

**OPTN/UNOS Policy Oversight Committee (POC)**  
**Meeting Summary**  
**January 8, 2015**  
**1-2 pm EST, Conference Call**

**Yolanda Becker, MD, Chair**  
**Sue Dunn, RN, BSN, MBA, Vice Chair**

*Discussions of the full committee on January 8, 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>.*

**Review of new Committee Projects**

This meeting was convened to review and vote on a recommendation to the Executive Committee on three new proposed committee projects:

1. Timing Requirements for Deceased Donor Testing (DTAC)
2. Kidney Allocation System (KAS) Clarifications and Clean Up (Kidney)
3. Proposal to increase committee terms to three years (POC)

The POC liaisons sent out a survey for each of the new committee projects and committee members reviewed and ranked these projects on the following criteria:

- **Ensure support of and compliance with NOTA, the Final Rule, and the Strategic Plan:** Committee projects should align with the Board-approved OPTN Strategic Plan, which sets the goals and contains many of the initiatives that drive the committees' activities.
- **Prioritize resources:** The OPTN, like any other organization, has finite resources and must prioritize those resources to achieve our goals. This includes:
  - Reviewing the level of work that we ask of committee members.
  - Ensuring that there is sufficient committee support staff available to complete the committee projects.
  - Assessing the complexity of any projects that require programming.
- **Ensure collaboration between the committees and outside organizations:** The project review process helps other committees to become aware of and be involved in those projects that impact their constituencies. By using the POC, which contains representatives of the other committees, this process allows each of the committees to request early input into committee projects. Additionally, given the broad composition of the POC, the committee can recommend additional organizations or constituencies that the sponsoring committee should include in the project.

The survey results and comments from committee are shown in the table below:

Proposal	Total Score	Feedback
1. Timing Requirements for Deceased Donor Testing (DTAC)	31.6	There should be a requirement to provide NAT testing results, prior to the release of an organ(s), on donors who are considered Increased Risk, if an accepting center requests it and it is logistically possible given the donor is stable..
		Very reasonable project required to clarify policy interpretation.
		Certainly will add level of safety by preventing potential transmissions however unintended consequences such as an increase in organ discard rates may occur. The later may actually result more harm to the transplant community.
		The term "crashing donor" is unclear. Regarding timeline: It is unclear what steps are planned to be undertaken to address this issue. Greater clarity is needed regarding how communication of test results will be delivered. The OPO Chair and Operations & Safety chair have been involved, which is appropriate.
		Timeliness in reporting is important. Will be critical to engage OPO leadership to see if the metrics are reasonable. Collaborate with OPO committee and transplant administrators.
		Reasonable and important proposal.
		The project is aligned with the strategic goal of improving transplant patient safety. Although there is an obvious concern for barriers to efficiency that could lead to loss of donated organs, the potential for unintended consequences has been considered. Per the proposal, only a small number of OPOs are not completing HCV screening prior to organ release, and reportedly this could be remedied by use of STAT testing. The preliminary data could be strengthened by providing data on the volume of affected organ offers, and whether any related adverse events have been attributed to retrospective completion of donor screening. DTAC has appropriately begun collaboration with the OPO and Operations & Safety committees.
		Concerned about the collaboration with other committees. May be logistically complicated and concern for the results of review compliance.
2. Kidney Allocation System (KAS) Clarifications and Clean Up (Kidney)	31.4	It seems like it may take longer time than anticipated to iron out the proposed changes.

Proposal	Total Score	Feedback
		With the New KAS, there will be a number of issues that were not anticipated which might arise. Knowing that the goals are to improve longevity to the transplant, optimize allocation and decrease the number of discards through increased utilization, this proposal is aligned with those goals. Timeline is aggressive and well planned.
		It seems to be too early to be making large IT changes to the system unless absolutely necessary. New concerns are continuing to come up and although they may need to be addressed it might be better to do this through educational efforts/ town hall meetings over the first year and then consider changes after the system has been in place for a while.
		Corrections of items in the new Kidney allocation policy identified after the fact. I don't understand why the policy went live when these items were identified prior to the December release.
		Extremely important to clarify the shipping requirements and who "owns" the shipped out kidney. This has become a big problem in the first few weeks of implementation.
		These changes must be made and are unavoidable.
		The project is aligned with the strategic goal of promoting efficient management of the OPTN. Some issues in need of clarification after implementation of KAS are listed; the supporting data could be strengthened as the project moves forward by providing more information on the frequency of the listed problems. Need for collaboration with the OPO, Histocompatibility, and Transplant Administrators committees has been identified.
3. Proposal to Increase Committee Terms to Three Years (POC)	<b>29.0</b>	I support a 3 year term and/ or the option of being offered (committee initiated) an additional year of service, after 2 years, with the option to decline or accept. Along with this the committee leadership needs to have the power to remove members who are not contributing during the designated term.
		We need to work through the logistics of variable terms.
		A complex issue but important. Will need to know the precise plan for each committee.

