

**OPTN Organ Procurement Organization Committee
Technology Tools Workgroup
Meeting Summary
April 25, 2022
Conference Call**

David Marshman, Workgroup Chair

Introduction

The OPTN Technology Tools Workgroup (the Workgroup) met via Citrix GoToMeeting teleconference on 04/25/2022 to discuss the following agenda items:

1. Review of Donation after Circulatory Death (DCD) Data Collection
2. Review of Hemodynamic Data Collection

The following is a summary of the Workgroup's discussions.

1. Review of DCD Data Collection

Staff provided an overview of the following list of DCD data elements previously identified by the Workgroup:

- Withdrawal of life sustaining medical support, date/time
- Cessation of circulation, date/time
- Flush time (in situ), date/time
 - Abdominal aorta
 - Portal vein
 - Thoracic aorta
 - Pulmonary artery
- DCD hemodynamic information – heart rate (HR) and blood pressure (BP)
 - HR and BP already collected in donor management

Summary of discussion:

One member noted that oxygen saturation (SpO₂) should also be included in the list of hemodynamic information. Staff noted that they would add that data element to the list.

Another member questioned the flush time for the thoracic aorta and whether it needed to be more specific. For example, is it important to note that the flush was administered at the thoracic aorta root. A cardiothoracic surgeon on the Workgroup noted that it is unlikely that the descending thoracic aorta would need to be cannulated in this scenario. He further added that thoracic aorta is an acceptable description.

A member questioned if in-situ portal vein flush is still used for DCDs. Another member noted that they still encounter it for liver although not commonly for DCD. He further added that the intent of this data collection is to align with the information is currently collected on the deceased donor registration form (DDR). A member supported that as long as it is not a required field for DCD.

The Workgroup discussed the feedback from the Data Advisory Committee (DAC) to add "type of DCD." This was in reference to the increased use of normothermic technology. The Workgroup members

agreed that the information would not help with decisions about organ offers. A member noted that normothermic regional perfusion (NRP) is driven by the accepting transplant program following allocation. Staff also noted that the OPTN Ethics Committee is currently discussing NRP and data collection for NRP should wait until there are recommendations.

2. Review of Hemodynamic Data Collection

Staff provided an overview of the hemodynamic information currently collected in the OPTN Donor Data and Matching System. Staff also reviewed the four new data elements identified by the Workgroup.

Summary of discussion:

Staff provided an overview of the feedback from the DAC and OPTN Heart Committee. A member of the DAC opined that incorporating new hemodynamic information was unnecessary. The information is currently available although in various forms. Additionally, extra data entry could lead to reporting errors.

The Heart Committee also agreed that the proposed data elements would not help them make decisions on organ offers. They added that currently available information helps them determine whether to search for additional information such as the echocardiogram reports. They provided the following feedback:

- Cardiac output, cardiac input, wedge pressure
 - Collect how these are measured w/ waveform from catheterization lab
- Vasopressors – at time of echo
- Donor serial echo – need reports and images
- Echo reports – not consistently in the same place
- Central venous pressures are important
- If swan or right heart catheter – tracing and waveform most helpful

A workgroup member noted that the intent was to provide some basic information for coordinators as they are reviewing offers. However, he supported the recommendations from the Heart Committee.

A member noted that it would be beneficial to have an indicator with an echocardiogram or imaging report that shows where the imaging or test was done. For example, did the donor hospital or a third party vendor provide the report? He further added that some clinicians find the third party assessments to be more reliable and it would be nice to distinguish between two reports.

Information Technology staff noted that this is an effort that has been planned and designed. This would allow for sharing of imaging studies between vendors who perform interpretive services. Staff further noted that as this work moves forward there will be an opportunity for the Workgroup to provide feedback.

Next steps:

- Finalize new data elements
- Discuss Data Element Standard of Review Checklist
- Continue discussing enhancements/system updates

Upcoming Meeting

- May 25, 2022

Attendance

- **Workgroup Members**
 - David Marshman
 - Kurt Shutterly
 - Chris Curran
 - Kevin Koomalsingh
 - Kristen Ramsay
- **HRSA Representatives**
 - Raelene Skerda
 - Marilyn Levi
 - Arjun Naik
- **SRTR Staff**
 - Katie Audette
 - Matthew Tabaka
- **UNOS Staff**
 - Robert Hunter
 - Kayla Temple
 - Lauren Mauk
 - Matt Belton
 - Kerrie Masten
 - Randall Fenderson
 - Lloyd Board
 - Katrina Gauntt
 - Kaitlin Swanner