OPTN

Thank you to everyone who attended the Region 11 Winter 2023 meeting. It was great being back in person and still having an option for you to join virtually. We plan to continue providing both options.

Regional meeting presentations and materials

Public comment closes March 15! Submit your comments

The sentiment and comments will be shared with the sponsoring committees and posted to the OPTN website.

Non-Discussion Agenda

Modify Heart Policy for Intended Incompatible Blood Type (ABOi) Offers to Pediatric Candidates, *OPTN Heart Transplantation Committee*

- **Sentiment: 6 strongly support, 8 support, 10 neutral/abstain, 0 oppose, 0 strongly oppose**
- Comments: *No Comments*

Impove Deceased Donor Evaluation for Endemic Diseases, *OPTN Ad Hoc Disease Transmission Advisory Committee*

- **Sentiment: 4 strongly support, 14 support, 5 neutral/abstain, 1 oppose, 0 strongly oppose**
- Comments: Overall approval in the region. A member stated we must consider availability and cost of testing and weigh the risk of donor organ non utilization or delays due to the additional requirements. Another member suggested it is important that the pre recovery requirement be removed due to the limited availability of testing and timing of test results.

Align OPTN Kidney Paired Donation Blood Type Matching Policy and Establish Donor Re-Evaluation Requirements, *OPTN Kidney Transplantation Committee*

- **Sentiment: 3 strongly support, 19 support, 1 neutral/abstain, 0 oppose, 0 strongly oppose**
- No Comments

Discussion Agenda

Require Human Leukocyte Antigen (HLA) Confirmatory Typing for Deceased Donors, *OPTN Histocompatibility Committee*

- **Sentiment: 3 strongly support, 5 support, 5 neutral/abstain, 5 oppose, 6 strongly oppose**
- Comments: Multiple members commented that more needs to be known about the cause of the errors because duplicate testing will add time and expense and may not solve for all issues, including sample integrity and transcription errors. Several members commented that regulations for increased training, quality assurance, and quality improvement should be considered rather than duplicate testing which could be susceptible to the same root cause. A member commented that the cost should be secondary to safety and supports the proposal.

Ethical Evaluation of Multiple Listings, *OPTN Ethics Committee*

- **Sentiment: 2 strongly support, 8 support, 7 neutral/abstain, 4 oppose, 3 strongly oppose**
- Comments: A member commented that multiple listing fulfills the principles of autonomy and justice but questions whether it fulfills procedural justice. Another member stated that even though there needs to be some adjustments to how multiple listings are handled, every patient should have the autonomy to multi-list. Other members agreed and added that loss of revenue should not be a consideration and that multi-listing leads to getting transplanted sooner due to the great variability in access to organs. Members commented that dialysis centers refer patients to multiple hospitals and that although transplant hospitals are advocates for multiple listing, they are not competing for patients. Several members expressed concern that multiple listing benefits more socioeconomic advantaged groups. One member stated that there is an expense burden when one hospital evaluates a patient and then another hospital uses that data to list and subsequently transplant the patient but then the first hospital does the follow up. Another member commented that indiscriminate multiple listing should be discouraged to conserve resources. A member suggested that technology innovations should be considered to facilitate sharing of information among transplant hospitals. One member commented that medically complex patients are best cared for by a transplant in close proximity.

National Liver Review Board (NLRB) Guidance for Multivisceral Transplant Candidates, *OPTN Liver and Intestinal Organ Transplantation Committee*

- **Sentiment: 4 strongly support, 11 support, 8 neutral/abstain, 0 oppose, 0 strongly oppose**
- Comments: A few members proposed that only one kidney from a donor should be allocated for a multivisceral transplant and the other one allocated to a kidney alone candidate. Several members commented that they approve of the policy as long as the data is reviewed annually and that the impact of the acuity circle allocation policy on multivisceral candidates needs to be addressed. One member stated that most mulitvisceral candidates are young and have enormous potential for long term survival after transplant.

Update on Continuous Distribution of Livers and Intestines, *OPTN Liver and Intestinal Organ Transplantation Committee*

- Comments: A member commented that improvements in infrastructure is needed to achieve the intent of continuous distribution as there have been increased expenses and logistical complications with new allocation policies. They also commented that the variability across OPOs impacts transplant and some regions will experience a decrease in transplants and there is potential for increased non-utilization.

