

**OPTN/UNOS Membership and Professional Standards Committee (MPSC)**  
**Meeting Summary**  
**September 9, 2015**  
**Conference Call**

**Jonathan Chen, MD, Chair**  
**Jeffrey Orlowski, Vice Chair**

*Discussions of the OPTN/UNOS Membership and Professional Standards Committee (MPSC) committee on September 9, 2015 are summarized below and will be reflected in the committee's next report to the OPTN/UNOS Board of Directors. Meeting summaries and reports to the Board are available at <http://optn.transplant.hrsa.gov/> .*

**Committee Projects**

**1. Review of Public Comment Proposals and Preliminary Proposals**

The Committee leadership reviewed the list of proposals distributed for public comment and believed that seven of the proposals were relevant to this Committee and should be considered during before the end of the public comment period. Four of the proposals were presented by a representative of the sponsoring committee and discussed during this meeting.

- Simultaneous Liver Kidney (SLK) Allocation Policy

The Chair of the Kidney Transplantation Committee (the Kidney Committee) presented this proposal for the MPSC. Upon the conclusion of the presentation, the MPSC raised the following questions and comments:

- Referencing the proposed SLK chronic kidney disease eligibility criteria of a GFR threshold of 35 mL/min or less, what are the expectations if a patient's condition improves and GFR increases? The Kidney Committee chair responded that it is critical that this proposal include an eligibility threshold, and the Kidney Committee spent a lot of time discussing the appropriate balance for determining this value. The Kidney Committee agreed to a GFR of 35 mL/min or less, and once someone meets this SLK eligibility threshold they indefinitely remain eligible. This threshold defines *eligibility* to obtain liver and kidney offers simultaneously, but the transplant program is not obligated to accept that offer. Ultimately, if a patient's condition improves such that a kidney transplant may not be necessary at the same time as the liver transplant, then the transplant hospital is not required to accept the kidney offer. Kidney transplant programs will be expected to use discretion and their medical judgment to determine what is necessary and appropriate.
- What are the expectations if the patient is suffering from chronic kidney disease, but the transplant program does not have an extended relationship with this patient and cannot validate that their GFR was 60 mL/min or less for 90 days or more? The Kidney Committee Chair replied that the transplant program could see if their new patient meets any of the other eligibility criteria. If none of those criteria can be met, this scenario is not something that has been addressed in this proposal. The Kidney Committee Chair encouraged the MPSC to include this

question in its public comment feedback so that the Kidney Committee could discuss this during its review of public comment feedback.

- In response to requests for feedback about the possibility of national SLK sharing, the MPSC stated it is increasingly seeing more sensitized candidates in need of a liver and kidney transplant. This patient population would seem to benefit from national SLK sharing considerations, which is something worth exploring further.
- Some concerns were expressed about patients who do not receive an SLK transplant, and rely on the “safety net” provided for in the proposal. Receiving the liver transplant has the potential to increase the patient’s sensitization, which may further complicate, and extend the time for, obtaining an appropriate isolated kidney offer. The MPSC member was concerned that this extended period may negatively affect outcomes. The Kidney Committee chair reminded the Committee that if these patients become highly sensitized, then they would also obtain the regional and national priority that is currently provided in policy for highly sensitized kidney candidates.

The MPSC and Kidney Committee Chairs encouraged the committee to keep thinking about this proposal, and to email any additional questions or concerns that they may have.

- Reduce the Documentation Shipped with Organs

The Chair of Organ Procurement Organization Committee (the OPO Committee) presented this proposal for the MPSC. Upon the conclusion of the presentation, the MPSC asked whether there was a plan in place to get CMS policy changed, since OPOs would still have to include this documentation under CMS regulations. The OPO Committee chair stated that CMS had been engaged, but there was no resolution yet.

- Revise Facilitated Pancreas Allocation Policy

A representative of the Pancreas Transplantation Committee (the Pancreas Committee) presented this proposal for the MPSC. Upon the conclusion of the presentation, the MPSC raised the following questions and comments:

- There was uncertainty about how five was chosen as the required number of transplants, and the Committee recommended continued evaluation of this threshold post-implementation. The Pancreas Committee representative responded that the committee did analyze several options before deciding on 5 years.
- Would OPOs be able to make back-up offers using the facilitated allocation system after local allocation? The Pancreas Committee representative responded that this was a good idea, and something that the committee could add.
- How does this idea intersect with multi-organ allocation? Would it be possible to expand this concept to include kidney/pancreas candidates in the facilitated pancreas placement? This was suggested as a possible related project for the Pancreas Committee. The Pancreas Committee representative agreed to take this idea back to the Pancreas Committee.

- Establish Pediatric Training and Experience Requirements in the Bylaws
 

The Chair of the Pediatric Transplantation Committee (the Pediatric Committee) presented this proposal for the MPSC. Upon the conclusion of the presentation, the MPSC raised the following questions and comments:

  - The MPSC is supportive of the proposal overall, and the effort that has been made to incorporate earlier feedback. The Committees appreciates the long period allowed for fully ramping up the requirements.
  - Most lung programs would not have the transplant volume numbers to qualify today. The MPSC would like to see at least one qualifying program in each region by the time this takes effect. As of today, there would be none in Region 6, and only one in Region 5 (which is a large percentage of the population in the country) that would qualify. This seems to indicate that the volumes may be somewhat off what they should be for lung programs. The Pediatric Committee chair expressed an expectation that there would be ramping up in Washington and California to meet those needs.
  - The MPSC expressed concern it may be difficult to balance the experience requirements for heart transplantation because the expertise difference is based more on the types of diagnoses and not patient size. The Pediatric Committee chair responded that 60% of the heart transplants in patients under 18 in the last 5 years have been patients under 6 years old, and under 25kg.

## **Other Significant Items**

### **2. Member Related Actions**

The Committee discussed several member related cases including a living donor adverse event and resulting peer visit, a potential disease transmission, and a change in key personnel application

## **Upcoming Meetings**

- October 27-29, 2015, Chicago
- December 8, 2015, 3:00 – 5:00 pm
- March 15-17, 2016, Chicago
- July 12-14, 2016, Chicago
- October 25-27, 2016, Chicago