There was extensive discussion about the purpose of the DTAC, because the many activities it could undertake and the roles it could serve. HRSA pointed out that the purpose of the Committee is not to provide clinical advice but to estimate risk of disease transmission through organ transplantation and to develop related policy as appropriate. Whenever a potential transmission is reported, the work that the Committee does in tracking and reviewing the case is primarily aimed at determining whether a transmission has occurred and building the OPTN's body of evidence for estimating the risk of disease transmission involved in organ transplantation. HRSA reminded the Committee that when Committee members request certain kinds of tests or retesting, it is for the ultimate purpose of ascertaining whether a transmission has occurred. HRSA and Committee members acknowledged that when the Committee or a Committee member asks that a test be done, for example, the member could develop the expectation that the Committee is providing clinical guidance. It was acknowledged that sometimes Committee members, because the Committee is an expert group, do know what should be done – not only for ascertaining transmission but also for care of the patient. The question was raised as to whether the Committee could, or even should, avoid giving that guidance. No resolution was reached to this question.

The need was acknowledged for the work of the DTAC to eventually result in educational guidance for the transplant community, addressing such issues as donor characteristics that tend to predict poor results; what symptoms to look for in recipients that could signal a potential transmission; and what organs may be most useable from donors with certain known diseases (e.g., CNS cancers). HRSA reiterated that the role of the OPTN in organ transplant-related disease transmission is to make transmission as rare as possible and, when there is a transmission, to mitigate the effects. The Committee acknowledged that with regard to disease transmission, organ transplantation will never be a no-risk proposition but that, through continued work, the Committee will be able to say what the OPTN knows about donor-disease transmission and make that information available to transplant professionals and the public.

3. Subcommittee Updates. The Committee received an update on five subcommittees.

- A. Nucleic Acid Testing (NAT) Survey. Jeff Orłowski, Chair of the OPO Committee, reported by phone, the results of a survey conducted by the OPO Committee and DTAC with the assistance of AOPO. All 58 OPOs responded to a survey regarding current NAT practices including specifics of which testing is being done and for what indications. A full report is being developed for the OPO Committee meeting in December, however, a preliminary report indicates that 43 OPOs currently use some form of NAT testing, and 13 OPOs employ no NAT testing. Phone calls to those 13 OPOs are being made to further explore why they are using no NAT at this time. In general, survey respondents cited significant logistical problems with prospective NAT and concerns that donors will be lost if prospective NAT becomes required. Most OPOs doing NAT testing at this time are using one of only a handful of labs in the country. Survey results will be reported back to all OPOs, and the OPO Committee will continue to work with the DTAC to develop any appropriate policy proposals stemming from the findings of the survey and follow-up calls that are in progress.
- B. ID Risk/Donor Risk. The Committee was referred to a meeting summary regarding a Council of Europe Working Group meeting that Dr. Ison attended in June. Transplant professionals from multiple countries discussed how they approach donor risk assessment from the standpoint of social behaviors, screening, retesting, and malignancies.

During a conference call on May 8, 2008, the Donor ID Risk subcommittee had asked for data regarding the use of organs from deceased donors meeting the PHS criteria for HIV high risk. These questions stemmed from questions as to whether prospective NAT testing influenced the utilization of organs. UNOS staff then presented data that had been requested by the subcommittee during a conference call on May 8, 2008 (**EXHIBIT A**). The subcommittee had asked for data regarding the use of organs from deceased donors meeting the PHS criteria for HIV high risk. These questions stemmed from questions as to whether prospective NAT influenced the utilization of organs.

OPTN data were used together with information obtained from a previous survey indicating DSAs that are using prospective NAT. Data suggested that for the period May 2007 through April 2008, whether an OPO used NAT or not, the percentages of recovered donors that were indicated as meeting CDC HIV High Risk criteria were similar, ranging from 6.7% (OPOs that do prospective NAT on all donors) to 7.5% (OPOs not doing prospective NAT); the difference was not statistically different. In DSAs where prospective NAT is done for CDC high-risk donors, the number of organs transplanted per donor (OTPD) was slightly higher, at 2.74, as compared to 2.64 OTPD in DSAs without such prospective testing. For a cohort of transplants performed between July 2004 and December 2006, 2-year Kaplan Meier survival rates were better among CDC high-risk donors but these data were unadjusted and other factors may have resulted in this difference. Additional results were presented and discussed with the committee.

