

**OPTN Operations and Safety Committee
Meeting Summary
August 25, 2022
Conference Call**

**Alden Doyle, MD, MPH, Chair
Kimberly Koontz, MPH, CTBS, Vice Chair**

Introduction

The Operations and Safety Committee (the Committee) met via GoToMeeting teleconference on 08/25/2022 to discuss the following agenda items:

1. Public Comment Presentation: Update Multi-Organ Allocation for Continuous Distribution of Lungs
2. Public Comment Presentation: Revise Lung Review Board Guidelines, Guidance, and Policy for Continuous Distribution
3. Global Positioning System (GPS) Tracking for Organs

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

1. Public Comment Presentation: Update Multi-Organ Allocation for Continuous Distribution of Lungs

The Committee received a presentation on the OPTN Lung Transplantation Committee's *Update Multi-Organ Allocation for Continuous Distribution of Lungs* proposal. A primary goal for updating the multi-organ allocation of lungs is to change the lung composite allocation score threshold and to switch from using lung allocation score (LAS) to the composite allocation score (CAS). This is necessary to ensure the continued eligibility of lung patients requiring multiple organs under continuous distribution.

Summary of discussion:

A member spoke to the importance of making sure this distinction is understood between these two scores of LAS and CAS. The Lung Committee is committed to creating an inclusive and equitable allocation method for multi-organ lung transplantation and feels the updates will improve equity under continuous distribution.

Next steps:

The Committee's comments will be submitted as formal comment on the OPTN website.

2. Public Comment Presentation: Revise Lung Review Board Guidelines, Guidance, and Policy for Continuous Distribution

The Committee received a presentation on the OPTN Lung Transplantation Committee's *Revise Lung Review Board Guidelines, Guidance, and Policy for Continuous Distribution* proposal. This presentation reviewed changes to the lung review board, which include updates to operational guidelines, clinical guidance updates regarding pulmonary hypertension, and updates to align with other organ review boards of the OPTN. These changes reflect the earlier proposal regarding switching LAS to CAS within continuous distribution, continued efforts for equity in lung allocation, and consistency across review

and audit boards for all organ types. The Lung Committee proposes changes and updates to representative term length requirements, as well as representative types to include pediatric representatives for specific review of pediatric cases. They also propose changes to the appeals timeline from 14 to 7 days when a secondary appeal is made, also in efforts to promote consistency across organ types.

Summary of discussion:

The Lung Committee asked for specific feedback on whether the Chair of the Review board should be a voting member or retain an advisory role; whether there are other illnesses or diagnostic criteria where more guidance is necessary, and what other resources the OPTN could provide to assist lung transplant programs in submitting exception requests.

A member appreciated the inclusion of specific pediatric reviewers on the board as this brings about more clarity and transparency in the review process. Another member commented that whether the Chair is a voting member should be consistent with other review boards to maintain the goal of consistency, and asked if having a percentage of reviewers would be more representative as lung programs rise and fall across the country. This way there would be an equal distribution of representatives instead of a fixed number on the review board in the event of growth or decline of lung programs. A member commented that keeping the Chair as an advisory role could be better due to the complex and dynamic nature of the position, and if the updated appeals process is implemented, the language should be written such that it is understandable for patients impacted by the change.

Next steps:

The Committee's comments will be submitted as formal comment on the OPTN website.

3. Global Positioning System (GPS) Tracking for Organs

The Committee addressed the topic of organ tracking. OPOs and courier services utilize different systems when obtaining, traveling with, or tracking organs, but there is currently no requirement for their usage.

Summary of Discussion:

The Committee discussed a variety of questions such as what type of GPS tracking could be suitable, what type of system would work for different centers and transplant programs, whether all organs need tracking or only specific ones, does policy need to be established or would guidance fit the situation better, and whether now is the right time to approach this conversation. A member suggested that, due to the increased visibility of organ tracking, utilization of GPS tracking should be re-examined. The Committee deliberated on what steps could be taken to reduce the amount of organs that might go missing or are damaged in transit. Other members agreed that now is an appropriate time to discuss this question, and that establishing continuity in organ tracking, handoffs, and travel across centers should be the minimum since centers and programs utilize different methods. Another member expressed concern that incorporating tracking could increase the cost of organs, but it is something to consider in conjunction with other OPTN committees, such as the Organ Procurement Organization (OPO) Committee. Members also agreed that more data would be necessary in understanding the breadth and severity of issues in organ shipment so that changes to policy or guidance would be substantiated by data. Another member noted that some GPS tracking systems do not function in aircraft, and that there could be difficulty involved in tracking organs on commercial aircraft to comply with continuous tracking.

Next Steps:

Staff will gather data on incidents that have occurred during organ transportation, as well as share feedback from the OPO Committee's review of the problem.

Upcoming Meetings

- September 29, 2022 conference call
- October 27, 2022 in-person Richmond, VA
- November 16, 2022 conference call

Attendance

- **Committee Members**
 - Doyle Alden
 - Christopher Curran
 - Gregory Abrahamian
 - Jami Gleason
 - Jill Campbell
 - Julie Bergin
 - Kenneth Chavin
 - Norihisa Shigemura
 - Renee Morgan
 - Susan Stockemer
 - Stephanie Little
 - Mony Fraer
 - Audrey Kleet

- **HRSA Representatives**
 - Raelene Skerda

- **UNOS Staff**
 - Isaac Hager
 - Carlos Martinez
 - Casey Humphries
 - James Jobes
 - Kerrie Masten
 - Rebecca Brookman
 - Stryker-Ann Vosteen
 - Susan Tlusty

- **Other Attendees**
 - Marie Budev