

**OPTN/UNOS Pediatric Transplantation Committee
Interim Report: December 8, 2010 Meeting**

**David N. Campbell, M.D., Chair
Heung Bae Kim, M.D., Vice Chair**

The following report presents the OPTN/UNOS Pediatric Transplantation Committee's deliberations and recommendations on matters considered during its December 8, 2010, meeting, which was conducted via teleconference.

1. Review and Consideration of Public Comment Proposals Released October 2010

1a. *Proposal to Clarify which Transplant Program has Responsibility for Elements of the Living Donation Process and to Reassign Reporting Responsibility for Living Donation from the Recipient Transplant Program to the Transplant Program Performing the Living Donor Nephrectomy or Hepatectomy*

Pediatric Transplantation Committee (the Committee) members indicated general support for the proposal. Considering these proposed changes, and those centers that will only be involved with transplanting the living donor's organ, a committee member questioned if these policy and bylaw changes will require these recipient hospitals to have internal policies and protocols addressing the donation side of the living donor transplant process (i.e. donor work-ups, donor selection criteria, etc.). It was requested that it be clarified whether or not the recipient hospital would be expected to have these living donor protocols documented. If so, would only referring to the donor hospital's protocols suffice? There was concern of possible confusion and compliance issues if the living donor recovery and the living donor recipient centers' policies and protocols are in conflict.

The Committee unanimously supported (14- support, 0-oppose, 0-abstain) a motion to approve this proposal as written.

1b. *Proposal to Require Collection of Human Leukocyte Antigen (HLA) Type for Thoracic Organs*

The Committee had minimal discussion on this topic. It felt that the proposed changes are reasonable, and unanimously supported (14- support, 0-oppose, 0-abstain) a motion to approve the proposal as written.

1c. *Proposal to Clarify Adult Heart Status 1A Language to Enable Consistent Interpretation of Policy and Reflect Current Programming in UNetSM*

Members had individually reviewed the proposal and the Committee agreed that there was no specific pediatric issue requiring comment. Accordingly, the Committee did not formally discuss or vote on this proposal.

1d. *Proposal to Prohibit Storage of Hepatitis C Antibody Positive and Hepatitis B Surface Antigen Positive Extra Vessels*

Committee members indicated that this is unlikely to have a significant impact on pediatric patients, but expressed unease with such a broad policy relative to the infrequent occurrence of these events, and the potential that these policy changes will do more harm than good. Another Committee member questioned changing policy because of mistakes made by a few centers,

when a significant number of other centers throughout the transplant community have procedures and practices in place that have effectively mitigated the risks associated with storing these serologically positive vessels. To this point, committee members suggested that a deliberate process (multiple signatures for verification, time out, documentation why the particular vessels to be used are necessary, etc.) be used to avoid the risks associated with storing these serologically positive vessels instead of completely prohibiting their storage.

After discussion, the Committee unanimously supported (16- support, 0-oppose, 0-abstain) a motion to oppose the proposal.

1e. *Proposal to Establish Qualifications for Director of Liver Transplant Anesthesia in the Bylaws*

A Committee member asked if there was a particular reason why the bylaws only address requirements for a director of liver transplant anesthesia, and not the whole team. Staff replied that the changes being pursued are similar to what is currently in the bylaws for the designation of a primary surgeon or a primary physician. That is, the development of requirements for a role to provide leadership to the rest of the team and to promote consistent involvement in the program by the person that fills this roll. To this point, there are no immediate plans or forecasts to establish qualifications for the rest of the anesthesia team.

As the Membership and Professional Standards Committee (MPSC) had not yet formally addressed whether the current case volume requirement in the proposal (20 over five years) is appropriate for directors of anesthesia at primarily pediatric centers, UNOS staff asked the Committee for its opinion. Committee members from different regions commented that the requirements in the proposal should be adequate for any liver transplant program, primarily pediatric or otherwise.

A Committee member questioned if a timeframe for centers to meet this requirement had been established. UNOS staff indicated that the MPSC had not yet discussed this as it anticipated that most centers have someone that is qualified. Nevertheless, this will need to be determined and will be brought to the MPSC's attention during its next discussion regarding this proposal.

The Committee unanimously supported (16- support, 0-oppose, 0-abstain) a motion to approve the proposal as written and request that the MPSC detail a time frame to meet the requirements in the proposal if a center does not already have a qualified candidate to fill the director of liver transplant anesthesia role. Additionally, the Committee agreed to communicate to the MPSC that the current case volume in the proposal also seems reasonable for primarily pediatric centers.

