

**OPTN/UNOS Ad Hoc International Relations Committee
Meeting Summary
November 1, 2016
Teleconference**

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Discussions of the full committee on November 1, 2016 are summarized below. All committee meeting summaries are available at <https://optn.transplant.hrsa.gov>.

Committee Projects

1. IRC Annual Report

OPTN *Policy 17: International Organ Transplantation* requires the Ad Hoc International Relations Committee (AHIRC) to prepare an annual report on non-US citizen/non-US resident activity and also states that the Committee “will review all citizenship data report to the OPTN Contractor.” The goal of reviewing and publishing the data is to provide transparency about transplant activity that occurs within the US. The Committee has prepared the annual report for three years and has recently begun to analyze the reports to identify trends that might need further discussion. Particularly higher percentages of non-US citizen/non-US resident in certain regions or at particular transplant hospitals. Committee members were reminded that no transplant hospitals are currently violating OPTN policy regarding the listing and transplantation of non-US citizen/non-US residents.

Committee leadership presented information to the Executive Committee in July 2016. The Executive Committee encouraged the AHIRC to continue to explore the data in order to better understand the trends, continue to publish the information on a yearly basis as required in policy, and to eventually develop a process for requesting additional information from transplant hospitals with a higher percentage of non-US citizen/non-US resident activity. The Executive Committee also supported the AHIRC presenting the data to other interested OPTN Committees.

The number of individuals coming to the US specifically for transplant is still relatively small. Waitlist additions in 2015 were 0.6 percent of the total registrations while similarly, 0.6 percent of all the transplants were for patients in those categories. The vast majority of transplant programs do not list any candidates in these categories. The overall numbers also remain relatively small with slight increases each year. For example, the number of kidney registrations for non-US citizen/non-US residents were 69 in 2013, 107 in 2014, and 109 in 2015. Similarly, the number of liver registrations were 105 in 2013, 113 in 2014, and 123 in 2015.

The Committee requested the following data during its June 2016 conference call:

- 1. Describe waiting list candidates added in the U.S. with a reported citizenship of Non-US Citizen/Non-US Resident in the U.S. for the purpose of transplant.*

Results:

- Overall, for kidney and liver combined, there were 209 registrations added from April 2015 – May 2016 for these candidates.
 - 76 kidney Registrations
 - 133 liver Registrations
- There were two countries of residence whose residents led to 35 or more registrations added from April 2015 – May 2016, for kidney and liver combined.
 - Kuwait (37 total, 15 kidney and 22 liver)
 - Saudi Arabia (70 total, 15 kidney and 55 liver)
- Region 3 had the most registrations added for these candidates from April 2015 – May 2016, for both kidney and liver individually.
 - Kidney (22)
 - Liver (29)
- Overall, for kidney and liver combined, there were 56,133 registrations added from 2013 – 2015 for candidates of all citizenship statuses at listing at centers where at least one candidate was added with citizenship status at listing of “Non-US Citizen/Non-US Resident in the U.S. for the purpose of transplant.”
 - 39,344 kidney registrations added, and 16,789 liver registrations added
- There were 507 registrations added for candidates with citizenship status of “Non-US Citizen/Non-US Resident in the U.S. for the purpose of transplant” from 2013 – 2015
 - 195 kidney registrations added, and 312 liver registrations added
- Although pediatric candidates only accounted for 4% of the total kidney and liver registrations added at these centers, they account for 19% of the kidney and liver registrations added for candidates with citizenship status of “Non-US Citizen/Non-US Resident in the U.S. for the purpose of transplant”

2. *Describe deceased donor transplants performed in the U.S. for a recipient with a reported citizenship of Non-US Citizen/Non-US Resident in the U.S. for the purpose of transplant.*

Results

- Overall, for kidney and liver combined, there were 110 deceased donor transplants performed from April 2015 – May 2016 for these candidates.
 - 25 kidney Transplants
 - Of these, 11 were for recipients whose registrations were added to the waiting list before country of permanent residence data were collected.
 - 85 liver Transplants
 - Of these, 19 were for recipients whose registrations were added to the waiting list before country of permanent residence data were collected.
- There were two countries of residence whose residents led to 10 or more deceased donor transplants performed from April 2015 – May 2016, for kidney and liver combined.
 - Kuwait (10 total, 1 kidney and 9 liver)

