

**INTERIM REPORT of the  
OPTN/UNOS POLICY OVERSIGHT COMMITTEE  
Conference Call on February 6, 2012**

1. **Review of Public Comment Proposals.** The POC reviewed draft policy proposals that will be distributed for public comment on March 16, 2012.

- **Proposal to Require Reporting of Unexpected Potential or Proven Disease Transmission Involving Living Donor** (*Living Donor Committee*)

The POC supported this proposal but expressed a few concerns about what type of events would be reportable and within what timeframe. It was noted that the intent of this proposal is to encourage the reporting of potential disease transmissions. It was also noted that this proposal is to address “unexpected or proven disease transmissions” and the most recent version of the proposal has an appendix that lists some examples. Additionally, this proposal is intended to enhance patient safety and generate some data for future policy development. The POC agreed that the requirements should be clearer about what is expected and what is unexpected in order to monitor them. As currently written it creates a level of ambiguity for DEQ. The POC recommended moving this forward and allowing the dialogue to continue through public comment.

The POC supported this proposal moving forward to public comment. POC vote: 13 in favor, 0 opposed, and 0 abstentions.

Scoring Category	Average
Significance of Problem/Quality of Supporting Data	1.6
Proposed Solution	1.8
Target Population Impact	0.6
Project Plan/Collaboration	2.0
Cost/Benefit	1.6

Weight: 1.8 (13.68 total score)

- **Improvements to Vessel Disposition Reporting** (*Operations and Safety Committee*)

The POC supported this proposal moving forward to public comment. POC vote: 13 in favor, 0 opposed, and 0 abstentions.

Scoring Category	Average
Significance of Problem/Quality of Supporting Data	1.6
Proposed Solution	1.4
Target Population Impact	1.2
Project Plan/Collaboration	1.6
Cost/Benefit	1.6

Weight: 1.8 (11.84 total score)

- **Proposed to Require Documentation of Second Unique Identifier** (*OPO Committee*)

The POC supported this proposal moving forward to public comment. POC vote: 13 in favor, 0 opposed, and 0 abstentions.

Scoring Category	Average
Significance of Problem/Quality of Supporting Data	1.4
Proposed Solution	1.4
Target Population Impact	1.0
Project Plan/Collaboration	1.8
Cost/Benefit	1.2

Weight: 1.8 (12.24 total score)

- **DCD Model Elements** (*OPO Committee*)

The POC supported this proposal moving forward to public comment. POC vote: 13 in favor, 0 opposed, and 0 abstentions.

Scoring Category	Average
Significance of Problem/Quality of Supporting Data	1.6
Proposed Solution	1.6
Target Population Impact	1.2
Project Plan/Collaboration	1.8
Cost/Benefit	1.2

Weight: 1.6 (11.84 total score)

- **Proposal to Revise Lung Allocation Score** (*Thoracic Organ Transplantation Committee*)

The POC supported this proposal moving forward to public comment. POC vote: 13 in favor, 0 opposed, and 0 abstentions.

Scoring Category	Average
Significance of Problem/Quality of Supporting Data	2.0
Proposed Solution	1.8
Target Population Impact	2.0
Project Plan/Collaboration	2.0
Cost/Benefit	1.8

Weight: 1.8 (17.28 total score)

- **Proposal to Allow Centers to Place Liver Candidates with HCC Exceptions on “HCC Hold” Without Loss of Accumulated MELD Exception Score** (*Liver and Intestinal Organ Transplantation Committee*)

The POC had some concerns about this proposal including not making this a requirement. It was noted that this proposal is intended to initiate volunteerism because the liver transplant community recognizes the issues with HCC candidates. It is difficult to fully understand the biologic behavior of some of the HCC tumors and how they will respond to treatment. This change will allow transplant centers to put patients on “HCC hold” while they evaluate the

response to treatment instead of allowing them to accumulate points. The POC acknowledged that this is a reasonable first step, especially if the liver community supports it.

The POC supported this proposal moving forward to public comment. POC vote: 13 in favor, 0 opposed, and 0 abstentions.

