

**INTERIM REPORTS OF THE
OPTN/UNOS AD HOC DISEASE TRANSMISSION ADVISORY COMMITTEE**

**November 1, 2012
LiveMeeting Teleconference**

The OPTN/UNOS Ad Hoc Disease Transmission Advisory Committee (DTAC) met by teleconference on November 1, 2012. This was an extra conference call (outside of the monthly call schedule) to review and classify potential donor derived disease transmission not completed during the October 11, 2012, call. The Committee considered the following items:

1. Committee members presented and classified ten potential donor-derived disease transmission events reported to the OPTN.
2. The Committee considered the Pancreas Transplantation Committee's public comment proposal to require reporting of every islet infusion to the OPTN contract within 24 hours of an infusion. While the Committee briefly discussed these soon-to-be released proposals during its September 14, 2012, meeting in Chicago, the Chair chose to cover this particular effort in more detail during this call. The Committee recognized the enhanced patient safety benefits for collecting this information after each infusion rather than when a recipient is removed from the waiting list at the completion of all infusions. Should pancreatic islets be recovered and transplanted from a donor reported as part of a potential donor-derived disease transmission event, this will provide OPTN staff with direct information on the recipient.

After discussion, the Committee voted unanimously in support of the proposal (11 in favor, 0 opposed, 0 abstentions).

3. Committee members serving on a joint subcommittee with representatives from the Organ Procurement and Operations and Safety Committees updated the Committee regarding an October 19, 2012, conference call. The Joint Subcommittee is considering whether policy creation or modification may be necessary to require that a match run be re-generated if new donor information that may impact whether potential candidates appear on the match run. Recent examples of match runs being generated prior to receipt of final serologies were discussed. In these examples, candidates not willing to accept hepatitis positive organs received organ offers based upon these preliminary match runs that did not reflect the donor's serology results. In both cases, the transplant centers refused the offers and transplant did not proceed.

The Joint Subcommittee noted instances where a preliminary match run might be useful, but all agreed that a final match should be generated upon receipt of final serologies or other new information related to screening potential candidates who would not be willing to receive such organs off of a match run. Concerns regarding the possibility of needing to rescind organ offers based upon re-generating a match run were also discussed.

This group will consider policy modifications and take these discussions back to their full committees for further consideration before a public comment proposal is pursued. This effort is related to a Committee project assigned by the OPTN/UNOS Board of Directors.

Dr. Michael Green, Chair
Children's Hospital of Pittsburgh
Pittsburgh, PA

Dr. Daniel Kaul, Vice-Chair
University of Michigan Hospitals
Ann Arbor, MI

Shandie Covington
Senior Patient Safety Coordinator, DTAC Liaison
Richmond, VA

Committee members in attendance:

Michael Green, MD, MPH, Chair
Dan Kaul, MD, Vice Chair
Walter Bell, MD, At Large
Edward Dominguez, MD, At Large
Thomas Gross, MD, PhD, At Large
Mary Klassen-Fischer, MD, At Large
Camille Kotton, MD, At Large
Shimon Kusne, MD, At Large
Marilyn Menegus, PhD, At Large
Martha Pavlakis, MD, At Large
Nicole Siparsky, MD, At Large
Linda Weiss, MS, MT (ASCP)SM, CTBS, At Large
Cameron Wolfe, MD, At Large
James Bowman, MD, HHS Ex Officio
Karen Near, MD, MS, HHS Ex Officio
Shandie Covington, UNOS Staff
Sarah Taranto, UNOS Staff