Proposal	Total Score	Feedback
		<p>The project is aligned with the strategic goal of promoting efficient management of the OPTN. At this stage, the supporting data and value of the proposed solution are anecdotal/opinion-based. Ultimately, determining whether such a change should occur may rely on democratic processes of consensus. As recognized, input from Regional Administration is very important, as Regional leadership may value turnover in representation (shorter terms). Exactly how (approaches, methods) the project will clarify the identified controversies (points 1-4) is not defined – would this be thru surveys? If so, who would be surveyed? Personal opinions of POC members on the value of 3yr over 2yr terms have been discussed by email – will not repeat opinion here, given goal of assessing the suitability of the proposal for exploration as a project, rather than the final solution itself.</p>
		<p>I support this proposal but may consider an alternative based on feedback of perhaps a 2 year term with option to renew for one more two year term.</p>
		<p>Assessing the perceptions of how members of other committees feel about serving 3 year terms would be informative. Alternatively, instead of requiring 3 years of service, perhaps it may help to offer annual training to all POC members as a refresher course, instead of a 1-time only event for new POC members. Additionally, more training materials that convey institutional history may help new POC members (on 2-year terms) acclimate more quickly to the POC.</p>
		<p>Not sure that the current system is "broken".</p>
		<p>The importance of continuity, especially on the organ specific committees, cannot be overstated as just the reorientation of half the committee each year and reconstitution of the subcommittees can take valuable time. The precedent with a number of OPTN/UNOS Committees already exists for these reasons. The ASTS has 3 year committee terms and the AST has terms of appointment as prescribed by the Council. Having lost the at large positions, this can provide participation without requests for extension of a regional representative.</p>
		<p>Not in favor of 3-year terms.</p>

With minimal discussion, the POC approved the Timing Requirements for Deceased Donor Testing (DTAC) and Kidney Allocation System (KAS) Clarifications and Clean Up (Kidney) projects unanimously and will recommend to the Executive Committee that these projects be approved. These projects will be added to the proposed committee work plan that the POC presents to the Board at its June meeting.

The committee then discussed its proposed project to increase committee terms to three years. After a review of the comments and a discussion of the pros and cons, the committee decided the best step forward is to survey other committee members for input. The POC liaisons will create a survey to send to the other committee liaisons to seek input from current committee members about committee term length. The results of this survey will be presented to the POC at its March in-person meeting for consideration. After this plan was determined, the POC unanimously approved this project for continued work on by the committee.

The POC Chair then brought up a recent issue she had with a kidney allocation. She presented her experience and noted that she believed it is extremely important to clarify the shipping requirements and who “owns” the shipped out kidney. According to her, this has become a big problem in the first few weeks of (KAS) implementation.

The Kidney Committee liaison was on the call, so she attempted to clarify the current policies and remaining issues as staff see them. She reported that the current policy actually does make it clear that multi-organ comes before the kidney alone candidate. There are, however, some conflicts between multi-organ combinations. So when you have both the local liver-kidney candidate and a heart-kidney candidate, the current policy is not clear on who gets the kidney in that situation.

She also reported that the plan is that the POC will form a group to kind of talk about, starting this spring, and that was what we’re going to talk to the group about in March. But also kind of getting into it, the current policy doesn’t prioritize that highly sensitized kidney alone candidate over a multi-organ candidate, and having the group talk about whether we should consider changing the policy to clarify allocation order and maybe changing it so in certain instances a kidney alone candidate would come before a multi-organ candidate. But obviously those are really hard choices to make, and we’re going to need a group that’s willing to sort of tackle that and work through those issues.

A POC member added: I think it’s fine to – I mean we definitely need to do that. That timeline needs to be sped up though, because the issue is that you have a lung-kidney, liver-kidney and heart-kidney, there’s only two kidneys to allocate, and right now the OPOs are just making that up on the fly, right now. And the issue is – the trouble is that not only is there no guidance right now, but the notion that we as a Liver Committee is trying to really establish hard and set rules for who can be listed for a liver-kidney, I can tell you this: it is very loose, if not even more loose on the thoracic-kidney combo.

I mean the guys that are getting listed for combined thoracic-kidney transplants are barely patients with any renal insufficiencies sometimes. So that needs to be tightened up, I think, on a much more almost urgent manner to make sure that we’re not just leaving the thoracic-kidney combinations behind because there is – again, there is no policy that says you have to have any listing criteria for the risk multiply for thoracic/kidney combination, and the kidneys are just automatically going to those.

And the notion that they’re going to those guys that barely even need a transplant, how they don’t even need a kidney transplant, over a 100 percent (100 percent CPRA), really is not only irksome, but it’s really against – and that will continue to happen until we do something I think a little more rapidly than spring, and then, you know, for policy change. I really think that this is a sort of more urgent issue.

After further discussions, the POC liaison redirected the Committee, saying that she understood that the Committee really wants to try to move this up, and promised to talk leadership about that, and to determine the next steps with staff leadership and POC leadership.

**Upcoming Meetings:**

- January 16, 2015, 3 pm EST, Full Committee Conference Call
- March 10, 2015, 8:30 am CST, Chicago, In-person Committee Meeting