

**OPTN/UNOS PATIENT AFFAIRS COMMITTEE  
INTERIM REPORT  
DECEMBER 1, 2011**

- The Committee met to complete the review of current public comment proposals. The Committee received an educational presentation on CPRA as preparation for a vote on a proposal from the Histocompatibility Committee to update CPRA. The presentation provided explanations of standard terms such as antigen, HLA and antibody in a format for non-medical professionals. The presentation further explained the following:
  - Point allocation and increased priority for candidates for kidney and pancreas candidates respectively, with CPRA's above a certain level
  - How patients become sensitized
  - How CPRA is calculated
  - Why PRA needs to be refined.

The Committee requested clarification on testing that would be used to determine existing antigens and sensitivity. The Committee was assured that HLA testing is done for each kidney candidate prior to transplant. In response to questions proffered by the Committee, it was explained that CPRA is a calculated field, and cannot be adequately addressed with a placeholder such as zero. The Committee expressed concern at the variation in the practice of including level of reactivity at listing.

- The Committee then received the presentation on the Histocompatibility proposal to Update CPRA. The Committee proposes to update the frequencies used to calculate CPRA. This update would bring the frequencies in line with current clinical practice. The proposed updates will not require a change in policy language. The proposed changes would be reflected in updates to UNET.

The Committee voted to support this proposal: Support – 14, No – 0, Abstain – 0

- The Committee received a presentation on the Histocompatibility proposal to Revise the UNOS Bylaws that Govern HLA Laboratories.

The proposal would revise the UNOS Bylaws that Govern HLA Laboratories to more accurately reflect current clinical practice. The Committee voted in support of this proposal: Support – 14, Against – 0, Abstain – 0

- The Committee received a presentation from the Liver Committee. The Committee was given an overview of current Liver Committee initiatives including:
  - The MELD Enhancement Subcommittee
  - The Liver Utilization Subcommittee: focus is reduction of organ discards
  - The Status 1 Review Subcommittee

The Committee then received presentations on the two Liver Committee proposals being considered for public comment:

- Extend Share 15 Regional to Share 15 National
- Share 35 Regional

Both proposals seek to address the two-fold problems of:

- increasingly high rate of waitlist mortality for persons with high MELD scores.
- disparities between and within regions for the mean MELD/PELD score at transplant and death rates on the waiting list.

Modeling has shown that waitlist mortality can be reduced through broader distribution. This further aligns with the NOTA directive to distribute organs over as broad a geographic area as is feasible. Discussions have centered on the interpretation of feasible in regards to organ sharing. The proposal stressed the desires of the transplant community to increase broader sharing in small incremental steps. Explanations of the process of implementing both proposals were shared.

The Committee raised questions regarding the mortality risk of transplant surgery versus remaining on the waiting list for candidates with a MELD of less than or equal to 4. Short term, being 3 to 5 years, the risk of surgical mortality is greater, but the further the candidate is from transplant the greater the gains from early transplant. The Committee questioned the impact broader sharing across regions will have on organ recovery and the length of time before going to surgery. Benefits to broader sharing outweighed any potential impact in modeling.

The Committee voted as follows: Support – 13, Against – 0, Abstain - 0

Upcoming Meetings:

- Conference Call/Live Meeting - 1/5/2012, 3:00 – 5:00 PM EST
- Conference Call/Live Meeting - 2/2/2012, 3:00 – 5:00 PM EST