

OPTN Pediatric Transplantation Committee

Meeting Summary

December 15, 2021

Conference Call

Evelyn Hsu, MD, Chair

Emily Perito, MD, Vice Chair

Introduction

The OPTN Pediatric Transplantation Committee (the Committee) met via Citrix GoToMeeting teleconference on 12/15/2021 to discuss the following agenda items:

1. Multi-Organ Transplantation (MOT) Committee Update
2. Mandatory Offer Filters Project Overview (OPTN Operations & Safety Committee)
3. Year-End Review

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

1. Multi-Organ Transplantation (MOT) Committee Update

The Committee reviewed the following update on the MOT Committee project:

- The MOT Committee approved the draft heart-kidney and lung-kidney eligibility criteria and safety net proposal language during their last meeting on 11/22/21
 - The proposed language is very similar to what exists for liver-kidney eligibility criteria (Policy 9.9) and safety net prioritization (Policy 8.5)
 - This proposal will be going out for January 2022 public comment cycle
- The Committee will likely begin discussions of their next topic of prioritization between kidney MOT and single organ transplant candidates

The Committee was also informed that their feedback to include all pediatric candidates younger than 18 in the lung-kidney eligibility criteria was accepted by MOT Committee leadership and incorporated into their proposal.

Summary of discussion:

There was no discussion.

2. Mandatory Offer Filters Project Overview (OPTN Operations & Safety Committee)

The Committee received an introductory overview on the mandatory offer filters project that is being sponsored by the OPTN Operations & Safety Committee. The following information was presented to the Committee:

- Purpose of the project
 - Mandate usage of offer filters based on identified criteria in policy
- Project approach
 - Review monitoring report of nationwide rollout of kidney offer filters
 - Initial effort will address mandatory kidney offer filters
 - Based on sequencing, all organs will be subsequently addressed

It was explained that the OPTN Operations & Safety Committee are still in the early stages of this project and wanted to elicit ad hoc participation from the Committee.

Summary of discussion:

The Chair inquired about the specific ask from the OPTN Operations & Safety Committee. Staff explained that the Committee would participate in discussions on an ad hoc basis; however, since the project is still in the early stages, there isn't currently a pediatric specific ask. The Policy Oversight Committee (POC) had also identified the Committee as a stakeholder in this project.

The Chair asked Committee members in the kidney community how they would proceed in determining the pertinent issues in regards to kidney offer filters. A member inquired if there's a way to test out what the filters would look like. Staff explained that they aren't aware of a tool that would demonstrate the use of the kidney offer filters, but can reach out to the liaison of the OPTN Operations & Safety Committee.

A Scientific Registry for Transplant Recipients (SRTR) representative stated that there are probably different practice patterns at each center in regards to what criteria they use. The SRTR representative explained that, at their center, they use criteria such as kidney donor profile index (KDPI) of 35% although other centers may not. The SRTR representative suggested reaching out to pediatric transplant centers to see what their practices are in different areas, such as en bloc or dual kidney transplants, in order to get a general understanding of kidney offer filter use.

A member stated that kidney offers to kids get somewhat filtered by some of the things that adult centers filter for already because we generally get offers of KDPI less than 35 kidneys. So I think most adult centers will filter by things like KDPI over 85, but we never get those offers to begin with. Member worked will look at filters based on donor size or donor age criteria, many of which get picked up in KDPI anyway. Member mentioned that first thought is that it may not be a huge impact on pediatric candidates but would be worthwhile to still reach out to different centers, especially those centers that share a code with an adult program to see if there's any variety in practice.

A member stated that this project is interesting because the efficiency of kidney offer filters probably depends on who receives the offers – at most centers it's the transplant surgeons. Standardizing who receives the offers could potentially decrease the number of offer calls.

A member also inquired about how simple the kidney offer filters are. Would a center be able to filter kidney offers for a KDPI of 35% or less from donors that are 18 or older or vice versa? The member noted that the use of a "dynamic" filter, like the previous example, might offer some good opportunities to increase transplanting young, good quality kidneys into pediatric patients.

The Chair summarized the following areas of concern from the discussion:

- How different centers manage kidney offers
- KDPI
- Size of recipient
- Size of donor
- Types of donors

The Chair suggested preemptively offering the Workgroup these areas of concern so they can incorporate them into the data that they review. The Chair also suggested engaging national pediatric organizations to contribute to discussions.

A member stated that there were 29 centers that trialed a pilot kidney offer filters project last year, so it looks like there's data to view; however, the member wasn't sure if it was solely adult centers that participated in the pilot project.

The Chair also noted that this would prevent the centers that don't narrow their criteria and turn down offers from receiving as many offers. This would promote efficiency of the system and it's important for the transplant community to understand that.

3. Year-End Review

The Chair expressed appreciation for all of the participation and work from Committee members and reviewed the following highlights from the year:

- Continued work on Kidney & Pancreas Continuous Distribution
 - Second paper going out for public comment in January 2022
- Continued work on the Liver Committee's PELD/Status 1B Workgroup
 - Proposal going out for public comment in January 2022
- Creation of Pediatric Heart ABO –incompatible (ABOi) Workgroup
- Reviewed the impact of acuity circles on pediatrics
- Responded to concern about amount of blood needed for pre-transplant infectious disease testing
 - Proposal going out for public comment in January 2022
- Needs Assessment
 - Identified areas for advocacy for pediatrics in organ-specific discussion
- Reviewed Pediatric Bylaws 6-month monitoring report
- Advocated for consistency in definition of "pediatric" in the Multi-Organ Transplantation Committee's heart-kidney and lung-kidney eligibility criteria and safety net proposal
 - Going out for public comment in January 2022

Summary of discussion:

A member inquired about the dates for regional meetings. Staff explained that the dates have been finalized and they can forward the communication that listed the dates to members. Staff also noted that these will be in-person with a virtual component.

A member inquired if the spring Committee meeting was going to be in-person or virtual. Staff explained that, currently, it is planned to be in-person and will be held sometime in March.

Upcoming Meetings.

- January 19, 2021 (Virtual)

Attendance

- **Committee Members**
 - Evelyn Hsu
 - Emily Perito
 - Abigail Martin
 - Brian Feingold
 - Caitlin Peterson
 - Caitlin Shearer
 - Douglas Mogul
 - Geoffrey Kurland
 - Kara Ventura
 - Rachel Engen
 - Shellie Mason
 - Warren Zuckerman
 - William Dreyer
- **HRSA Representatives**
 - Jim Bowman
 - Marilyn Levi
- **SRTR Staff**
 - Christian Folken
 - Simon Horslen
 - Jodi Smith
- **UNOS Staff**
 - Rebecca Brookman
 - Matt Cafarella
 - Betsy Gans
 - Eric Messick
 - Kaitlin Swanner
 - Katrina Gauntt
 - Leah Slife
- **Other Attendees**
 - Melissa McQueen