

## **OPTN Membership and Professional Standards Committee**

### **Meeting Summary**

**April 25, 2025**

**Conference Call**

**Cliff Miles, M.D., Chair**

**Scott Lindberg, M.D., Vice Chair**

### **Introduction**

Membership and Professional Standards Committee (MPSC) met virtually via Webex in both closed and open session on April 25, 2025, to discuss the following agenda items:

1. Kidney Expedited Placement
2. Membership Issues
3. Compliance Issues
4. Investigative Report

The following is a summary of the Committee's discussions.

### **1. Kidney Expedited Placement**

Dr. Jim Kim, the Chair of the Kidney Transplantation Committee, presented its work on developing a kidney expedited placement pathway. The presentation included background on prioritizing efficiency in kidney allocation, developing a definition of "hard to place" kidneys, corresponding data, and the requirements of both OPOs and transplant programs in expedited placement. Members were asked to provide feedback on the following questions:

- Will the approach developed by the workgroup assist OPOs in allocating hard-to-place kidneys?
- How might the simultaneous evaluation process impact transplant program organ offer acceptance metrics?
- What might prevent transplant programs from routinely entering "provisional yes" in simultaneous evaluation and then declining offer?
- Do you have any suggestions for the work group or committee to consider in upcoming meetings?

### Summary of discussion:

MPSC members noted the progress of this work and the importance of the Kidney Committee's efforts. As the MPSC is tasked with reviewing allocation out of sequence (AOOS), a member noted the need for standardization in when OPOs initiate expedited placement. The member highlighted the variability in practice that currently exists amongst OPOs and recommended guardrails moving forward. The presenter responded that the goal of this project is to establish consistency in OPO practice and promote standardization in process.

A member inquired if there would be any geographic range prioritization, noting the ongoing challenges programs experience with travel logistics and the availability of flights at different times of the day. The presenter responded that the expedited pathway would allocate off the existing match run so it would be up to the transplant program to determine what an acceptable distance for them would be. The presenter noted that continuous distribution should allay some of those difficulties, but the interim

solution with this expedited pathway project would be to utilize offer filters at the program level. A member inquired how the risk of nonuse varied by region or OPOs for areas with a higher concentration of transplant hospitals within an OPO's donation service area. The presenter commented that the data shared was national data and not at the region or OPO level, but the goal of this proposal is to promote consistency across the OPTN and increase transparency throughout the allocation process. The Kidney Committee is hoping to avoid scenarios where programs declined an offer for a patient higher on the match run but would have accepted it for a candidate below them but were ultimately surpassed and placed further down out of sequence.

A member inquired how this concept could be transitioned into continuous distribution and whether donors would continue to move to the expedited placement pathway in the event they met two of the criteria for "hard to place" kidneys. The Kidney Committee plans to continue to utilize the two criteria threshold to promote expedited placement on the existing match run. The member recommended additional data review to consider how many OPOs and transplant hospitals are prioritizing this sort of allocation, as opposed to the existing allocation tables in policy. The presenter added that the Kidney Committee has submitted a data request to evaluate how many kidneys would have been identified for this expedited placement pathway, historically, looking at kidneys allocated both in and out of sequence.

To gain further clarity on how this would work upon implementation, a member from an OPO requested the presenter walk through a sample scenario of allocating a kidney through this pathway on the existing match run. The presenter detailed that once the organ recovery occurs and the donor information is compiled, or enough cold time has surpassed, the transplant programs on the match run would be notified that the expedited pathway is triggered. The transplant program would have 60 minutes to evaluate all their patients on the match run and enter refusal codes for those who would not be an appropriate fit for the organ. The kidney would then be placed at the highest ranked patient on the match run, therefore following the existing match run and providing each patient on the match run with the opportunity to receive an organ. The member highlighted the similarities to what was in development by the Expeditious Task Force (ETF).

A member sought clarity on whether there would be additional filters available for programs to apply in expedited placement. The presenter shared that the Committee is considering what filters could be developed to support expedited placement but noted the balance between cost and resources available to add technological enhancements to this project. A member shared that technological enhancements would delay implementation and recommended proceeding on a timeline that allowed for the quickest implementation possible.

