

## OPTN Organ Procurement Organization Committee

### Meeting Summary

October 19, 2023

Conference Call

PJ Geraghty, MBA, CPTC Chair

Lori Markham, RN, MSN, CCRN-K, Vice Chair

### Introduction

The OPTN Organ Procurement Organization (OPO) Committee met via Cisco WebEx on 10/19/2023 to discuss the following agenda items:

1. Patient Safety Contact Project – Request for Feedback
2. Promote Efficiency of Lung Allocation Workgroup Update – Request for Feedback
3. Modify Organ Offer Acceptance Limits
4. Pronouncement of Death Project Update
5. Reminders

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

#### 1. Patient Safety Contact Project – Request for Feedback

The Committee reviewed the OPTN Ad Hoc Disease Transmission Advisory Committee's (DTAC) *Patient Safety Contact* project.

##### Summary of discussion:

Decision: The Committee providing feedback on this project.

A member commented that his OPO uses a group email system for the designated patient safety contact to ensure that someone gets the message. The member added that the current patient safety contact process needs to be updated to prevent the use of invalid emails but added that the ability to use group emails should remain in place. DTAC support staff responded that the functionality would remain, and the proposed requirement is for a mandatory primary and secondary contact person. Several members supported that proposed requirement.

A member supported the previous comments and added that this change will require communication to members so they understand the requirements to update the patient safety contact as staffing changes.

##### Next steps:

Feedback will be summarized and provided to DTAC following the meeting.

#### 2. Promote Efficiency of Lung Allocation Workgroup Update – Request for Feedback

The Committee reviewed the OPTN Lung Transplantation Committee's project to *Promote the Efficiency of Lung Allocation*.

##### Summary of discussion:

Decision: The Committee provided feedback on this project.

#### *History of Peanut or Tree Nut Allergy*

DTAC support staff requested feedback on the collection of data on anaphylactic reaction due to peanut and/or tree nut allergies.

A member noted that OPOs collect information about allergies on the Universal Donor Risk Assessment Interview (uDRAI) so the hope is that the family is disclosing a major peanut allergy. Several members did not express support for making changes to the uDRAI since it is already a long document. There was support for adding a data field to capture peanut allergies since there can be adverse reactions in recipients through the transmission of peanut allergies from donors. Another member noted that OPOs often capture allergies (e.g. food, drugs, etc) in the donor history but suggested allowing an unknown option if the allergy history is not reported.

#### *Bilateral versus Single Lung*

Lung Committee support staff noted that preference is currently indicated on the lung match and OPOs can bypass candidates who will only accept bilateral transplant if one of the lungs is not available. Staff asked the committee if there were efficiency concerns and the potential to implement functionality similar to the “No Kidneys Available” button on the kidney-pancreas match. A member commented that it would be a great idea to have a button because of a recent donor experience where it took time to contact the transplant center when only one lung was available for a donor listed for two lungs.

#### *Additional Data Collection*

A member noted that a lot of data the Lung Committee is looking for, such as vent settings, blood gases and pressors, is already collected. Additionally, several members expressed concerns about using any form of calculator or predictors for DCD patients progressing to death.

#### *Requiring HLA Typing for All Lung Donors*

Staff noted that there has been a 10% increase in lung candidates with at least one unacceptable antigen since 2018. The OPTN Histocompatibility Committee has reviewed the data and expressed interest in requiring HLA typing prior to organ offers for thoracic organs. Staff presented data that showed approximately 97% of deceased donors had HLA entered at the time of the match run for thoracic organs.

A member asked how many of the 3% of match runs where HLA was not entered were used for allocation. For example, if an OPO ran a list and closed it at zero just to see if anybody shows up on the list. Staff noted that the data provided was for the final match run and excludes earlier match runs for that donor. However, it was noted that if the data included all match runs it would only drop the percentage from 97 to 96%.

A member commented on the concerns about the impact on rapid DCD donors by noting that the only way those lungs are getting placed is if they are going on a perfusion device. When that happens, it allows time for the HLA typing to be completed.

Another member opined that the 3% of match runs where HLA is not entered are related to expedited cases. There is the potential for this requirement to negatively impact that process. The member added that if there is a problem with the first tests that need to be redone, it will stall allocation. If this is not a big problem, adding requirements might hurt the process of getting offers out quickly.

A member noted that OPOs typically send HLA typing but for expedited donors it's a matter of waiting to get the results back. This requirement might negatively impact those centers that don't require HLA typing.

Next steps:

Feedback will be summarized and provided to the OPTN Lung Transplantation Committee.

**3. Modify Organ Offer Acceptance Limits**

The Committee reviewed the policy language and provided an opportunity to discuss any public comments received on this proposal.

Summary of discussion:

Decision: The Committee voted to send the policy language to the OPTN Board of Directors in December 2023.

Staff provided a brief recap of public comment themes and reviewed the policy language prior to a committee vote. There were no further comments from committee members before unanimously approving the language for submission to the OPTN Board of Directors.

Next steps:

Staff will complete the briefing paper for the Board meeting.

**4. Pronouncement of Death Project Update**

The Committee reviewed the latest version of the draft policy language.

Summary of discussion:

Decision: The Committee provided feedback but did not make a final decision on policy language. There was a recommendation to consult with

A member suggesting removing the definition of circulatory death from the policy language.

A member agreed with the decision to keep the language consistent when referring to declaration versus pronouncement of death. Staff noted that while the terminology is used interchangeably, the data collection fields in the OPTN Data System and OPTN Donor Data and Matching System use pronouncement of death.

Staff highlighted the next steps for this project which include internal review of the policy language and drafting the public comment proposal. The plan is for the Committee to vote on final language during the next conference call.

**Upcoming Meetings**

- November 9, 2023 (Teleconference)

## Attendance

- **Committee Members**
  - PJ Geraghty
  - Lori Markham
  - Kurt Shutterly
  - Clint Hostetler
  - Donna Smith
  - Erin Halpin
  - Dan DiSante
  - Judy Storfjell
  - Kevin Koomalsingh
  - Theresa Daly
  - Lee Nolen
  - Valerie Chipman
  - Leslie McCloy
  - Micah Davis
  - Stephen Gray
  - Jim Sharrock
- **HRSA Representatives**
  - Jim Bowman
- **SRTR Staff**
  - Katherine Audette
- **UNOS Staff**
  - Alex Carmack
  - Katrina Gauntt
  - Kaitlin Swanner
  - Kayla Balfour
  - Krissy Laurie
  - Sharon Shepherd
  - Robert Hunter
  - Ross Walton
  - Houlder Hudgins
  - Taylor Livelli