Continuous Distribution of Kidneys and Pancreata, *OPTN Kidney Transplantation Committee and Pancreatic Transplantation Committee*

- Comments: One member commented that more modeling and data are needed to ensure it will be an improvement over the current system. Several members commented that non-utilization and logistical inefficiencies in the current system should be addressed sooner than continuous distribution is finalized and implemented.

Establish Member System Access, Security Framework, and Incident Management and Reporting Requirements, *OPTN Network Operations Oversight Committee*

- **Sentiment: 3 strongly support, 13 support, 2 neutral/abstain, 6 oppose, 0 strongly oppose**
- Comments: Members commented that audits should be conducted more frequently than 3 years and that they should be done by a qualified entity independent of the OPTN. A member stated that most organizations already meet security access best practices and the auditing requirements are an undue burden. Members commented that system security should be the responsibility of the OPTN and not something individual members have to develop. A member recommended a longer timeline for implementation due to the financial and time investment this will require. An attendee recommended that there should be educational materials for patients. Finally, a member asked are there plans to develop training videos and other materials to educate patients?

Optimizing Usage of Offer Filters, *OPTN Operations & Safety Committee*

- **Sentiment: 5 strongly support, 17 support, 1 neutral/abstain, 1 oppose, 0 strongly oppose**
- Comments: A member stated three months is not enough time to make changes in acceptance criteria. A member questioned the inclusion of maximum age as a filter as they believe it to be arbitrary and it is already calculated into KDPI. Another member recommended adding minimum height and weight as well as a creatinine cut off filters. A member stated decreasing the number of offers made to centers who have no intention of accepting a given organ will help to improve the efficiency of the system and ultimately improve satisfaction for anyone taking organ offers. A member concluded that offer filters are nice in theory, much more difficult to implement in practice.

Identify Priority Shares in Kidney Multi-Organ Allocation, *OPTN Ad Hoc Multi-Organ Transplantation*

- Comments: A member commented that required multi-organ kidney shares disadvantage highly sensitized candidates and candidates with a CPRA 98-100 should receive priority. A member questioned including prior living donors in the priority as they tend to be healthier individuals, but others agreed on giving them priority since they have made a contribution into the system and were told they would receive priority. Another member commented that kidney pancreas candidates should not be prioritized over heart kidney, lung kidney or liver kidney nor should they be prioritized over liver/intestine/pancreas or even isolated intestine. Another member commented that if a pancreas is not offered with a kidney, it is challenging to place the pancreas alone. A member suggested that multi organ patients should be ranked on a single match run with a clear way to prioritize allocation. A member stated that improved guidance for multi-organ allocation vs single organ allocation is vital to provide consistency across all programs and to reduce conflict with transplant programs wanting one or all of the organs being offered.

Expand Required Simultaneous Liver-Kidney Allocation*, OPTN Ad Hoc Multi-Organ Transplantation*

- **Sentiment: 1 strongly support, 12 support, 6 neutral/abstain, 3 oppose, 0 strongly oppose**
- Comments: Members commented that 500 NM is too large of an area and it could have unintended consequences and that simultaneous liver-kidney should not be based on heart allocation policy. A member commented that they do not have trouble getting simultaneous liver-kidneys in the 250-500NM range but supports this proposal as others may not have the same experience. Another member stated that all candidates who could potentially receive an organ need to be prioritized on one list.

Updates

OPTN Predictive Analytics

- Comments: An attendee suggested a tool for patients that allows them to input data to generate specific information for their hospital or location. Other attendees agreed this is a tool that would benefit patients and supplemental education would be needed. Another attendee recommended adding more hospital level insights. A member commented that they appreciate the concept, but does not support the current KDPI model, therefore thinks the tool is not as useful as it could be.

OPTN Patient Affairs Committee Update

- No comments

OPTN Membership and Professional Standards Committee Update

- Comments: A member raised concern that there is little difference between the members at the top of the curve and the bottom of the curve for patient and graft survival and we need to ensure the same thing does not happen with offer acceptance. Another member commented that the offer acceptance and pre-transplant mortality metrics are not patient-centric because an unintended consequence could be that a hospital may not list patients that would negatively impact their metrics. A member stated that the impact of continuous distribution should be considered in developing new OPO metrics and another member followed that more needs to be done to monitor OPOs. A member suggested using artificial intelligence to identify hard-to-place organs to improve utilization.

OPTN Executive Committee Update

- Comments: A member asked about transplantation representation on NASEM in the interest of aligning goals. Several members had questions and concerns about the implementation of the eGFR wait time modification policy and were informed of available resources.