A member inquired if the workgroup would address late declines through this project. The presenter commented that the hope is by evaluating each patient for appropriateness for a 'hard to place' kidney, the instances of late declines will be reduced but further monitoring will be needed to drill down into this. The Kidney Committee is looking for any insight or recommendations on how they can prevent this behavior from recurring routinely.

A member commented that consent for kidneys with a high kidney donor profile index (KDPI) is outdated, but inquired about the response this work has received from the Patient Affairs Committee (PAC). The presenter shared that the PAC was supportive of this work and that consent for KDPI could be more of a hindrance, in its current form, and that discussions regarding 'hard to place' kidneys could be more representative of the opportunities for transplant.

## **2. Membership Issues**

The Committee is charged with determining whether member clinical transplant programs, organ procurement organizations, histocompatibility laboratories, and non-institutional members meet and remain in compliance with membership criteria. During each meeting, it considers actions in closed session regarding the status of current members and new applicants and applications are presented to the MPSC members as either a consent or discussion agenda. The Committee reviewed and approved the consent agenda by a vote of 22 For, 0 Against, and 0 Abstentions.

The Committee considered the applications and other actions listed below and will ask the Board of Directors to approve the following recommendations during the June 9-10, 2025, meeting:

- Approve 2 Program Reactivations
- Approve 1 Component Reactivation
- Approve 5 New Business membership Applications
- Approve 1 Medical Scientific Membership Renewal
- Approve 1 Individual Membership Renewal

The Committee also reviewed and approved the following program related actions and personnel changes:

- 3 Program/Component Inactivation Extensions
- 45 applications for changes in key personnel in Transplant Programs or Components
- 13 applications for changes in key personnel in Histocompatibility Laboratories

The Committee received notice of inactivations, withdrawals, and OPO key personnel changes and cases involving changes in OPO designated service area.

## **3. Compliance Issues**

During closed session the Committee reviewed and closed one compliance issue and reviewed nine responses to inquiries about donor acceptance criteria and closed all the reviews.

## **4. Investigative Report**

Contractor staff supplied a summary of investigative activity for March 2025. The report included the number of reports staff received, reporting and subject, member type, general classification of the issue, how many cases staff referred to the MPSC were closed without sending them to the MPSC or are still actively investigating. The reports are received mostly through the patient safety portal. During the month of March, the OPTN received 51 reports and 24 of those were not forwarded to the MPSC. There were 27 reports still pending, which means those reports were still under active staff investigation.

## **Upcoming Meetings**

- May 22, 2025, 11am–1pm, ET
- June 27, 2025, 11am-2pm, ET

## Attendance

- **Committee Members**
  - Mitzi Barker
  - Megan Bell
  - Kristine Browning
  - Chris Curran
  - Chadrick Denlinger
  - Amishi Desai
  - Nahel Elias
  - Chad Ezzell
  - Sander Florman
  - Darla Granger
  - Dipankar Gupta
  - Nicole Hayde
  - Kyle Herber
  - Glen Kelley
  - Varvara Kirchner
  - Kevin Korenblat
  - Peter Lalli
  - Raymond Lee
  - Scott Lindberg
  - Maricar Malinis
  - Deborah Maurer
  - Luis Mayen
  - Clifford Miles
  - Lloyd Ratner
  - Deirdre Sawinski
  - Zoe Stewart Lewis
  - Carrie Thiessen
  - Mark Wakefield
- **HRSA Representatives**
  - James Bowman
  - Marilyn Levi
  - Ray Lynch
  - Joni Mills
  - Arjun Naik
- **SRTR Staff**
  - Ryo Hirose
  - Jonathan Miller
  - Jon Snyder
  - David Zaun
- **UNOS Staff**
  - Anne Ailor
  - Robert Albertson
  - Sally Aungier
  - Tory Buffo
  - Jadia Bruckner

- Linwood Butler
- Nadine Drumn
- Katie Favaro
- Liz Friddell
- Lee Ann Kontos
- Krissy Laurie
- Heather Neil
- Tina Rhoades
- Liz Robbins Callahan
- Laura Schmitt
- Erin Schnellinger
- Sharon Shepherd
- Tynisha Smith
- Kaitlin Swanner
- Stephon Thelwell
- Melissa Tisdale
- Betsy Warnick
- Trevi Wilson
- Emily Womble
- Karen Wooten
- **Other Attendees**
  - Jim Kim, M.D.