

**OPTN/UNOS Ad Hoc Disease Transmission Advisory Committee (DTAC)**  
**Meeting Summary**  
**January 13, 2015**  
**Citrix Teleconference**

**Dan Kaul, MD, Chair**  
**Cameron Wolfe, MD, Vice Chair**

*Discussions of the full committee on January 13, 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. What to do when Infectious Disease Screening Results Affecting Match Runs are Updated**

Prior to the implementation of electronic organ offers using DonorNet<sup>SM</sup> in 2007, organ placement often began prior to receipt of final donor serologies. Match runs were frequently executed prior to the receipt of final laboratory results. As donor management could be successfully extended with better outcomes, and the efficiency of receiving laboratory results improved, it became more feasible to allocate organs electronically after receipt of final serology results. As a result of these changes, many OPOs moved to generating match runs after receipt of these final serologies, and starting the allocation process much later than what was done previously due to the availability of electronic organ offers through DonorNet<sup>SM</sup>. This has become such a common occurrence that many transplant programs now question offers they receive that do not include final donor serology results.

The purpose of *Policy 2.9: Required Deceased Donor Infectious Disease Testing* is to determine whether deceased organ donors have evidence of infection with a number of potentially transmissible pathogens. For some of these specific pathogens, organ transplant candidates may choose not to receive offers from positive donors. In this case, these candidates do not appear on a match run. Current policy does not require the host OPO to re-execute the match run if new results become available after execution of the initial match run. This updated donor information could screen certain candidates from receiving organ offers. Review of OPTN data indicates that a large number of organ allocations take place using match runs executed prior to receipt of all test results. This presents a potential patient safety concern, as organs could unintentionally be allocated to a candidate who is not willing to accept offers from organs who are positive for a specific infectious disease. This could result in unintended donor-derived disease transmission. Better defining in policy the processes that should be followed when new results are learned after the initial match run will reduce the opportunity for error and enhance patient safety.

The Committee reconvened to review final stylistic modifications to the proposed language meant to clarify that only the first transplant hospital accepting an organ offer must be contacted regarding the new or updated infectious disease results. If the offer is declined based upon this new information, the match run must then be re-executed to reflect this updated result.

Human T-Lymphotropic Virus (HTLV) screening is no longer required for deceased donors; however, the screening option is still in place for candidates who choose not to receive offers for the small number of donors who are tested and found to be positive. The Ad Hoc Disease Transmission Advisory Committee (DTAC) discussed removing the HTLV screening option, and agreed it is no longer practical for inclusion when most donors are not tested for this virus. This screening option will be removed as the new NAT options are added for candidates due to the very small number of OPOs testing deceased donors for this virus. The field to enter donor testing results is still available in DonorNet<sup>SM</sup> for centers to consider when such results are available.

After a brief review of these changes, the committee voted unanimously in favor of submitting this proposal to the Policy Oversight and Executive Committees for approval to proceed to public comment (13 yes, 0 no, 0 opposed). Additionally, two members who were unavailable to join the call reviewed the draft language and cast their votes of support for this plan via email.

The proposal will be submitted for review by both the Policy Oversight and Executive Committees. If approved, it will be released for public comment from January 27 through March 27, 2015.

## **Other Significant Items**

### **1. Ongoing 2014 Potential Donor-Derived Disease Transmission Event Review**

The Committee reviewed and classified twelve potential donor-derived disease transmission events (PDDTE) reported to the OPTN and investigated by the CDC. No UNOS-led cases were reviewed during this call due to time constraints. A total of 278 PDDTE were submitted to the Committee for consideration in 2014.

## **Upcoming Meetings**

- The Committee has a standing call on the second Tuesday of every month at 4:00pm ET
- A tentative second standing call for the fourth Tuesday of the month is utilized as to allow for other committee business or case overflow as needed.