

**OPTN/UNOS Patient Affairs Committee  
Meeting Minutes  
April 18, 2017  
Conference Call**

**Kristie Lemmon, MBA, Chair  
Darnell Waun, MSN, RN, Vice Chair**

**Introduction**

The Patient Affairs Committee (PAC) met via Citrix GoToTraining teleconference on 04/18/2017 to discuss the following agenda items:

1. OPO 101
2. Other Significant Items

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

**1. OPO 101**

Committee leadership requested more education on OPTN policies and related OPTN topics for PAC members. As a result, the Committee is engaged in a monthly policy learning series to ensure they are comfortable with OPTN policies and are able to contribute informed feedback when reviewing other OPTN Committee proposals. This month's topic was on organ procurement organizations (OPOs).

Summary of discussion:

There was little substantive discussion after the presentation because of time.

Next steps:

PAC members requested a more in-depth presentation in the future.

**2. Other Significant Items**

**Spring 2017 Public Comment Proposal Review**

The Disease Transmission Advisory Committee (DTAC)'s proposal, *Guidance on PHS increased risk donor organs*, is out for public comment during a special cycle. They presented their proposal to the PAC for feedback.

Summary of discussion:

The PAC is supportive of the DTAC's effort to provide guidance to inform and facilitate conversations between transplant team members and their patients about the potential risks of disease transmission from increased risk organs.

The PAC felt this document will be very helpful and is especially relevant given the current opioid epidemic. One member felt this guidance would help remove some bias that may get unintentionally passed on to a patient by a provider about a donor's personal behavior. The PAC especially liked the schematic comparing risk of contracting HIV or HCV from a PHS Increased Risk Donor to risk of dying in a traffic accident. They suggested adding "Lifetime" to the figure title to avoid confusion and provide clarity.

PAC members asked the following questions, which were answered during the meeting to the PAC's satisfaction:

Q: On the webinar, there was a question regarding the accuracy of the traffic accident data (risk comparison schematic). Has this data been double-checked for accuracy?

A: Yes, the data is correct. The schematic expresses lifetime risk of dying from a traffic accident versus risk of contracting HIV or HCV from a PHS Increased Risk Donor.

Q: Are metrics being collected to track accepted versus declined offers for organs from PHS Increased Risk Donors? Will any analyses be conducted to track how many transplants would have occurred, had programs accepted an Increased Risk organ? Has the Committee determined when they will review the data to determine whether there has been a change in behavior?

A: Metrics are not built into the guidance document, but these are data UNOS currently tracks. In addition, DTAC tracks this information in a slightly different manner (disease transmission cases). The Committee has a plan to review data over a set period of time to determine whether behavior has changed and to ensure the document stays current.

Q: Is there a cost differential between ELISA and NAT testing?

A: There is a cost difference, but there is a commitment within the transplant community to use the NAT test as it is a much more sensitive test.

### **Upcoming Meeting**

- May, 2017