Introduction

The Transplant Coordinators Committee met via Citrix GoToTraining teleconference on February 17, 2017 to discuss the following agenda items:

1. Reviewed Public Comment Proposals

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


Summary of discussion:

The Committee received a presentation on both National Liver Review Board and Liver Review Board Guidance public comment proposals. The Committee did not express any concerns with either proposal. Clarification was requested on whether or not a program would have to resubmit for an exception extension after 3 months for hepatic hemothorax. The presenter responded that programs would need to resubmit to make sure the patient is still meeting criteria and nothing has changed.

It was also recommended that there be both patient and staff education offerings made available for these proposals.

2. Improving En Bloc Kidney Allocation

The Committee received a presentation on the Improving En Bloc Kidney Allocation public comment proposal and had the following questions:

- With a 15 to 25 kilogram range, would that kidney be offered to the transplant center and the transplant center decide if it was en bloc or single or would it be up to OPO?
  - The En Bloc presenter said this would be left to OPO to decide based on practice patterns used in their service area. If they find that a lot of their programs are comfortable transplanting patients with single kidneys above 15 kilograms, then that may be the way they allocate them. We are not trying to dictate medical practice.

- When you say the transplant center will have to indicate whether it will accept en bloc kidneys, will there be a section under the candidate listing under donor characteristics programmed into DonorNet® so it will be a selection similar to selecting DCD?
  - The En Bloc presenter said yes.

3. Dual Kidneys Concept Paper

The Committee received a presentation on the Dual Kidneys Kidney Concept Paper public comment proposal and had the following question:

- From OPO perspective, the key is getting to a point where the double/dual allocation decision is made so we are not coming up on 24 hours of cold time and felt
compelled to exhaust the single placement list and then try to allocate for dual kidneys.
  o The Dual Kidney presenter agreed, this is designed to help with efficient placement.

Upcoming Meeting
  • March 22, 2017 (Chicago, IL)