

**OPTN/UNOS Ad Hoc International Relations Committee
Meeting Summary
October 5, 2015
Teleconference**

**Jorge Reyes, MD, Chair
Susan Gunderson, MHA, Vice Chair**

Discussions of the full committee on October 5, 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. Define Exhausting the Match Run

OPTN policy currently states that “members may export deceased donor organs to hospitals in foreign countries only after offering the organs to all potential recipients on the match run.” The Ad Hoc International Relations Committee (AHIRC) reviewed data in an attempt to identify *where* in the match sequence placement efforts would be futile. UNOS staff noted that when an organ is exported without exhausting the list the “out of sequence” allocation is reviewed by the Membership and Professional Standards Committee (MPSC). The Committee conjectured that these cases were more than likely thoracic cases where the option is to either expedite the placement or lose the organ due to time restraints and the low probability of placing an organ in Zone D on the heart or lung list.

One Committee member suggested providing OPOs with the ability to place an organ where it has the highest potential for utilization regardless of the list. For example, allow OPOs a certain percentage of organs where they cannot exhaust the match run list, recognizing there are special circumstances, such as emergencies, where it is difficult to place the organs. The Committee acknowledged that most OPOs attempt to exhaust the list; however, it can be a futile attempt to make offers, especially thoracic organs, from the west coast to the Midwest or eastern part of the country.

The Committee also discussed the issue of allocating organs marginal organs to aggressive centers. For example, when an OPO identifies early on that the lungs are not going to be used locally or regionally, they might have early discussions with aggressive transplant programs in an effort to place the lungs. The main goal is to increase the utilization of organs, regardless of whether they are used in the US or exported to Canada.

The Committee agreed to revise the data before making a decision on a path forward. The updated data request will include the following:

- For heart and lung match runs, summarize the centers/regions in Zones C, D, and E that are accepting these organs.

- Revisit results, excluding donors that were recovered in Alaska.
- Summarize outcomes of organs allocated to Zones C, D, and E vs. outcomes of those allocated locally or to Zones A or B.

The Committee will meet by conference call in November to review the updated data. The Committee noted that future input from the Thoracic Organ Transplantation Committee and Patient Affairs Committee will be required as this project moves forward.

Other Significant Items

2. IRC Annual Report

Policy 17.1.C: Report of Activities Related to The Transplantation of Non-US Citizens/Non-US Residents states that the Ad Hoc International Relations Committee will prepare and provide public access to an annual report of transplant hospital activities related to the registration and transplantation of non-US citizens/non-US residents. Committee leadership noted that upon review of the 2015 version of the annual report there were several centers with a higher percentage of registrations and transplants of non-US citizens/non-US residents.

One Committee member questioned how transplant centers determine if an individual is in the US for transplant or not for transplant. The Committee acknowledged that there might be inconsistencies in how centers verify this information. One Committee member questioned if data is collected on the number of non-US citizens/non-US residents become donors. Committee leadership noted there was concern from OPOs on collecting that type of information because of the sensitive nature of asking families for their residency status during the donation discussion.

The Committee agreed to review the annual report in detail before the next conference call. The Committee members were requested to note any data or trends that require further discussion and if there are any recommended changes needed for next year's report.

3. Strategic Plan Update

The Committee was provided with an update on the new OPTN Strategic Plan for 2015-2018. The OPTN solicited input from the community during the development of the plan. The changes to the plan are shown below:

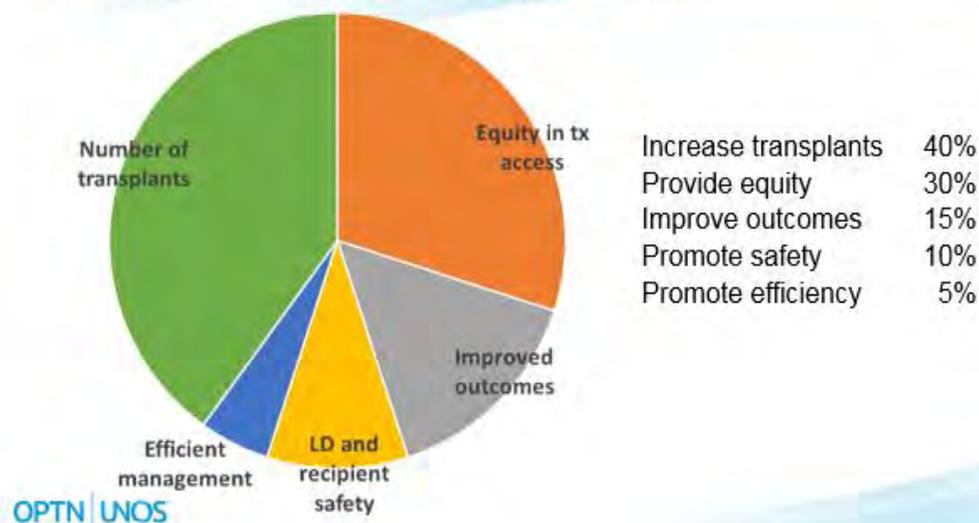
2012 v 2015 Goals

1. Increase the number of transplants	Increase the number of transplants
2. Increase access to transplants	Improve equity in access to transplants;
3. Improve survival for patients with end stage organ failure	Improve waitlisted patient, living donor, and transplant recipient outcomes;
4. Promote transplant patient safety	Promote living donor and transplant recipient safety; and
5. Promote living donor safety	
6. Promote the efficient management of the OPTN	Promote the efficient management of the OPTN

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The Executive Committee also approved benchmarks for resource allocations with more emphasis on projects with the potential to increase the number of transplants and equity in transplant access based on the feedback from the community.

2015-2018 Allocation of Effort



4. POC Update

The Committee was provided with an update from the Policy Oversight Committee (POC). The POC is made up of the vice chairs of all of the OPTN committees and provides guidance to the Board of Directors on policy proposal and committee projects.

The POC was instrumental in the review of committee projects based on the targeted allocation of efforts defined by the Executive Committee. The POC was tasked with providing recommendations to rebalance the portfolio of committee projects in an effort

to shift the focus and resources to increase the number of transplants and provide equity in access to transplants. UNOS has been averaging about 100 projects a year for the past few years, but after a significant number of projects were approved by the Board of Directors in June 2015, that number dropped to approximately 50. The AHIRC project to define “exhausting the match run” was identified as a project that might be placed “on hold” but following deliberations, the POC recommended to approve it as an ongoing project.

The Committee agreed to brainstorm potential projects that have the potential to increase the number of transplants. Committee members were provided with a brainstorming form with a request to submit ideas to the committee liaison in advance of the November conference call.

New Business

None

Upcoming Meeting

- November 23, 2015 – Conference call