

**OPTN/UNOS Minority Affairs Committee
Meeting Minutes
January 30, 2017
Conference Call**

**Jerry McCauley, MD, MPH, FACP, Chair
Sylvia E. Rosas, MD, MSCE, Vice Chair**

Introduction

The Minority Affairs Committee met via teleconference on January 30, 2017 to discuss the following agenda items:

1. Spring 2017 Public Comment Presentations
2. Presentation: A2/A2B to B Renal Transplantation: Past, Present, and Future Directions
3. Active Project Updates
4. Other Significant Items

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

The Committee Chair briefly welcomed a new member from Region 9. The previous member relocated outside of the region.

The Vice Chair briefly discussed a grant available to study the APOL1 gene. This gene explains the racial differences between whites and blacks and the development of end stage renal disease. It is now being studied to determine if learning more about this gene can lead to expanded matching.

1. Spring 2017 Public Comment Presentations

En Bloc Kidney Allocation Proposal and Double Kidney Update (Concept Paper)

A committee member commented that local OPOs determine kidney size by pre-operative ultrasound and wanted to know if it was discussed in proposal development. This was discussed by the Kidney Committee, but it decided that weight was uniformly available to all OPOs and the best indicator for allocation.

A committee member asked if en bloc kidney is separated after the procurement, if the two kidneys would be shipped separately. If en bloc, they will be shipped attached. The surgeon can split at hospital and transplant one in recipient and release the other or release both. If one is released, it would go back through the match algorithm.

A committee member asked if there would be incentive for intended en bloc kidneys to be split after arriving at the hospital. This was discussed by the Kidney Committee and the committee realizes this could occur.

A committee member asked if OPOs would charge hospitals twice for double kidney offers. This may cause centers to lose money. The member prefers Concept 1: Two-Tier Allocation in which pre or post recovery criteria triggers dual allocation.

The Kidney Committee majority favored Concept 1 for its simplicity. The criteria for single or dual was difficult to agree on. The intent is to encourage dual kidneys to be offered pre recovery.

National Liver Review Board / Guidance Documents

A committee member asked if there continues to be a need for a six month delay for the HCC exception. This policy is intended to allow for an observation period, but the presenter can bring this back to the committee to consider. There may no longer be a need to delay. Because MELD will be different under this exception, this may help expedite transplantation.

This proposal could go to the Board in June or December and then there would be up to a one year delay in implementation. It may be implemented in 2018.

Next Steps:

The Committee Chair and Vice Chair will submit a public comment for each of these proposals on behalf of the Committee.

2. Presentation: A2/A2B to B Renal Transplantation: Past, Present, and Future Directions

A staff research scientist presented a 2016 paper, published in the American Journal of Transplantation (AJT).

A committee member asked if there might be any research implications for liver. The literature review suggests that the liver might be a protection for kidney. Another committee member mentioned that is at the discretion of the center to take A2A2B kidneys for type B candidates.

The Minority Affairs Committee was credited with its role in the new Kidney Allocation System creation, in addition to publications. It was credited with helping to increase access to B candidates without impacting A or AB blood type candidates. It was hard work by Minority Affairs to have this variance included and approved by the Board.

3. Active Project Updates

A2/A2B Kidneys

Summary of Discussion

The workgroup lead informed the full committee that the guidance document project was approved by the Executive Committee. Transplant Centers indicated they would like advice on how to implement the voluntary A2A2B to type B blood type voluntary provision into kidney allocation. A workgroup meeting will be held tomorrow to begin to draft the document. It will be released for public comment in August 2017.

A webinar or web-based instructional product will complement the guidance document. Work on the instructional product will begin after the guidance document is drafted.

The workgroup lead will present data from the A2A2B to B blood type survey (July 2016) at the 2017 Transplant Management Forum in April 2017 in Orlando. The lead will lead an oral presentation and share the progress of this workgroup. A manuscript was also submitted to Transplantation.

Next Steps:

The workgroup meets tomorrow, 1/31/2017 to begin work on the guidance document.

Cultural Competency

Summary of Discussion

Staff provided an update. The script webinar to increase cultural competency at hospitals was reviewed by the workgroup lead and the workgroup. It was approved by HRSA. An early March release date is planned for the prerecorded Cultural Competency Webinar. It will be released to programs through all UNOS channels. The webinar spotlights the successful Kidney Living Donor program at Northwestern, providing tools and techniques to apply cultural component across various ethnic and minority populations. The goal is to increase the number of transplants.

Next Steps:

The webinar will be recorded in February.

4. Other Significant Items

Closing Remarks

Project brainstorming will occur at the March 21st in person meeting in Chicago.

Staff was reminded that all regional representatives are expected to attend spring regional meetings.

Upcoming Meetings

- 3/21/2017 – Full Committee Meeting – 8 am -3pm CST – In person Chicago or Teleconference
- 5/15/2017 – Full Committee Meeting – 1pm-3pm EST - Teleconference