

OPTN Policy Oversight Committee

Meeting Summary

September 12th, 2022

Conference Call

Nicole Turgeon, MD, FACS, Chair

Jennifer Prinz, RN, BSN, MPH, CPTC, Vice-Chair

Introduction

The OPTN Policy Oversight Committee (the Committee) met via Citrix GoToMeeting teleconference on 09/12/2022 to discuss the following agenda items:

1. New Projects
2. Benefit Scoring Feedback
3. KP Timeline Update

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

1. New Projects

The Committee reviewed four new projects pursuing approval from the Committee.

Data summary:

The Committee reviewed the following projects:

- *Update Guidance on Optimizing VCA Recovery from Deceased Donors* (VCA Committee)
 - This project will update existing guidance for OPOs on the practice of recovering VCAs and will reflect the operationalization of VCA allocation within the OPTN Computer System.
- *Expanding Simultaneous Liver-Kidney Allocation* (Liver Committee)
 - This project will expand the geographic area for simultaneous liver-kidney (SLK) allocation to align with heart-liver/kidney allocation and ensure more equitable access to transplants for SLK candidates
- *Modify Organ Offer Acceptance Limits*
 - This project will modify policy 5.6.C to limit programs to only one organ offer acceptance for each organ type for each candidate.
- *Standardize Six Minute Walk*
 - This project will standardize the administration of the six minute walk assessment across programs by outlining the structure of the assessment. This is being standardized due to its use in the Lung Composite Allocation Score.

Summary of discussion:

Update Guidance on Optimizing VCA Recovery from Deceased Donors

The review group was in favor of this project.

With no further discussion, the Committee unanimously supported sending this project to the Executive Committee (14 yes, 0 no, 0 abstain).

Expanding Simultaneous Liver-Kidney Allocation

The review group felt that the goals to increase access and standardize the qualification between heart-liver and heart-kidney were well-defined. The group felt that there should be a larger discussion amongst the Committee for how this change will fit in with liver continuous distribution, or if this issue will be addressed by continuous distribution. In addition, they requested more information on whether this policy is necessary due to the existing “safety net” kidney policy, which does not exist for heart.

The Chair also wondered whether the sequencing for this project was correct with the current bandwidth of the Multi-Organ Transplant (MOT) Committee. They added that there could be a large impact on the kidney waiting list if this proposal moves forward, as there are many more SLK candidates than simultaneous heart-kidney candidates.

The Vice-Chair of the Liver Committee responded that, because of past changes to the heart-kidney allocation policy, there was now ambiguity surrounding liver-kidney qualification, which their committee felt was causing geographic disparities between rural and urban regions. In addition, while some candidates who receive a liver-alone transplant may qualify for a “safety net” kidney, they are not being listed for one, and therefore do not show up in the policy usage data. Finally, because of the difference between heart-kidney allocation and liver-kidney allocation, they felt OPOs are being forced to make the decision with whom organs are required to be shared.

A member asked what the impact of the proposed policy change would be on the east coast, considering that the policy seems to be driven by a perceived inequity on the west coast. The Liver Vice-Chair replied that the numbers were currently fairly low on the east coast, so they would not expect to see a dramatic rise because of expanded allocation circles for required SLKs.

The Chair suggested that, because the MOT Committee was created for the purpose of addressing multi-organ policy, the project may be better off being addressed by them rather than the Liver Committee. They explained that this would provide more subject matter expertise on multi-organ transplant and enable the Liver Committee to focus on continuous distribution. The Vice-Chair of the MOT Committee was supportive of this suggestion, and it was clarified by Staff that the previous heart-kidney and lung-kidney policies had also been sponsored by the MOT Committee.

The Liver Vice-Chair expressed concern that changing the sponsoring committee could delay the overall implementation of the policy, noting that this policy was suggested because of the past changes to multi-organ policy, and Liver was being impacted by them.

With no further discussion, the Committee voted unanimously to approve the project with the sponsoring committee as the MOT Committee to go to the Executive Committee for approval (12 yes, 0 no, 0 abstain).

Modify Organ Offer Acceptance Limits

The review group was generally supportive of this project but wondered if this effort could be bundled into the project to redefine provisional yes, or whether there was overlap with any other existing projects. In addition, the group felt it would be a stronger proposal with more concrete evidence to support the need for limiting programs to one acceptance.

The Vice-Chair for the OPO Committee replied that the difficulty in capturing data was the lack of clarity surrounding what happens when an organ is refused as a “late” turndown. The goal of the project is to eliminate the possibility that programs can accept two organs, which they felt inevitably leads to one having a higher chance of being discarded. They expressed an interest in seeing more data on the impact of late turndowns. Two supported this suggestion, as well, agreeing that the root issue was the impact

of late turndowns on usage rates, with the second noting that they felt it should not be considered with the scope of the project to redefine provisional yes.

With no further discussion, the Committee approved sending the project to Executive Committee for approval (13 yes, 1 no, 0 abstain).

Standardize Six Minute Walk

The review group lead felt that there was not enough information contained within the project form to make an informed decision on whether to support or not support this project. Staff provided an overview of the reasoning for the project and the need for the project at this time. While the discussion lead noted this answered many of the review group's questions, they requested when drafting as a proposal, the Lung Committee should consider adding more detail.

A member supported this proposal, stating that the Liver Committee has been considering using the six minute walk as a measure for frailty in their composite allocation score as well. The Vice-Chair of the Data Advisory Committee also endorsed this, noting that frailty measures not only between centers should be standard, but also between different organ groups assessing the same factor.

With no further discussion, the Committee approved sending the project to the Executive Committee for approval (12 yes, 0 no, 0 abstain).

Next steps:

The sponsoring committees will consider the feedback from the POC.

2. Benefit Scoring Feedback

This agenda item had no discussion.

3. KP Timeline Update

This agenda item had no discussion.

Upcoming Meeting

- September 30, 2022

Attendance

- **Committee Members**
 - Nicole Turgeon
 - Jennifer Prinz
 - Scott Biggins
 - Natalie Blackwell
 - Alejandro Diez
 - Andy Flescher
 - Stevan Gonzalez
 - Jim Kim
 - PJ Geraghty
 - Kimberly Koontz
 - Stephanie Pouch
 - Jondavid Menteeer
 - Gerald Morris
 - Jesse Schold
- **HRSA Representatives**
 - Vanessa Arriola
 - Marilyn Levi
 - Amond Uwadineke
- **SRTR Staff**
 - Jon Snyder
- **UNOS Staff**
 - Sally Aungier
 - Roger Brown
 - Matt Cafarella
 - Alex Carmack
 - Cole Fox
 - Isaac Hager
 - Darby Harris
 - Robert Hunter
 - Courtney Jett
 - Morgan Jupe
 - Lindsay Larkin
 - Krissy Laurie
 - Taylor Livelli
 - Lauren Mauk
 - Meghan McDermott
 - Eric Messick
 - Rebecca Murdock
 - Laura Schmitt
 - Sharon Shepherd
 - Kaitlin Swanner
 - Kayla Temple
 - Susan Tlusty
 - Tamika Qualls
 - Joann White

- Amber Wilk
- **Other Attendees**
 - Sandra Amaral