

OPTN/UNOS Pediatrics Transplantation Committee
Meeting Summary
September 16, 2015
Conference Call

Eileen Brewer, M.D., Chair
William Mahle, M.D., Vice Chair

Discussions of the full committee on September 16, 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. Establish Pediatric Training and Experience

The Committee discussed the recent feedback on the Pediatrics Bylaws proposal currently out for public comment. Presentations have been made to a handful of other OPTN Committees and at Regional Meetings. Additional presentations were pending in the coming weeks. Region and program specific data was made available to members for review before these presentations. The Chair also asked the Committee to encourage patients/family members at their program to consider the proposal. Their comments were valuable participation during the proposal's last public comment cycle.

Review of Public Comment Proposals

2. Review Pediatric Lung Policies – Thoracic Committee

Following a comprehensive review of lung allocation policies in 2013, the Lung Subcommittee identified two opportunities to increase access to transplant for pediatric lung candidates; alternative blood type matching (ABOi) for lung candidates (currently only allowed for heart transplant candidates), and broader geographic sharing of pediatric donor lungs to pediatric lung candidates, with priority for children (0-11 years-old).

The Committee asked several questions and was satisfied with the responses. Members on the call noted the proposal contains three parts; broader sharing, a switch in allocation order, and ABOi eligibility criteria. The Pediatric Committee supported the proposal as it would provide greater access to pediatric candidates, including adolescents.

Simultaneous Liver Kidney Allocation – Kidney Committee

As written, the proposal outlined medical eligibility criteria for all transplant candidates in need of a liver and kidney. Communication from the Kidney Committee shared that discussions on the medical eligibility criteria have occurred since the beginning of the public comment period, and Committee was amenable to removing the medical eligibility criteria for pediatric SLK candidates. The Kidney Committee sought feedback from the Pediatrics Committee on the matter.

The Committee members on the call noted this proposal addressed the concern that dual organ candidates may “take away” organs, when not clinically appropriate, from

candidates in need of a single organ. Further, the proposal is a step in the right direction to establish medical criteria for patients who need a kidney and liver, and identify those patients who do not need a kidney with a liver.

The Pediatrics Committee supported the proposal with the removal of medical eligibility criteria for pediatric SLK candidates.

Upcoming Meetings

- October 22, 2015 (Chicago, IL)
- November 18, 2015 (conference call)
- December 16, 2015 (conference call)