Scoring Category	Average
Significance of Problem/Quality of Supporting Data	1.9
Proposed Solution	1.9
Target Population Impact	1.4
Project Plan/Collaboration	2.0
Cost/Benefit	1.6

Weight: 2.0 (17.4 total score)

- Proposal to Clarify Priority Status for Prior Living Organ Donors Who Later Require a Kidney Transplant** (*Kidney Transplantation Committee*)

One POC member questioned whether 4 points was enough or did the adjustment need to be higher? It was acknowledged that this was a separate issue but the POC could provide that feedback to the Kidney Committee.

The POC supported this proposal moving forward to public comment. POC vote: 13 in favor, 0 opposed, and 0 abstentions.

Scoring Category	Average
Significance of Problem/Quality of Supporting Data	1.1
Proposed Solution	2.0
Target Population Impact	1.1
Project Plan/Collaboration	2.0
Cost/Benefit	2.0

Weight: 1.9 (15.77 total score)

- Interim Policy for KPD** (*Kidney Transplantation Committee*)

It was noted that this is a good step forward and will probably be revised in the future based on recommendations from the upcoming consensus conference scheduled for March 2012.

The POC supported this proposal moving forward to public comment. POC vote: 13 in favor, 0 opposed, and 0 abstentions.

Scoring Category	Average
Significance of Problem/Quality of Supporting Data	2.0
Proposed Solution	2.0
Target Population Impact	1.9
Project Plan/Collaboration	1.9
Cost/Benefit	2.0

Weight: 2.0 (19.4 total score)

- **Open Chains and Bridge Donors Being Included in the KPD Pilot Program** (*Kidney Transplantation Committee*)

There was some concern about not including this proposal in the KPD interim policy proposal. However, it was noted that open chains and bridge donors are not currently in the guidelines and since it is a deviation from current practice and potentially more controversial, the Kidney Committee did not want to hold up the KPD interim policy in case there is negative response to this proposal.

The POC supported this proposal moving forward to public comment. POC vote: 13 in favor, 0 opposed, and 0 abstentions.

Scoring Category	Average
Significance of Problem/Quality of Supporting Data	1.9
Proposed Solution	2.0
Target Population Impact	1.7
Project Plan/Collaboration	1.9
Cost/Benefit	1.7

Weight: 2.0 (18.2 total score)

Stuart C. Sweet, MD, PhD, Committee Chair  
St. Louis Children's Hospital

Robert A. Hunter, MPA  
UNOS Staff, Policy Analyst

### Attendance

Name	Position	February 6, 2012
Stuart C. Sweet, MD, PhD	Committee Chairman	X
Carl L. Berg, MD	Committee Vice-Chairman	
Jonathon A. Fridell, MD	At Large	X
Kristie A. Lemmon, MBA	At Large	
Richard N. Formica, MD	At Large	X
Tim Shain	At Large	X
Hueng Bae Kim, MD	At Large	
Meelie A. DebRoy, MD	At Large	X
David Mulligan, MD	At Large	X
Richard E. Pietroski, MS, CPTC	At Large	X
Amy Waterman, PhD	At Large	X
Steven Webber, MBChB	At Large	X
Nancy Metzler	At Large	X
Lee Ann Baxter-Lowe, PhD, ABHI	At Large	X
Jean A. Davis	At Large	X
Laurie Williams, RN, BSN, CPTC	At Large	X
Peter Reese, MD	At Large	X
Michael D. Green, MD, MPH	At Large	X
Charles Mowll	At Large	
Raelene Skerda	HRSA	
Robert Walsh	HRSA	X
Chinyere Amaefule	HRSA	X
Bernie Kozlovsky, MD	HRSA	X
Bertram L. Kasiske, MD, FACP	SRTR	X
Jon Snyder, PhD, MS	SRTR	X
Tabitha Leighton	SRTR	X
Robert Hunter	UNOS, Committee Liaison	X
James Alcorn	UNOS, Director of Policy	X
Erick Edwards, PhD	UNOS, Assistant Director of Research	X
Cheryl Hall	UNOS, Business Analyst	X
Ruthanne Hanto	UNOS, KPD Program Manager	X
Kimberly Taylor	UNOS, Operations and Safety Committee Liaison	X
Vipra Ghimire	UNOS, Thoracic Committee, AHIR Committee Liaison	X
Ann Harper	UNOS, Liver-Intestine Committee Liaison	X
Lee Bolton	UNOS, Living Donor Committee Liaison	X