1f. *Proposal to Modify the Requirements for Transplant Hospitals that Perform Living Donor Kidney Recoveries*

After minimal discussion, the Committee unanimously supported (16- support, 0-oppose, 0-abstain) a motion to approve the proposal as written.

2. **Pediatric Experience Requirements for Primary Physicians and Surgeons at Pediatric Programs**

UNOS staff reminded committee members of the issue, and gave a brief recap of the Committee's preliminary discussion of this topic at its September 2010 meeting. During that brief discussion, the Committee' indicated that it had concerns with primary surgeons or primary physicians with no

pediatric experience at primarily pediatric transplant programs. In response, Committee members were asked to start brainstorming possible competency requirements for these roles.

UNOS staff provided some history regarding past committee discussions about this topic, and recent applications submitted to the MPSC that has brought this matter back to the forefront. The Committee stated that this is a critical issue that has been sent from committee to committee for a while, but very little progress has been made because this is a large, intricate, and somewhat controversial topic. If the Committee is interested in thoroughly addressing all the details of this issue, with subsequent suggestions for the MPSC and Board of Directors, the Committee must be fully committed to this effort with the support of UNOS leadership. Otherwise, it is anticipated that another attempt to address this issue will likely end with little resolution- as has occurred in the past. The Committee chair echoed this sentiment, mentioning that he has worked on this matter multiple times within the OPTN committee structure, and unless there is a strong commitment and willingness to support the Committee's recommendations, he questioned the value of spending Committee time addressing competency criteria for primary surgeons and physicians at transplant programs serving predominately pediatric patients. Out of the concerns for the effective use of Committee time, call participants agreed that the Committee should gauge the organization's leadership's level of support for these endeavors before efforts on this matter are initiated again. The Committee decided it would first approach this topic with the Policy Oversight Committee (POC), as it is comprised of committee vice chairs. The Committee's Vice Chair and liaison will work to get this topic on the agenda for the next POC meeting, which is a few weeks before the Committee's next scheduled meeting. The feedback received from the POC will be discussed then to determine the Committee's next steps to address this matter.

OPTN/UNOS Pediatric Transplantation Meeting
December 8, 2010
Live Meeting/teleconference

NAME	COMMITTEE POSITION	On the Call
David Campbell, MD	Chair	X
Heung Bae Kim, MD	Vice Chair	X
Simon Horslen, MB, ChB	Ex-Officio	
Scott Elisofon, MD	Regional Representative	X
George Mazariegos, MD, FACS	Regional Representative	X
Alfonso Campos, MD	Regional Representative	x
Carmen Cosio, MD	Regional Representative	
Debra Strichartz, RN, BA, CCTC	Regional Representative	X
Andre Dick, MD	Regional Representative	x
Nissa Erickson, MD	Regional Representative	X
Jeffrey Lowell, MD	Regional Representative	X
Kishore Iyer, MD	Regional Representative	
Jeff Shuhaiber, MD	Regional Representative	
Kathy Jabs, MD	Regional Representative	
Todd Astor, MD	At Large	X
Sandra Amaral, MD	At Large	X
Eileen Brewer, MD	At Large	X
Michael Chobanian, MD	At Large	X
Sam Davis	At Large	X
Shylah Haldeman, RN	At Large	
Manuel Rodriguez-Davalos, MD	At Large	X
Kenny Laferriere, BSW	At Large	
Thomas Nakagawa, MD	At Large	
Anthony Savo, MD	At Large	
Steven Webber, MB, Chb	At Large	X
Jerry Wright, RN, CPTC	At Large	
Monica Lin, PhD	HRSA	
Ba Lin, MS, MPH	HRSA	X
Jodi Smith, MD	SRTR	X
Sally Gustafson	SRTR	X
Mary Carpenter	Visiting Board Member	X
Jory Parker	UNOS Business Analyst	X
Wida Cherikh, PhD	UNOS Research	X
Chad Waller, MS	Committee Liaison	X
Lee Bolton	Committee Liaison	X
Vipra Ghimire, MPH, CHES	Committee Liaison	X
Kimberly Taylor, RN	Committee Liaison	X
Sally Aungier	Committee Liaison	X
Dave Kappus, MAS	Director, UNOS Membership	X
Brian Shepard	Director, UNOS Policy	X