OPTN

Thank you to everyone who attended the Region 9 Winter 2023 meeting. It was great being back in person and still having an option for you to join virtually. We plan to continue providing both options.

Regional meeting presentations and materials

Public comment closes March 15! Submit your comments

The sentiment and comments will be shared with the sponsoring committees and posted to the OPTN website.

Non-Discussion Agenda

Modify Heart Policy for Intended Incompatible Blood Type (ABOi) Offers to Pediatric Candidates, *OPTN Heart Transplantation Committee*

- Sentiment: 2 strongly support, 8 support, 6 neutral/abstain, 0 oppose, 0 strongly oppose
- Comments: Region 9 supported this proposal with no comments.

Improve Deceased Donor Evaluation for Endemic Diseases, *OPTN Ad Hoc Disease Transmission Advisory Committee*

- Sentiment: 5 strongly support, 11 support, 0 neutral/abstain, 0 oppose, 0 strongly oppose
- Comments: Region 9 supported this proposal. This was not discussed during the meeting, but OPTN representatives were able to submit comments with their sentiment. One member requested that the committee include recommended actions by transplant centers when donors test positive in order to avoid organ non-utilization and help centers with limited infectious disease support on the weekend or overnight. Another attendee suggested testing based on travel to countries where these diseases are endemic.

Align OPTN Kidney Paired Donation Blood Type Matching Policy and Establish Donor Re-Evaluation Requirements, *OPTN Kidney Transplantation Committee*

- Sentiment: 3 strongly support, 10 support, 3 neutral/abstain, 0 oppose, 0 strongly oppose
- Comments: Region 9 supported this proposal. This was not discussed during the meeting, but OPTN representatives were able to submit comments with their sentiment. One member stated they don't want to see this become a barrier.

Discussion Agenda

Require Human Leukocyte Antigen (HLA) Confirmatory Typing for Deceased Donors, *OPTN Histocompatibility Committee*

- Sentiment: 0 strongly support, 7 support, 0 neutral/abstain, 7 oppose, 1 strongly oppose
- Comments: Region 9 had mixed feedback on this proposal. Several members commented 12 errors in six years seems like an extremely low error rate. A few stated that they expected the cost related to requiring two typings, both in money and time spent, would not be justified. A member remarked that the purpose behind the proposal is important, but there needs to be additional discussion around the details. Another attendee suggested that an additional typing on an additional specimen should only be done if there is ambiguity in assigning a specific antigen or allele or if the typing is missing for a locus. A member said that instead of this additional typing, allocation should proceed, with members being informed of the potential risk if the donor is expedited.

Ethical Evaluation of Multiple Listings, *OPTN Ethics Committee*

- Sentiment: 3 strongly support, 4 support, 2 neutral/abstain, 5 oppose, 1 strongly oppose
- Comments: Region 9 had mixed feedback on the paper. Several members expressed concern about the idea of limiting patient choice and access. While some attendees agreed that yes, multi-listing can create disparities, there are so many other disparities in health care and transplant, it doesn't make sense to limit this option. An attendee added that there are socioeconomic barriers to transplant that multi-listing can help address, so we need to carefully consider how removing the ability to multi-list might impact different groups. A member commented that allowing patients to multi-list is essential, as the last disparity remaining is differences between centers, and allowing patient choice is giving them a voice. An attendee stated that multi-listing helped her get a kidney-pancreas transplant, but that it also comes with an increased financial burden from having to travel to other centers. A member also pointed out that New York state does not allow candidates to list at more than one program in the state, and this is evidence that there is difference in practice across not just socioeconomic status but also geographic region. A member expressed support for the paper because it would be fair for patients. Another attendee stated they were pleased to see the Ethics Committee take up this issue.

National Liver Review Board (NLRB) Guidance for Multivisceral Transplant Candidates, *OPTN Liver and Intestinal Organ Transplantation Committee*

- Sentiment: 2 strongly support, 7 support, 6 neutral/abstain, 0 oppose, 0 strongly oppose
- Comments: Region 9 supported this proposed guidance. Several members said that this is a reasonable proposal which should help a very small, very sick segment of patients. A member stated that the increased time to transplant and increasing mortality in the multivisceral wait list argue in favor of this guidance. Another member cautioned to be careful that the points are used to promote access to transplant and not just to utilize younger donors for multivisceral transplant.

Update on Continuous Distribution of Livers and Intestines, *OPTN Liver and Intestinal Organ Transplantation Committee*

- Comments: An attendee remarked that the composite allocation score makes the most sense for liver allocation where we try to equate certain pathologies with MELD and instead of having a board to assign MELD, the system could do it. The attendee added they were surprised to see that biliary disease aren't represented on candidate biology. Another attendee cautioned the committee against using population density as surrogate for donor density, as the two aren't the same. A member stated that continuous distribution is a reasonable approach for kidney and lung, so it should also be reasonable for livers and intestines.

Continuous Distribution of Kidneys and Pancreata, *OPTN Kidney Transplantation Committee and Pancreatic Transplantation Committee*

- Comments: During the discussion, an attendee stated that the number of living donors for children has gone down, and we need to incentivize priority for living donors too. Another member remarked that they believe this is a monumental amount of data, analysis, and time for minimal improvement and possible unanticipated consequences. One member said this seems like a reasonable proposal. Another member felt like the logistical difficulties that currently exist and contribute to non-utilization of organs would be exacerbated by continuous distribution.

