

## **OPTN Organ Procurement Organization Committee**

### **Meeting Summary**

**June 22, 2023**

**Conference Call**

**Kurt Shutterly, RN, CPTC Chair**  
**PJ Geraghty, MBA, CPTC Vice Chair**

### **Introduction**

The OPTN Organ Procurement Organization (OPO) Committee met via Citrix GoTo Meeting on 06/22/2023 to discuss the following agenda items:

1. Liver Program Outreach- Updates
2. Thank You
3. Reminders

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

### **1. Liver Program Outreach Updates**

Committee members provided updates about their outreach efforts to their local liver programs about the proposal to modify organ offer acceptance limits that will be distributed for public comment during the July-September 2023 cycle.

#### Summary of discussion:

A member gave feedback about three liver transplant programs in their region and said they were sympathetic to the dilemma of being able to accept two liver offers at once and they believe that the centers would support the proposed change to only allow one acceptance. The member said the remaining concern was about high Model for End-Stage Liver Disease (MELD) score candidates who may miss livers. The member thinks the three transplant programs in their region will support the public comment proposal; however, they anticipate there will be some concerns raised about high MELD score candidates. The member is worried that if an exception is added, then it will not address the issue with multiple organ offer acceptances.

Another member met with two of their programs and said one of the liver surgeons said there must be a specific provision for high MELD patients and without this, it could potentially have negative effects on their patients. The member said the surgeon did not believe the proposal would receive any support from the liver community and said the numbers surrounding concurrent liver acceptance and the breakdown for where the candidates' MELD scores fell did not add up. The surgeon raised concern, via the member, that less than 5 percent of livers are concurrently accepted, therefore they do not believe it warrants a drastic policy change like this one. The member said other programs they met with were not as vocal with feedback but did say they would not support this policy change. The member is continuing to reach out to other surgeons to gain their support for the proposal.

A member reached out to two of their centers and received support from both. The member also reached out to other centers, even those that do not do liver transplants, as they thought it would be

helpful to explain the proposal, especially to kidney centers. The member planned to reach out to another OPO to discuss the proposal as well, since they did not have any representation.

A member said they spoke with a surgical director from one of their centers, where the director voiced their concern mainly with high MELD score candidates missing out on liver offers. The member reached out to another transplant center in their region who said they would not be supporting this proposal and they had concerns about the slide containing data.

A member heard back from one of their local transplant centers, which said if the Committee could somehow carve out the Status 1A patients to allow that with the high MELD scores, then they would potentially consider it, but currently, they can not support the proposal. The member recommended noting on the data slide to clarify the denominator to ensure clarity when this information is being presented.

The Chair of the Committee said that they have seven transplant centers in their donation service area (DSA), but only three of them participate in liver transplants, however they are reaching out to each center to get their support. The Chair advised other Committee members do the same when reaching out to transplant programs. A member asked the Chair how they are presenting the proposal to the transplant programs that do not perform liver transplants. The Chair said they use the point of not allocating to the proper recipient and that the data shows that livers are not being transplanted into the higher status candidates when OPOs are forced to allocate a liver that is turned down late in the process. A member suggested that if other members are talking to their thoracic centers, they should mention that this practice of multiple offer acceptance is delaying their operating rooms.

The Chair proposed the question to the Committee if they are going to try to do a regional presentation before the upcoming regional meetings. The Vice Chair expressed concern about the benefit of doing that since it will be presented at the regional meeting. A member agreed with the Vice Chair, elaborating to say that at the regional meeting, there is other OPO representatives present that can help support the regional representatives. The Chair is concerned that if there is not representation for one of the regions, there will be no one to reach out to them, but they are confident that the Committee members know enough people in OPOs that could reach out if necessary. A member asked how to present this proposal at the regional meeting. The Chair advised that the member collects comments and then brings them back to the Committee for further discussion.

A member said they received feedback from their regional transplant programs, all of which was supportive of the proposal, as they often face the consequences when a liver is declined late in the process. The member recognized that individuals in her region may be more difficult to garner support from, especially since there are larger transplant programs in their region. A member agreed, saying they also have smaller programs in their region, which often faces the consequences of multiple organ acceptances, and thus supports the proposal. The member suggested talking about the proposal with other OPOs in their region to help support. A member recommended reaching out to the Association of Organ Procurement Organizations (AOPO) and inquiring if they would be able to support the proposal in any way. The Vice Chair said that it would be possible to do that through their committees, but it would also be beneficial for members to continue to reach out to others in their regions.

An incoming member who is a liver surgeon mentioned that this is necessary, but it is also important to mention the number of organs offers a transplant program receives when they are further down on the match run. The Chair recognized some of the issues such as operating room delays. They also mentioned that they found it confusing that transplant centers have the ability to take another offer and the concern of the Committee is that the transplant centers want to hold on to both offers until they decide which one they are going to take. The incoming member was previously at a transplant center where

their policy was that they would not decide and back out of the second offer until the medical team was in the operating room with the first offer. They recommended encouraging transparency, letting OPOs know they have two offers.

A member voiced their frustration, saying that livers are a scarce resource and that it is a tough position for surgeons to be in, as they want to advocate for their very sick candidate, however the other potential candidates are equally as sick. A member mentioned that a challenge of waiting until an operating room is set is that there is a liver with no home. A member said that they are transparent and lets the OPO know that they have two offers and once an operating room is set, they will decide because their patient needs a transplant. They went on to say that if everyone was more transparent and communicated more, everyone would be in a better position.

The Chair suggested compiling feedback from everyone's outreach effort into a single document to see what feedback is being given from other regions. An incoming member asked if it was possible to see how many times the second liver was transplanted at the same accepting transplant center. A member of the contractor's research team said they would investigate further and provide results later.

Next steps:

Committee members will continue to reach out to regional stakeholders about the proposal and bring feedback to the next meeting.

**2. Thank You**

The Committee thanked the Chair and outgoing members for their service and commitment to the Committee.

**Upcoming Meetings**

- Thursday, July 20, 2023 (teleconference)
- Thursday, August 17, 2023 (teleconference)
- Tuesday, September 19, 2023 (Houston, TX)

## Attendance

- **Committee Members**
  - Bruce Nicely
  - Chad Ezzell
  - Debra Cooper
  - Donna Smith
  - Doug Butler
  - Judy Storfjell
  - Kurt Shutterly
  - Larry Suplee
  - Leslie McCloy
  - Meg Rogers
  - PJ Geraghty
  - Samantha Endicott
  - Sharyn Sawczak
  - Sue McClung
- **HRSA Representatives**
  - Adriana Martinez
  - Jim Bowman
- **SRTR Staff**
  - Katherine Audette
- **UNOS Staff**
  - Katrina Gauntt
  - Kayla Balfour
  - Keighly Bradbook
  - Kevin Daub
  - Kim Woodward
  - Krissy Laurie
  - Robert Hunter
  - Ross Walton
  - Sharon Shepherd
- **Other Attendees**
  - Greg Veenendaal
  - Lori Markham
  - Micah Davis
  - Stephen Gray
  - Theresa Daly