

OPTN/UNOS Pediatric Transplantation Committee
Meeting Summary
July 15, 2015
Conference Call

Eileen Brewer, MD, Chair
William Mahle, MD, Vice Chair

Discussions of the full committee on July 15, 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. Establish Pediatric Requirements in the Bylaws

Although its initial proposal failed to pass by a majority of the Board of Directors (19-Yes, 16-No, 3-Abstain) in June, the Committee achieved consensus on the need to recognize pediatric transplantation as a subspecialty through pediatric membership requirements. The Board directed the Committee to work with interested stakeholders to revise the proposal to include stratified case volume requirements and submit it for public comment in August 2015.

In response, the Chair convened a joint OPTN-ASTS working group to develop stratified case volume requirements for the primary pediatric kidney and liver surgeons. Members of the Committee who participated in the working group then reached out to colleagues in the thoracic community to develop stratified case volume requirements for pediatric heart and lung key personnel.

The revised requirements were presented to the full Committee during the July 15 conference call. Members spent extra time reviewing the thoracic pediatric key personnel requirements. In both the initial and current proposal, pediatric key personnel must meet the current Bylaw requirements for key personnel in addition to pediatric subspecialty requirements. While developing the revised requirements, some professionals expressed concern that key personnel at predominantly pediatric programs with low volumes may have difficulty meeting the current primary lung caseload requirements. These key personnel currently have the option of pursuing approval under the alternative pathway for predominantly pediatric programs, which these proposed pediatric Bylaws will replace. The Committee discussed this concern in the spring of 2014 when developing its initial proposal. Since 2003, the alternative pathway has been used 20 times across all organ programs, the majority of which were heart.

After considering the infrequent use of this pathway, and in the interest of maintaining a consistent standard for primary pediatric surgeons and physicians, the Committee decided not to amend the case volume requirements. Members did revise the primary pediatric lung physician criteria to require current board certification in pediatric pulmonary medicine, rather than just eligibility. This is consistent with the primary pediatric heart physician criteria, which requires current board certification in pediatric cardiology. The Committee plans to solicit additional feedback on these proposed requirements from the MPSC, thoracic transplant professionals, and professional organizations during public comment.

After reviewing data, members were also satisfied that the current proposal better balances the competing interests of quality of care and access to transplantation. If we assume center volume is an adequate proxy for primary surgeon volume (due to limitations of OPTN data), an estimated 93% of all pediatric transplants from January 1, 2010 to December 31, 2014 were performed at programs that would meet the case volume requirements today. In general, programs that do not currently meet the case volume requirement are also located in proximity to those that do, ensuring equitable access geographically to pediatric transplantation. These analyses are included in the public comment proposal.

The Committee unanimously voted to approve the proposal (14-Yes, 0-No, 0-Abstain).

Upcoming Meeting(s)

- August 19, 2015
- September 16, 2015
- October 22, 2015