

OPTN/UNOS Ad Hoc Disease Transmission Committee
Meeting Summary
October 11, 2016
Conference Call

Cameron Wolfe, MBBS, MPH, FIDSA, Chair
Marian Michaels, MD, MPH, Vice Chair

Discussions of the full committee on October 11, 2016 are summarized below. All committee meeting summaries are available at <https://optn.transplant.hrsa.gov>.

Committee Projects

1. Education To Reduce Unnecessary Discard of Kidneys with Small Renal Cell Carcinoma RCC Found Pre-Transplant

The group reviewed the draft project proposal. It was suggested to add data regarding the incidence of unilateral versus bilateral renal cell carcinoma (RCC) in all persons diagnosed with RCC. This data will be researched and added. The Committee is in favor of sending this project for consideration by the Policy Oversight Committee in December 2016.

Review of Public Comment Proposals

2. Infectious disease verification to enhance patient safety (Operations and Safety Committee)

Dr. Michael Marvin, vice-chair of the Operations and Safety Committee presented the proposal. Committee members discussed the proposal in-depth. They support the concept of an infectious disease verification yet for this proposal they had the following questions, concerns, and suggestions:

- Several concerns were expressed that staff in the OR such as a rotating OR nurse or urologist participating in the verification may have difficulty interpreting complex infectious disease results that they are not familiar with such as hepatitis B. The concern is that if questions arise in the middle of the night coupled with pressures to move forward with a transplant could lead to issues and possible unintended discard.
- There was a question about whether there is a safeguard to prevent cross-contamination so that an organ that has an unacceptable infectious disease result can be redirected. It was also questioned why the timing was not pre-incision versus prior to first anastomosis.
- Another question was asked about the rationale for doing both pre-recovery and pre-transplant verifications. It was noted that there was rationale but that it is hard to find the balance given the extra complexities in the process.
- One commenter raised concern that the redundancy of verifying that the recipient is willing to accept a positive organ is not necessary, as there is already an informed consent requirement.
- One member commented that time outs have shown minimal success. It was stated that often people sign the paperwork without reading the documents. More checks will not solve the problem the proposal is trying to solve.
- Members asked about the frequency of events.
- It was acknowledged that if the proposal does not go forward it would not change the HOPE Act.

- One OPO member suggested that the infectious disease verification be presented more simply as just an additional information needs to be verified along with ABO. Members are already conducting this process and that it will only take an extra two minutes.
- Developing an electronic solution was suggested.
- Procuring surgeons may be different from accepting surgeons. It was asked who would make sure that all involved know the results and that everyone is agreement.
- It was also suggested to make the accepting physician the responsible party since they will know the most about the donor. This could be an alternative that would take the process out of the busy OR.

Upcoming Meeting

- October 21, 2016 In-Person Meeting (Chicago, IL)