

**OPTN/UNOS Organ Procurement Organization Committee**  
**Meeting Summary**  
**February 29, 2016**  
**Conference Call**

**Sean F. Van Slyck, MPA, HSA, CPTC, Chair**  
**Jennifer K. Prinz, RN, BSN, MPH, CPTC, Vice-Chair**

*Discussions of the full committee on February 29, 2016 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**

Not discussed

**Committee Projects Pending Implementation**

Not discussed

**Implemented Committee Projects**

Not discussed

**Review of Public Comment Proposals**

The Committee reviewed 5 of the 9 proposals released for public comment from January 25, 2016 – March 25, 2016.

**1. Improving Post-Transplant Communication of New Donor Information (Disease Transmission Advisory Committee)**

The OPO Committee supports this proposal as an improvement to the current requirements. The Committee supported the proposed requirement that OPOs perform toxoplasmosis testing on all deceased donors as long as results can be reported retrospectively if not completed prior to allocation.

**2. Kidney Allocation System (KAS) Clarifications & Clean Up (Kidney Transplantation Committee)**

The OPO Committee supports the removal of the mandatory sharing policy and inactivation of the bypass code. This will ensure that OPOs make offers according to the match run and not create a disadvantage for highly sensitized candidates. There was a question from a committee member about analyzing the increase in cold ischemia time with the elimination of the bypass code. Additionally, it would be beneficial to evaluate the impact of extending donor cases when changing allocation policies in order to reduce the number of discarded organs. The impact on donor families should also be considered in this context.

There was also concern about eliminating the 10/5 organ offer limit because OPOs could potentially make fewer offers before using the expedited placement bypass code. The Committee recommends a close evaluation of the proposed changes to determine if future adjustments should be made to the policies.

**3. Simultaneous Liver Kidney (SLK) Allocation (Kidney Transplantation Committee)**

The OPO Committee supports the proposal and appreciates the added clarity in the policy. There was a question raised about how the candidates will appear on the match runs. Kidney Committee leadership noted that transplant programs make the determination about medically eligible candidates and only those candidates will appear on the match run.

**4. Proposal to Modify the Adult Heart Allocation System (Thoracic Organ Transplantation Committee)**

The OPO Committee supports the broader sharing of organs but there was concern about the impact on thoracic organs. Broader sharing increases allocation time, cold ischemia time, and discard rates. There are logistical challenges for OPOs to allocate thoracic organs, an increase in ICU time, and an increase in distance for procurement teams traveling for the organs. These factors can also impact the allocation of “marginal” hearts because transplant centers are less likely to accept the hearts or use backup offers. The Committee recommended evaluating data such as allocation times, turn down rates, and abort rates. The Committee acknowledged that some of the data are not available through OPTN data but might be collected by individual OPOs.

**5. Standardize an Organ Coding System for Tracking of Organs: Requirements for OPO TransNet Use (Operations and Safety Committee)**

The OPO Committee supports the proposal and noted that implementation on the transplant center side is necessary to get the full benefit of this system.

**Other Significant Items**

None

**Upcoming Meeting**

- April 12, 2016