OPTN/UNOS Policy Oversight Committee
Meeting Summary
December 10, 2015
Conference Call

Sue Dunn, RN, BSN, MBA, Chair
Jennifer Milton, BSN, CCTC, MBA, Vice Chair

Discussions of the full committee on December 10, 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. **None**

Committee Projects Pending Implementation

2. **Proposal to Increase Committee Terms to Three Years**

   The proposal was passed at the December 1-2 Board of Directors meeting on the consent agenda with a vote of 39 in favor, 0 oppose, and 0 abstain. The Committee will need to be a part of the implementation planning for the proposal. The policy language will become effective March 1, 2016, but will not impact current committee member terms. The policy language will be effective for new committee terms beginning in July 2016. The Committee will review engagement and participation models and come to consensus how how to evaluate committee member engagement prior to implementation.

Implemented Committee Projects

3. **None**

Review of Public Comment Proposals

4. **None**

Other Significant Items

5. **Special HRSA Directive VCA Project Review**

   The POC reviewed the *List Covered Body Parts Pertaining to VCA* new project form prior to the December 10 meeting. Per the policy development process, all projects, even HRSA directives, must go through POC and Executive Committee project approval. Dr. Levin, Vice Chair of the VCA Committee, and Policy Liaison Chris Wholley presented the project to POC for the recommendation of approval to Executive Committee. This project was on a particularly fast track for Spring 2016 public comment, and so the December 10 POC call was the only opportunity for POC to review it as a new project.

   The VCA Committee explained the problem as, "The OPTN Final Rule (CFR §121.4(e)(3)) requires the OPTN to implement policies and shall identify all covered body parts in any policies specific to vascularized composite allografts (VCAs) defined in §121.2. Analysis from HRSA's Office of General Counsel identified that current OPTN Bylaws and Policies do not consistently specify these covered body parts. The OPTN

and VCA Committee needs to further specify the covered body parts that fall under the purview of the OPTN."

Most of the POC discussion revolved around the primary goal strategic alignment. After voting, 4 POC members believed the project's primary goal should be Goal 1: Increase the number of transplants; 8 POC members voted for Goal 5: Promote the efficient management of the OPTN. The VCA Committee agreed with the Goal 5 perspective. Since the VCA body parts list was currently in policy, and that the project's expressed purpose was to clarify which body parts needed to be on the list to comply with the Final Rule, then this project was a Goal 5 project. After clarification that this VCA project was not to add a new list of body parts to policy – the POC members agreed that Goal 5 was appropriate.

The Committee voted to recommend the project for approval to the Executive Committee (12-yes, 0-no, 0-abstain).

6. Updates on Committee Brainstorming Sessions

The Vice Chairs of various Committees provided updates to the entire POC concerning brainstorming session held at in-person committee meetings. The brainstorming sessions were focused on generating ideas from committee members for Goal 1: Increase the number of transplant, to help reach the strategic alignment benchmark. These updates are the second updates for POC; committees not listed below already gave an update after the Fall 2015 in-person meeting cycles ended. The following is a list of projects described by the Vice Chairs:

- Pancreas Committee
  - Kidney-Pancreas Allocation by Blood Type
  - Pancreas after Kidney Guidance Document
- Operations and Safety Committee
  - Reduce non-recoveries and discards by streamlining placement of marginal organs via system optimizations, and focus on back-up offers
  - Adjust push/pull outcome metrics by decreasing risk aversion and increasing use of non-HIV sepsis donors
- Living Donor Committee
  - Removing barriers and providing education for potential living donors
  - Donor champions to facilitate living donor process
- Thoracic Committee
  - Broader sharing of adult lungs
  - Use of more DCD lungs and hearts
- Pediatric Committee
  - Tracking pediatric transitions to adult follow-up outcomes
  - Revisit liver allocation and pediatric priority
  - Evaluate organ turndown offers and perhaps develop a mentor/mentee relationship between centers that have low turndowns and centers with higher turndown rates
- Kidney Committee
  - Matching donor typing results to resolution of "Unacceptable" equivalency table
  - Improvement in matching of high KDPI kidneys to appropriate recipients
- Histocompatibility Committee
  - Causes of discrepant typing errors and changes to deceased donor HLA typing verification

    - Adding DP equivalency tables
    - Assessing appropriate priority points for HLA DR/DQ matching
- Transplant Administrators Committee
    - Optimizing donor conversion and organ recovery in acute care setting through improved measurement and increased accountability
    - Develop standardized materials and public awareness for living donor transplantation

Upcoming Meetings

- January 14, 2016, Conference Call, 4-5 p.m. ET
- January 21, 2016, Conference Call, 12-1 p.m. ET
- February 11, 2016, Conference Call, 12-1 p.m. ET
- March 10, 2016, Conference Call, 4-5 p.m. ET