

**OPTN Minority Affairs Committee  
Meeting Summary  
October 16, 2023  
Conference Call**

**Alejandro Diez, MD, Chair  
Oscar Serrano, MD, Vice Chair**

## **Introduction**

The OPTN Minority Affairs Committee (the Committee) met via Webex teleconference on 10/16/2023 to discuss the following agenda items:

1. Attaining Efficiency in Allocation Presentation
2. Efficiency Efforts Discussion
3. New Project Discussion

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

### **1. Attaining Efficiency in Allocation Presentation**

The Committee heard a presentation on attaining efficiency in organ allocation through the development of an OPTN Task Force ("the Task Force"). The rationale for the Task Force is the need for urgent action to increase efficiency in organ allocation and improve organ utilization. The Task Force will evaluate existing data and recommendations regarding system challenges and improvement. Additionally, the Task Force will prioritize issues to address and recommend short and long-term strategies to address larger challenges related to organ non-use and out-of-sequence organ allocation.

#### Summary of discussion:

This was not an agenda item that required action; there were no decisions made by the Committee.

There were no further discussions by the Committee.

### **2. Efficiency Efforts Discussion**

The Committee identified issues related to efficiency in allocation, specifically regarding current processes and procedures that slow allocation and contribute to organ non-use.

Summary of discussion:

This was not an agenda item that required action; there were no decisions made by the Committee.

Regarding organ allocation inefficiencies, the Vice Chair shared that often while on call over the weekend, he receives offers for organs that he would have accepted if they had been offered earlier with less cold ischemia time (CIT). The Vice-Chair continued that sometimes, these kidneys are from the Midwest with CIT exceeding 15 hours. He further explained that the long distances that organs travel to transplant programs present issues. For example, if an offer is made from the Midwest after 6 p.m., the program may not accept the organ because it will not arrive at the airport to make the last flight of the day.

Another member asked if there was data on the reasoning for organ nonuse. This member also pointed out variations in Organ Procurement Organization (OPO) processes and practices. She noted that there is not much OPO regulation with donation after circulatory death (DCD) and normothermic regional perfusion (NRP) transplants, which may result in a more significant challenge as they become more common. She explained that centers and OPOs have different rules and protocols, which need more regulation to place organs.

The Chair stated that, unlike kidneys, a specialized team recovers hearts, lungs, and intestines. He explained that organs are often procured by the closest team to the procurement hospital and then shipped to the transplant program. It is essential to consider if specific centers are disproportionately impacted by organ travel times. For example, there may be very few flights to certain parts of the country, such as Iowa. Therefore, there may be challenges in receiving organs from certain parts of the country, which presents travel logistic issues.

Another member asked if there was a way to automate or use computer technology to help transplant centers receive and process offers. Another member shared that the rural population is challenged from an equity standpoint because candidates must live within three hours of the center. This leads to disadvantages among rural communities because while waiting for a transplant, candidates must have the resources to live in the city, and some do not. The Vice Chair suggested the Committee could look at data on organ nonuse codes.

**3. New Project Discussion**

The Committee discussed new project ideas.

Summary of discussion:

This was not an agenda item that required action; there were no decisions made by the Committee.

A member noted that panel-reactivated antigens (PRA) are higher in women than men. She shared that recently, her program had three heart-after-liver transplants for women who were on extracorporeal membrane oxygenation (ECMO) but had 100% PRA. So far, the program has been successful with transplanting women with high PRAs, but this incidence has raised the issue that women, but also minority populations, have high PRA and are more challenging to transplant. She suggested that the Committee could review data on PRA among specific populations. Staff asked what makes women disadvantaged regarding PRAs. A member replied that pregnancy is a factor. She explained that a woman can become highly sensitized when they are exposed to foreign human leukocyte antigen (HLA)

from their spouse. She also noted that individuals can become highly sensitized when they have had a blood transfusion.

Next steps:

The Committee will continue to discuss new project ideas and how to approach them.

**Upcoming Meeting**

- November 20, 2023 (Teleconference)

## Attendance

- **Committee Members**
  - Catherine Vascik
  - April Stempien-Otero
  - Jason Narverud
  - Alejandro Diez
  - John Bayton
  - Oscar Serrano
  - Anthony Panaos
  - Christiana Gjelaj
  - Amaka Eneanya
  - Adrian Lawrence
  - Valinda Jones
- **HRSA Representatives**
  - Jim Bowman
  - Mesmin Germain
  - Marilyn Levi
- **SRTR Staff**
  - Bryn Thompson
- **UNOS Staff**
  - Kelley Poff
  - Tamika Watkins
  - Betsy Gans
  - Jesse Howell
  - Kaitlin Swanner
  - Houlder Hudgins