

**OPTN/UNOS Living Donor Committee**  
**Meeting Summary**  
**October 19, 2015**  
**Chicago, IL**

**Mary Amanda Dew, PhD, Chair**  
**Krista Lentine, MD, PhD, Vice Chair**

*Discussions of the full committee on October 19, 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. Proposal to Establish and Clarify Policy Requirements for Therapeutic Organ Donation**

There are inconsistent practices regarding whether domino donors are considered as living donors or organ recipients for policy requirements and compliance. Current OPTN policy addresses the allocation of domino donor hearts, but does not address domino liver donation. The need to develop policy addressing domino liver donation (and domino donation in general) has become more apparent and important as proposed new policies for all types of living solid organ donors' informed consent, medical and psychosocial evaluation, and follow-up are in effect.

The Committee met in April 2015, and reviewed draft policy language addressing domino donors. The draft policy language reflected the Committee's response to the MPSC regarding membership requirements. During this meeting, the Committee was informed that there are no living donor program approvals. A transplant program may have a living donor component and, if so, that component applies to the recovery of living donor organs. An approved transplant program is authorized to transplant both deceased and living donor organs, and is referred to as a "designated transplant program" throughout policy and bylaws

During this meeting, a Committee member reported that her hospital recently evaluated a patient for the elective removal of her kidney as treatment for a medical condition. This member reported that the hospital had difficulty determining and understanding which OPTN living donor informed consent and medical evaluation policies would or would not apply for this patient and questioned if the domino donor policy proposal could be expanded to include patients who have an organ removed electively that is then transplanted to a transplant candidate. Several other committee members reported similar problems had occurred at their hospitals, and the Committee recommended revising the policy proposal to include all categories of therapeutic living donors (which would include domino donors).

This proposal would define a therapeutic organ donor as a living donor who has his or her organ removed as treatment for a medical problem and whose organ is suitable for transplant into another individual.

Therapeutic donors may or may not receive a replacement organ. Domino donors are one type of therapeutic organ donor; they have their organ removed so that they can receive a replacement organ. Most current living donor policies are not appropriate or applicable for therapeutic organ donors. The proposed policy modification will limit the requirements for these donors to a subset of existing policies for evaluations, disclosures

and medical testing necessary to prevent potential coercion, valuable consideration and potential disease transmission to the organ recipient, while avoiding potential impediments or complications that could result in the therapeutic donor's native organ not being transplanted

This proposal was distributed for public comment and all responses were reviewed by the Committee. In October 2015, the Committee revised the proposed policy language to address public comment responses, and supported sending this proposal for Board consideration.

## **Review of Public Comment Proposals**

### **2. The Committee considered one proposal from the fall 2015 public comment period.**

A representative of the Kidney Committee provided an overview of the Simultaneous Liver Kidney (SLK) Allocation Policy. The Committee did not take a formal position regarding the proposal or provide any specific feedback.

## **Other Significant Items**

### **Potential New Committee Projects**

The Committee conducted a "brainstorming" session to identify potential new projects that align with the new strategic plan with special emphasis on projects that have the potential to increase the number of transplants. The Committee determined two primary directions for future projects (1) education for potential living donors and living donor organ recipients regarding the option of living donation/transplantation, and (2) removing barriers or disincentives to donation for potential living donors and providing resources to address existing financial challenges related to donation in actual living donors

### **3. Living Donor Prioritization Under the Kidney Allocation System (KAS)**

A member of the Kidney Committee provided an overview of living donor prioritization under the new kidney allocation system. After the presentation, the Committee considered if prior living donors should be prioritized over highly-sensitized or pediatric transplant candidates.

The Committee did not support recommending changes to living donor prioritization under KAS at this time. The Committee does want to re-evaluate living donor prioritization under KAS after the system has been in effect for a full year.

### **4. Ethical Considerations of Imminent Death Donation**

Committee members are participating on the multi-committee workgroup which is examining imminent death donation. Committee members reviewed a draft report prepared by this workgroup and provided feedback concerning the draft report.

## **Upcoming Meeting**

- March 7, 2016 – Full Committee Meeting