Establish Member System Access, Security Framework, and Incident Management and Reporting Requirements, *OPTN Network Operations Oversight Committee*

- Sentiment: 5 strongly support, 7 support, 3 neutral/abstain, 0 oppose, 0 strongly oppose
- Comments: Region 9 supported this proposal. A member stated that security is mandatory and to do this the system needs to be simple, effective, and inexpensive, so as not to disadvantage patients. Another member shared that overall this is a good idea, but integrating individual transplant programs and medical system needs with the overall needs of the OPTN seems like a complex undertaking.

Optimizing Usage of Offer Filters, *OPTN Operations & Safety Committee*

- Sentiment: 1 strongly support, 8 support, 3 neutral/abstain, 2 oppose, 1 strongly oppose
- Comments: Region 9 was generally supportive of offer filters. An attendee remarked that while this proposal is great for efficiency, it's not great for transparency for patients, and operationalizing notifying patients is going to be a heavier lift. Several members commented that three months is too quick to update the filters and six months would be a better timeframe. A member added that we wouldn't want the filter update to impact individual patients where a program has established an opt out for them. An attendee said the committee needs to be more transparent about the reasoning for filters, and if the goal is to increase utilization, voluntary filters are the way to go. The attendee continued to say their program's acceptance criteria are constantly changing, and they would be restricted by unchangeable model-identified filters. An attendee stated that this proposal is a workaround for a non-functional allocation system, and

that a better option would be to offer underutilized kidneys to patients who do not show up at the top of match runs. Another attendee agreed that patients that would rather take a kidney, even for a short time, versus not getting transplanted at all. A member shared that some centers may not have capacity to field excessive offers that they previously opted out from receiving, especially those that don't use offer vendors. An attendee stated that CPRA cutoff changes from program to program and that 90% across programs is not the same. A couple members expressed concern for mandatory offer filters and that the OPTN is overstepping its bounds. A member cautioned that this could result in minority or underrepresented populations to be automatically bypassed. Another member said that filters should be determined by each transplant center, not imposed, and that default parameters should be used for centers that don't populate their filters.

Identify Priority Shares in Kidney Multi-Organ Allocation, *OPTN Ad Hoc Multi-Organ Transplantation*

- Comments: During the discussion, an attendee expressed support for the allocation of kidneys to some kidney alone candidates, and that an inordinate number of low KDPI kidneys are going to multi organ transplants when some should be prioritized in other ways. The attendee added they were supportive of the safety net, but cautioned there is a downside, for example, when a multi-organ patient in need of kidney may not do well if an older liver is given, and then the safety net provides them a much better kidney that they don't need. The attendee continued that programs should be encouraging living donation for multi-organ kidney candidates. Another attendee was concerned to hear that a good kidney that could go to a pediatric candidate is going to a multi-organ candidate instead, and that while kidney transplant is increasing, the additional organs being recovered are harder to place DCD and older kidneys. The attendee continued to say that the committee needs to seriously consider the risk of dying without a transplant. Another member remarked that the safety net is too generous, allowing high quality kidneys to be taken away from more appropriate candidates, and that EPTS should be taken into consideration for multi-organ and safety net candidates to help provide balance. The member added that there should be consideration for adjusting the priority of safety net candidates in the allocation sequence. Another member said that we have so many predictive analytics, so these should be built into the allocation system. There was an additional comment encouraging review of programs who repeatedly accept multi-organ allocations and end up not using one of the organs, as well as a review and assessment of multi-organ patient outcomes. Another member expressed support reserving one kidney for kidney-alone candidate allocation. A member stated that there are multiple important issues that disadvantage low EPTS, kidney-only candidates from getting access to the best low KDPI kidneys that need to be addressed.

Expand Required Simultaneous Liver-Kidney Allocation, *OPTN Ad Hoc Multi-Organ Transplantation*

- Sentiment: 1 strongly support, 5 support, 3 neutral/abstain, 3 oppose, 1 strongly oppose
- Comments: Region 9 generally supported this proposal. During the discussion, a member stated they have spoken to several OPOs who would like policy to clearly explain how the order and priority should be given. A member expressed concern that this proposal would exclude even more kidney-alone candidates from access to the best kidneys and create more opportunities to manipulate the system. An attendee stated support for aligning this more closely with heart-kidney policy. Another member believed that comparing access to heart-kidneys versus liver-kidneys is irrelevant to some extent since there are criteria for liver-kidneys, but no criteria yet for heart-kidney.

Updates

OPTN Predictive Analytics

- Comments: During the discussion, an attendee commented that it would be helpful to have this for kidneys with a KDPI greater than 85%. A member shared that it would be helpful for OPOs if there was a plan to build a model to predict if a kidney or other organ would be accepted for any transplant center from an OPO perspective, as they continue to pursue more donors with significant with comorbidities. An attendee stated that things like biopsy and anatomy would be helpful to include in the model, as they also impact decision making.

OPTN Patient Affairs Committee Update

- Comments: An attendee commented that the patient voice matters, and there should always be a forum for it.

OPTN Membership and Professional Standards Committee Update

- Comments: During the discussion, a member commented that they would encourage the MPSC to obtain feedback from the OPO community as a whole.

OPTN Executive Committee Update

- Comments: No comments.