

OPTN/UNOS Thoracic Organ Transplantation Committee
Meeting Summary
September 17, 2015
Conference Call

Joe Rogers, MD, Chair
Kevin Chan, MD, Vice Chair

Discussions of the full committee on September 17, 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/> .

Review of Public Comment Proposals

The Thoracic Committee reviewed proposals distributed for public comment during the fall 2015 cycle most relevant to their work as thoracic transplantation professions or their work in the transplant community generally. The Thoracic Committee reviewed the following proposals:

1. Establish Pediatric Training and Experience Bylaws Requirements

Pediatric Transplantation Committee

Thoracic consensus: No consensus

Summary of Agreement with Proposal:

The Committee supported the general concepts underlying this proposal and acknowledged that the medical and surgical treatment of pediatric patients, particularly those in the youngest age groups, frequently requires specialized knowledge and expertise based upon underlying disease states, common co-morbidities, and psychosocial factors.

Summary of Disagreement with Proposal:

The Committee raised concerns that the proposal, as currently written, may limit access to thoracic transplantation under circumstances in which the specialized knowledge of pediatric transplant physicians and surgeons may have less relevance to patient outcomes. Specifically, adolescent thoracic transplantation is more similar to adult in terms of the technical aspects of the procedure, underlying diseases, and post-operative management. Several Committee members voiced concern that the use of strict age criteria rather than size of adolescent recipients would force movement of critically ill patients away from qualified centers able to provide transplantation locally and potentially to Centers with less experience with transplantation. While pediatric providers on the Committee voiced concerns about adult programs transplanting patients under 18 years, they concur with the concerns regarding access. The pediatric providers on the Committee felt strongly that adult programs offering thoracic transplantation to adolescent patients should have pediatric expertise on the team. The Committee also discussed the geographical distribution of trained pediatric transplant physicians and surgeons and the potential negative impact on access with the current policy proposal. Finally, the Committee questioned how the Pediatric Committee drew their proposed requirements for lung surgeons and expressed concern that very few surgeons have transplanted patients less than 12 years or 40 kg.

2. Increase Committee terms to three years

Policy Oversight Committee

The Committee supports this proposal. Three years is adequate time for a new member to get up to speed, fully participate in the proposal process and be more effective generally. One member voiced concern that by extending terms, it may have the unintended consequence of limiting participation. He also cautioned that former committee members have remained on subcommittees and workgroups and perhaps that is something that could be scrutinized so that there is more opportunity for new members to participate.

3. Revision of data release policies

Data Advisory Committee

The Committee had several questions pertaining to the proposal. First, could there be a potential privacy issue? For example, could the request pertain to a population so small that the patients could be identifiable, such as those with HIV+ transplants? Second, the Committee questioned who at the OPTN was responsible for fulfilling the requests? Finally, the Committee wanted to know whether a recipient, in being authorized to access their own information, be able to obtain information about their organ donor?

4. Establish and clarify policy requirements for therapeutic organ donation

Living Donor Committee

The Committee agreed this was a well-written proposal and did not have any questions or concerns.

5. Addressing the term “Foreign Equivalent” in OPTN/UNOS Bylaws

Membership and Professional Standards Committee

The Committee felt this proposal was reasonable and were in support of it. The Committee questioned why VCA personnel were excluded and the sponsoring Committee’s thoughts about exempting people who are already serving but don’t have American or Canadian Boards. The Thoracic Committee was satisfied with the MPSC representative’s answers.

6. Changes to transplant key personnel procurement requirements

Membership and Professional Standards Committee

The Committee agreed this was a well-written proposal and did not have any questions or concerns.

Upcoming Meeting

- October 29, 2015