- C. Donor Screening/Donor Screening Survey. The Committee was provided a brief update on the development of the Donor Screening survey (**EXHIBIT B**). The survey, which was developed in consultation with members of the DTAC and OPO Committees and with input from a testing expert in the Histocompatibility community, will ask questions about the

OPO's specific circumstances regarding availability of screening tests for a number of specific transmissible diseases. Information obtained through this survey will assist the DTAC in updating policies 2.0 and 4.0.

The Committee still has questions on how prescriptive the OPTN should be with regard to the type of prospective donor testing required regarding a number of transmissible diseases. Policy needs to stipulate the minimum testing standard to which members will be held. A balance needs to be sought between setting the standard so low that all members can comply and so high that donors may be lost due to inadequate access to certain tests.

- D. Malignancy. The Malignancy Subcommittee will meet by phone in September 2008. New Committee members were invited to join the subcommittee. To stimulate ideas for a malignancy worksheet currently in development by the subcommittee, a handout was distributed which showed stratified risk levels for donor tumor transmission currently used by the Italian National Transplant Center (**EXHIBIT C**).
- E. Chagas testing. There is significant interest and confusion about donor testing for Chagas disease. Because some regions are conducting testing with limited data, a small working group of the Donor ID Risk Committee was put together to attempt data collection. This effort attempts to collect data to understand the risk of Chagas transmission from donor-to-recipient and from reactivation among latently infected recipients.

A report provided from the Donor ID Risk committee to the DTAC, including some general information about Chagas disease, some potential issues relevant to organ transplantation, and a proposed path forward for the subcommittee. Specifically, the subcommittee will focus on two areas: donor testing for Chagas, and the consideration of potential transmission and reactivation cases in recipients.

- 4. Review of interim data and monthly peer review of potential transmission events. The Committee reviewed information pertaining to ongoing and recently reported potential disease transmission cases. This work is conducted toward building a body of evidence that will enable the OPTN to estimate the risk of unanticipated disease transmission involved in organ transplantation.
- 5. DTAC Paper Review. A manuscript has been drafted summarizing donor –derived disease transmissions since the creation of the DTAC in 2005. The Committee reviewed the manuscript extensively and will send it to UNOS, HRSA, and CDC for approval, with eventual submission to the *American Journal of Transplantation*.
- 6. Consensus Conference Update. The chair reported to the Committee that a steering committee would soon be formed by the leadership of AOPO, the ASTS, the AST, and the OPTN in order to plan for a 2009 consensus conference on the topic of donor characteristics predictive of high risk for transmission of HIV and Hepatitis C through organ transplantation. One purpose of the conference will be to provide input to the CDC in future efforts it may undertake to revise the CDC definition for an HIV high-risk donor. HRSA noted that it is reasonable for the OPTN to develop additional advice for its members beyond the current CDC guidelines.

7. OPTN/UNOS Regional Meetings Update. Committee members received a schedule for the next round of OPTN/UNOS regional meetings. Contact will be made to members to attend these meetings to report on DTAC activities.
8. Review of Proposals Circulated for Public Comment. The Committee was unable to discuss items currently out for public comment, due to time constraints. The Chair, Dr. Ison, asked Committee members to review the items out for comment and send any comments to him via email.

**Attendance at the September 3, 2008 meeting of the
OPTN/UNOS Ad Hoc Disease Transmission Advisory Committee
Chicago, IL**

Member	Position	Attendance
Michael Ison, MD MS	Chair	X
Michael Nalesnik, MD	Vice Chair	X
Emily Blumberg, MD	At-large	X
James A Cutler, CPTC	At-large	X
J. Michael DiMaio, MD	At-large	X
Michael Green, MD MPH	At-large	By Telephone
Richard D Hasz, MFS	At-large	X
Bernie Kubak, MD	At-large	X
Timothy L Pruett, MD	At-large	X
Lewis W Teperman, MD	At-large	X
Brahm Vasudev, MD	At-large	X
UNOS Staff in Attendance		
UNOS Staff in Attendance	Position	Attendance
Mary D. Ellison, PhD MSHA	Assistant Executive Director, Federal Affairs	X
Lin McGaw, RN MEd	Director, Professional Services	X
Gloria Taylor, MA RN	Standards and Process Improvement Administrator	X
Sarah Taranto	SAS Analyst II, Research	X
Government Staff in Attendance		
Government Staff in Attendance	Position	Attendance
James F. Burdick, MD	HRSA, Ex-Officio	X
Matthew J. Kuehnert, MD	CDC, Ex-Officio	By Telephone
Robert Walsh	HRSA, Ex-Officio	By Telephone
Elizabeth Ortiz-Rios, MD	HRSA, Ex-Officio	X