

**OPTN/UNOS Geography Committee  
Meeting Minutes  
July 24, 2018  
Monthly Teleconference**

**Kevin J. O'Connor, Chair**

**Introduction**

The Geography Committee met via teleconference on 7/24/2018 to discuss the following agenda items:

1. Introductions and Announcements
2. Lawsuit Update
3. Liver and Intestinal Organ Update
4. Thoracic Update
5. Transplant Pro and Frameworks
6. Role of Ad Hoc Geography Committee Moving Forward
7. Regional Meetings Calendar

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

**1. Introductions and Announcements**

Activity in Congress:

Senate would not have time for a new controversial bills between now and elections.

**2. Lawsuit Update**

Lawsuit filed by 6 patients in California (2), Massachusetts (2) and New York (2) challenges liver distribution. Also, there is a request by State of Kansas before federal court right now to join the defense. The lawsuit does not call for immediate injunction or emergency release. The Geography Committee's core strategy with the changes to geography for liver distribution is still sound. There is no other litigation that the Committee is aware of at this moment.

**3. Liver and Intestinal Organ Update**

Summary of discussion:

There was discussion about the term "less sharing." In the circle described as less sharing, there would be allocation to a patient with MELD of 35 or greater. But as long as organ is being allocated to someone that ill, it sounds like equal sharing. However the difference was clarified. Today, sharing would be across the whole region for MELD of 35 and greater. Under Option 2, there would be sharing for 35 and higher or potentially 32 and higher for a 250 nautical mile (NM) circle around the donor hospital, which would expand sharing.

Going into this, when one reaches the 150 NM and then MELD of at least 15, and there was discussion about the size of the range between 15 and 32. It could work out that a candidate with a MELD of 15 could be transplanted, where somewhere in the 250 circle there could have been a person with a MELD of 31 sitting there. This is a broader band and less travel theoretically.

There was a question about what would happen if the modeling shows that one of the options is actually worse, increases disparity or is less sharing, if the modeling is going to happen after public discussion has started. She was concerned there wouldn't be enough time to discuss a model that might not further what's required at the moment. However, the plan is for public

comment to occur after modeling. Therefore, the Liver Committee would not support a model that does not improve disparity.

There was no sense that the liver committee was favoring either one at this point. Geography committee members agreed that the two models were a good starting off point.

#### **4. Thoracic Update**

##### Data summary:

UNOS staff presented highlights from the 6-month monitoring report for the emergency lung changes. In summary, the following increased:

- Median distance a lung travels
- # of regional and national lung transplants
- Discard rate
- Ischemic time
- Match LAS at transplant
- Mean time between (b/t) first electronic offer and cross clamp

##### Summary of discussion:

The Thoracic Committee Chair summarized the outcomes of the November 2017 emergency change to the allocation of deceased donor lungs. The 250 nautical mile change has largely mimicked the effect of DSA. There have not been significant changes, and notably, no adverse patient impact. Although the modeling the Scientific Registry of Transplant Recipients (SRTR) did for the Committee showed that 500 nautical miles could have had a greater impact in terms of reducing waitlist mortality, the 250 nautical mile change did show that sicker patients are being transplanted. Committee members have shared that based on their personal experiences, travel and procurement costs have increased, with donors being less local. The Thoracic Vice Chair emphasized that increased cost is a significant concern, and the problem is there is no real cost data available.

A member of the Geography Committee asked how many organs actually cross the DSA barrier, with the increase in distance from 114 to 166 miles, and how the acuity of those who received a transplant changed under the schema change? The Thoracic Vice Chair acknowledged there has been a meaningful impact on geographic distribution, and that the change is meeting the goal of getting sicker patients transplanted. The same member asked about outcomes. UNOS staff stated lung outcomes cannot be analyzed at this time.

#### **5. Transplant Pro and Frameworks**

##### Data summary:

On Transplant Pro there's a section on geography and organ distribution. There are a number of resources, including information on the three frameworks, available on the website. The Committee members should familiarize themselves with the information and refer to the resources for others who have questions.

The priority is to remove the DSA and the region. Allocation policies to be used going forward will be one of the three frameworks. Rationale needs to be consistent among different organ allocation systems.

The Vascularized Composite Allograft Transplantation (VCA) Committee will likely make changes earlier than the other committees since they don't require any modeling. Thoracic update is as previously stated. Kidney/Pancreas has a work group that is looking to establish common policy and will report back at next call in a month. Operations & Safety Committee has

been charged with producing a guidance document regarding effective practices of broader sharing.

Summary of discussion:

The Geography Committee is putting the 3 Frameworks out for Public Comment and will have a recommendation to the Board for their December 2018 meeting.

**6. Role of Ad Hoc Geography Committee Moving Forward**

Data summary:

The organ-specific committees will have weekly or biweekly meetings for the next several months. Modeling requests will be available to the SRTR by September 3rd so they can get working on the modeling. November 5th to 30th will be policy development phase, followed by public comment on the proposals. Then associated policies will be drafted and finalized. There will be a public comment period for proposed changes to the remaining allocation policies in January through middle of March. Then the Committee will finalize proposals to the Board, which will be brought to the Board of Directors' Meeting in June 2019 for vote.

Next Steps:

Geography Committee will continue to meet once a month. The progress being made by the different organ-specific allocation groups will be reviewed. Oversight will be provided as needed. Organ-specific documentation will be drawn up and chairs and vice chairs will continue to report on the progress of their committees. UNOS staff of each committee will join the calls if available. All the work will drive towards ensuring that compliance is maintained with National Organ Transplantation Act (NOTA) and specifically the final rule as it relates to the distribution of organs. Importantly, this will allow the transplant community to continue to have control over the development of allocation policy into the future, rather than ceding control to a court or a judge.

**7. Regional Meetings Calendar**

There will be three regional meetings in August and the remainder will be held through the month of September. There will be a presentation on the work of the Geography Committee and the progress that's being made on the different fronts. Committee members will be assigned to be present at these 11 regional meetings.

**Upcoming Meeting**

- August 28, 2018, 2-3 pm EDT