- Saudi Arabia (32 total, 4 kidney and 28 liver)
- Region 3 performed the most deceased donor transplants (30) for these recipients during the period, for kidney and liver combined
 - Kidney (5)
 - Liver (25)
- Overall, for kidney and liver combined, there were 15,162 deceased donor transplants performed from 2013 – 2015 for recipients of all citizenship statuses at listing at centers where at least one deceased donor transplant was performed for a recipient with citizenship status at listing of “Non-US Citizen/Non-US Resident in the U.S. for the purpose of transplant.”
 - 6,704 kidney transplants and 8,458 liver transplants
- There were 242 deceased donor transplants performed for recipients with citizenship status of “Non-US Citizen/Non-US Resident in the U.S. for the purpose of transplant” from 2013 – 2015
 - 53 kidney transplants and 189 liver transplants
- Although pediatric recipients only accounted for 8% of the total kidney and liver transplants performed at these centers, they account for 28% of the kidney and liver transplants performed for candidates with citizenship status of “Non-US Citizen/Non-US Resident in the U.S. for the purpose of transplant”

3. *Provide the results of requests one and two above specific to those centers with the highest volume of waiting list registrations added and/or deceased donor transplants performed for non-US residents in the U.S. for the purpose of transplant by organ type.*

Results

- Overall, for kidney and liver combined, these centers accounted for 103 of the 209 (49%) of the registrations added for these candidates from April 2015 – May 2016.
 - Kidney (32)
 - Liver (71)
- There were two countries of residence whose residents led to more than 10 registrations added from April 2015 – May 2016, for kidney and liver combined, at these centers.
 - Kuwait (8 kidney, 12 liver)
 - Saudi Arabia (1 kidney, 32 liver)
- Overall, for kidney and liver combined, these centers accounted for 7,194 registrations added for these candidates from 2013 – 2015.
 - While the total number of registrations added at these centers has slightly decreased over this time period, the number of registrations added for these candidates at these centers has slightly increased from 2013 – 2015.
- Overall, for kidney and liver combined, these centers accounted for 54 of the 110 (49%) deceased donor transplants performed for these recipients from April 2015 – May 2016.
 - Saudi Arabia (21 livers) was the only country whose residents received more than 10 total transplants from April 2015 – May 2016 for either

kidney or liver.

- Overall, for kidney and liver combined, these centers accounted for 3,343 deceased donor transplants performed for these recipients from 2013 – 2015.
 - Both the total number of deceased donor transplants performed at these centers and the number of deceased donor transplants performed for these recipients have increased from 2013 – 2015.
4. *For the transplant programs identified in request three above, compare their waiting times and waiting list mortality information from the most recent SRTR PSR reports to the distribution of the same metrics at other centers in their region.*

Results

- For the top five centers (including ties) identified for kidney and liver, all centers have equal or lower median times to transplant than those of their respective regions.
 - Only two of eleven kidney centers identified and two of seven liver centers identified had a higher waiting list mortality rate than those of their respective regions.
5. *For living donor liver and kidney transplants performed in the U.S. 2013-2015, provide the recipient citizenship by region, organ, and year of transplant.*

Results

- The number of living donor kidney transplants performed in the US each year has fluctuated, while the number of living donor liver transplants performed in the US has increased each year from 2013 – 2015.
- The number of living donor transplants performed in the US for recipients with citizenship status of “Non-US Citizen/Non-US Resident in the U.S. for the purpose of transplant” has increased, for both kidney and liver, when 2015 totals are compared to 2013 totals.

The Committee briefly discussed the results of the data request. While the data compared transplant centers that perform non-US citizen/non-US resident transplants to the regional averages, committee members expressed interest in comparing transplant centers to transplant centers within each region. The Committee also expressed interest in analyzing the non-US citizen/non-US resident “traveled to US for transplant” and “traveled to US for reason other than transplant” separately.

For living donors, the Committee expressed interest in analyzing related vs. unrelated within the categories “traveled to US for transplant” and “traveled to US for reason other than transplant.” Additionally, the Committee expressed interest in reviewing the percentage of living donor liver transplants (there were 13 performed in 2016) that resulted in relisting or retransplant because of the potential impact on US residents waiting for a transplant. This could be stratified by MELD score as well as lab MELD vs allocation MELD.

Other Significant Items

None

New Business

None

Upcoming Meeting

- TBD