

**OPTN/UNOS Minority Affairs Committee**  
**Meeting Summary**  
**March 22, 2016**  
**Chicago, IL**

**Jerry McCauley, MD, MPH, FACP, Chair**  
**Sylvia Rosas, MD, MSCE, Vice Chair**

*Discussions of the full committee on March 22, 2016 are summarized below. All committee meeting summaries are available at <http://optn.transplant.hrsa.gov/>.*

**Committee Projects**

**1. Assessment of Transplant Programs Conducting A2/A2B Deceased Donor Kidney Transplants to Blood Type B Recipients**

Since January, the work group has further refined survey questions and added specific titer protocol questions in order to tease out best practice. In addition, they determined the best point of contact to receive the survey would be kidney program directors, as they should know the answer to most if not all of the questions. The work group also decided to develop one survey with conditional questions versus two separate surveys. The Transplant Management Forum accepted the work group's abstract.

The Committee provided feedback on the survey questions. In addition, they suggested adding contextual introductory information describing the survey's purpose, a time estimate to complete the survey and perhaps a short history on the variance and a link to current policy.

UNOS staff reminded the Committee that this project was currently categorized as a Goal 2 project which is currently over-allocated. The Committee debated whether this could also increase the number of transplants or improve outcomes for waitlisted patients. Several members thought this initiative could reduce waitlist mortality for blood type B patients by shortening their wait-list time.

**Review of Public Comment Proposals**

**2. National Liver Review Board**

The Committee has no concerns with this proposal and voted in support of the proposal (14-Support, 1-Abstention, 0-Oppose).

**3. KAS Clarifications**

The Committee voted in support (14-Support, 1-Abstention, 0-Oppose) of removing policy 8.7.A and inactivating the bypass code that allows OPO's to skip the remaining 99-100% CPRA and 0-ABDR mismatches and begin making local offers after making the minimum number of mandatory share offers. In addition, they supported that written, informed consent should be required for multi-organ candidates (13-Support, 1-Abstention, 1-Oppose). They voted that informed consent should be obtained before receiving offers (14-Support, 1-Abstention, 0-Oppose). The Committee did not offer substantive feedback to the Kidney Committee.

**4. List of covered body parts for VCA**

The Committee has no concerns with this proposal and voted in support of the proposal (15-Support, 0-Abstentions, 0-Oppose).

## **5. Adult heart allocation changes**

The Committee was generally supportive of the effort to modify the adult heart allocation system but several members were concerned with broader sharing. The Committee voted in support of the proposed status criteria (8-Support, 6-Abstentions, 1-Oppose) but it is notable that the Committee does not include a thoracic specialist and thus had no substantive feedback regarding the stratifications. The Committee voted to oppose the broader sharing scheme of the proposal, with a majority abstaining (2-Support, 8-Abstentions, 5-Oppose).

## **Other Significant Items**

### **6. OPTN Committee Engagement Survey**

UNOS staff led a discussion on how liaisons can communicate more effectively with the Committee. The goal of this discussion was to generate feedback that the policy department can use to improve our overall communications. Staff developed a survey for Committee members to complete seeking feedback in the following areas:

- Volume of communication
- Type of communication
- Effectiveness of communication
- Value or the content being communicated

### **7. KPD Data Update**

The Committee continues to receive updates on the “Ethnic and Age Distribution of Candidates Participating in the OPTN Kidney Paired Donation (KPD) Pilot Program (KPDPP)” since it first made the data request in 2013. The Committee requested one more OPTN KPDPP update to include KAS’s impact on the program, specifically around highly-sensitized patients.

### **8. Potential projects discussion**

Discussion around new projects focused on two ideas that potentially could be highlighted as best practices:

- “Guidelines to Prevent Death on the List (PDOL) for Liver Transplant Patients” - Oschner Health System Multi-Organ Transplant Institute. This initiative was developed to reduce waitlist mortality rate. (Goal 3)
- “Hispanic/Latino Disparities in Living Donor Kidney Transplantation: Role of a Culturally Competent Transplant Program” – Northwestern Medicine Kovler Organ Transplantation Center. This program examined whether the implementation of a culturally and linguistically competent program is associated with increased donation rates. (Goal 1 & 2)

### **9. Clarifications to Blood Type for Kidney-Pancreas Allocation**

The Pancreas Committee provided an update on their project “Broadened Allocation of Pancreas Transplants Across Compatible ABO Blood Types.” Committee leadership collaborated with the Pancreas Committee in the development of the project idea. The Executive Committee approved the project March 14<sup>th</sup>.

## **Upcoming Meeting**

- May 17, 2016