OPTN Transplant Coordinators Committee
Meeting Summary
March 16, 2022
Conference Call

Stacy McKean, RN, Chair
Natalie Santiago-Blackwell, RN, MSN, Vice Chair

Introduction

The Transplant Coordinators Committee (the Committee) met via Citrix GoToMeeting teleconference on 03/16/2022 to discuss the following agenda items:

1. Public Comment Item Presentations
2. Proposed Lung Data Collection Feedback

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

1. Public Comment Item Presentations

The Committee reviewed proposals out for public comment. The full proposals, as well as the public comment feedback, can be read on the OPTN website. Public comment for these proposals closed on March 23, 2022.

Data summary:

The following proposals were presented to the committee for discussion and feedback:

- **Modify Living Donor Exclusion Criteria (OPTN Living Donor Committee)**
  - This proposal will reassess four absolute contraindications to living donation and update existing language surrounding donor coercion and illegal exchange between donor and recipient to ensure consistency throughout OPTN policy language.

- **Modify Graft Failure Definitions for VCA (OPTN Vascularized Composite Allograft Committee)**
  - This proposal will update the definition of graft failure to include the possibility of planned graft removal, notable in cases such as uterus, where graft removal does not necessarily indicate a failure.

- **Redesign Map of OPTN Regions (OPTN Executive Committee)**
  - This concept paper will gather community feedback on options for updating the map of OPTN regions with the potential to inform a future proposal.

Summary of discussion:

Modify Living Donor Exclusion Criteria

The review team assigned to this proposal inquired whether there was any consideration of including a diagnosis of pre-diabetes, and whether a diagnosis of pre-diabetes could deter someone from being a living donor. The presenter responded that there had been discussion, and the Living Donor Committee felt that programs should have flexibility in assessing all donors. What it ultimately came down to, they

continued, was the donor's lifetime risk of having diabetes after having donated a kidney. In this case, programs should consider the age of the donor when evaluating them as a living donor with pre-diabetes. The review team also asked if there would be any monitoring system in place to ensure these changes achieved the desired result. At present, the presenter replied, there will be no difference in the follow up forms, but they speculated there could be changes proposed in the future to monitor living donors with either pre-diabetes or type II diabetes.

A member wondered if the sponsoring committee had considered a possible "years of diabetes" requirement for diabetic donors, noting that both type I and type II diabetes are leading causes of end stage renal disease. This would ensure that young donors who have very recently been diagnosed with diabetes, and are consequently a higher risk of end stage renal disease later on in life, cannot donate immediately. The presenter responded that their committee had considered this, and, again, felt that their proposal should not dictate practice; programs should individually consider what constitutes acceptable lifetime risk.

A second member inquired what ongoing monitoring would occur to ensure that there are no safety concerns following implementation, as there was no data either nationally or internationally on diabetic living donation. The presenter agreed that there was no significant reference for their committee to understand the expected outcomes, but, similar to accepting donors with hypertension, the only way to understand it would be to try it. Staff added that monitoring programs' exclusion criteria was somewhat difficult as excluded living donors would not be in a program's systems. However, if there were a patient safety event reported and it was connected to a living donor, there may be a way to determine if it were because of a program's living donor exclusion criteria.

Modify Graft Failure Definition for VCA

The review team assigned to this proposal supported the clarity of the proposal and agreed that isolating graft failure from graft removal was necessary. The Vice Chair inquired in what instances a candidate would have a poor graft function but decline graft removal, therefore characterizing it as a success. The Chair of the Vascularized Composite Allograft (VCA) Committee presenting noted that, especially in hand transplants, function may be quite poor, but the patient refuses removal for a myriad of reasons (e.g. body image, function as an assist hand). The simplest definition, their committee concluded, was whether the patient wants or needs the graft removed.

The Chair wondered if there was a way for programs to denote on VCA Transplant Recipient Follow-Up Forms (TRF) why a uterine graft was being removed. The presenter replied that there were proposed changes to the TRF, and the four options decided upon by the VCA Committee are: Successful delivery of neonate, Complication of Graft, Reproductive Failure, Other.

Redesign Map of OPTN Regions

The review team assigned to this proposal, led by the Chair, noted that a possible benefit of the redesign was increased collaboration between a greater number of transplant centers and OPOs. They emphasized that a key element of any redesign should be a balance of OPTN members, and, furthermore, there should be representation of both high density population centers and rural areas. The presenter noted that OPTN members was a metric considered; the Chair rephrased their statement, stating that there should be an equitable distribution of the types of centers (e.g. thoracic, pediatric). The presenter asked the Chair a follow up question off of theirs as to whether rural areas should be grouped with high density areas, or whether they should be put into separate regions. The Chair tentatively supported having them in separate regions, but ultimately said they would support whatever gives the most voice to that community.

A member suggested that, as regions grow larger, travel could become difficult in some of the larger areas, noting the size of the Pacific Northwest region in all of the maps. Additionally, they also felt that individual voices could become more dilute as greater programs were pushed into fewer regions.

A second member added that they didn't see significant objective data to support a regional redesign at this point. Furthermore, any redesign would break some historical relationships between regionally collaborating programs, which, although not as quantifiable, was an element to weigh a redesign against. The Chair agreed with this perspective, and suggested that the Executive Committee could develop a method for reviewing regional collaboration and assessing that as a basis for a redesign. A third member supported this, noting that the key goal of any redesign should be to facilitate collaboration between regions, rather than having regions feel like "pockets".

The Committee did agree that there has been success with virtual regional meetings, and while there are benefits to in-person meetings, the virtual aspect has opened up their availability to a larger population.

Next steps:

The sponsoring committees will consider the feedback from the Committee.

2. Proposed Lung Data Collection Feedback

The Committee heard an update on an in-development proposal sponsored by the Lung Committee on updating lung data collection.

Data summary:

This proposal will update the data fields used to calculate lung composite allocation scores (CAS). It will also clarify some variables based on community feedback and data trends post-CAS implementation.

Summary of discussion:

There was no discussion surrounding this agenda item.

Next steps:

The Lung Committee will continue to consider areas in which the Committee could provide insight while developing their proposal.

Upcoming Meeting

- April 20, 2022

Attendance

- **Committee Members**
  - Stacy McKean
  - Natalie Santiago-Blackwell
  - Donna Campbell
  - Jill Campbell
  - Maria Casarella
  - Brenda Durand
  - Lisa Gallagher
  - Rosa Guajardo
  - Sharon Klarman
  - Angele Lacks
  - Sergio Manzano
  - Kelsey McCauley
  - Heather Miller-Webb
  - Joann Morey
  - Jamie Myers
  - Robin Peterson-Webster
  - Stacy Sexton
  - Rachel White
- **HRSA Representatives**
  - Raelene Skerda
- **UNOS Staff**
  - Isaac Hager
  - Robert Hunter
  - Lindsay Larkin
  - Krissy Laurie
  - Lauren Mauk
  - Meghan McDermott
  - Elizabeth Miller
  - Holly Sobczak
  - Kaitlin Swanner
  - Kayla Temple
  - Ross Walton
- **Other Attendees**
  - Bohdan Pomahac
  - Mary Beth Stephens