

**OPTN/UNOS Policy Oversight Committee
Meeting Minutes
May 16, 2017
Richmond, VA**

**Sue Dunn, RN, BSN, MBA, Chair
Jennifer Milton, BSN, CCTC, MBA, Vice Chair**

Introduction

The Policy Oversight Committee (POC) met in-person on Tuesday, May 16, 2017 in Richmond Virginia.

1. Committee Projects

The POC has no currently active committee projects.

2. Other Significant Items – In-person Meeting Agenda Items

- Icebreaker Activity

The POC Chair started the day with a well-received icebreaker activity, asking committee members to tell the group “What or who has been influential in your life?”

- OPTN Strategic Plan Updates

UNOS CEO Brian Shepard provided the Committee with an update on the activities surrounding the planning process for the 2018-2021 strategic plan, including:

- Current plan status
- New plan structure
- Calendar of events

He started the presentation by reviewing the current plan’s notable successes, which he outlined as all of the following:

- Alignment of committee work with strategic plan goals
- Change in evaluation of high-KDPI transplant outcomes
- COIIN project includes new areas of program measurement, sharing of best practices, improved data collection and program use
- First APIs for automated data reporting
- Improved self-service data retrieval and standardized reports
- 33,600 transplants in 2016

He continued by talking about the challenges faced during the current strategic plan period:

- Member performance metrics
- Reduce geographic disparity
- Examine practices to allocate organs in a way that promotes increased transplant benefit across the population
- Identify financial standards and best practices

The presentation then went on to discuss the highlights of the planning for the new strategic plan that revolves around a new plan structure, with the following components:

- OPTN and UNOS plans organized around the same goals
- Description of current activities
- Opportunities for growth
- Metrics

The presentation wrapped up with a review of how the strategic plan structure will focus on OPTN core competencies and included a timeline of events for development of the 2018-2021 strategic plan, including finalization at the June 2018 Board of Directors meeting.

Discussion and comments from the committee included the following:

- A committee member commented that he sees no mention of CMS anywhere in this and it always bothered him that despite broadly similar goals it seems like they're on their own track and not aware of what's going on in the OPTN/UNOS. Mr. Shepard responded that yes, there is a struggle in that often CMS is similar but not the same and have recently adopted some of our policies but it would be easier even if they were just outright different. I do think that if we want CMS to change their message we have to change ours. We've spent a lot of time looking at metrics and trying to figure out how to get CMS to come with us in our goals. I suspect that the next strategic plan will talk about cooperation with CMS and alignment with CMS as one of the goals of the OPTN. He added that the primary reason may also be that we don't have the same goals as organizations. We're responsible for appropriately allocating a scarce resource, organs, and have safety as a responsibility as well, although it's not the primary reason we exist. Our approach is peer driven compared to CMS and geared towards quality improvement. And we're trying to encourage everyone, to participate, including OPO's and CMS can decide to pay or not pay, while we're driving quality improvement for the community.
- A comment that "I wasn't on the committee when the last strategic plan was developed... I wonder if there is an avenue to include the community in the brainstorming and strategic plan development?" Mr. Shepard answered that there are opportunities at the regional meetings, and in the spring a draft plan that will go to public comment, a formal process. We asked the POC last time how they would rank the five goals and we asked at regional meetings. And we asked all the committees. And the POC said "let's put them all the same." That's why it's so important that this committee as a leadership committee is a real leadership role and we have to make decisions and align all our activities to make improvements.
- A committee member commented that she would like to see us spend more time on looking at is there really a problem and how to solve the problem rather than how we score a project, alignment, and if the project's making progress. "I love the strategic plan but I think we need to mature in our assessment of the projects... prioritize the projects." Mr. Shepard agreed and thinks the POC is the major player in this.

- Another member commented that one of the pieces of the community we're not reaching is the end-user. Policy is very unfriendly for the public, general user. We can't really get feedback from the basic unit we're serving, donor families, patient families. This is a challenge. How do you think we can better reach these groups? Mr. Shepard commented that this is a good point and it's a challenge. And this includes the committee members who need to learn about policy and how good policy is made, something they have to learn. I do think we've made progress in making the policy more consistent and translated so that two people don't get the same thing. There are some sections of our policies that will always be complicated and difficult to understand. We can make sure that there are more patients on committees and the patient reps on the Board advocate for patients.
- When will we have a draft of the OPTN/UNOS strategic plan goals? Mr. Shepard said that he will make sure they get a copy of the OPTN and UNOS strategic plans. He added that some of the goals are committee driven and some are staff driven, but there are things there that you'll be able to tell us where we might want to focus.
- Committee member said that when we put these projects into one strategic goal it fails to identify we are having an impact across the spectrum of the goals. I know it makes it more simple, but is there a mechanism going forward where the organization is able to go forward and broaden that a little to have a primary and secondary goal, or something like that? Mr. Shepard noted that at the beginning of this 3 or 4 years ago we didn't assign it to a primary goal and the result was that we would spread it out across goals and make... and would keep working on a project. It would be really easy to look at the goals we already have, look at the goal that is short, and find a way to fit some part of the project into that goal to justify it continuing. These are good ideas; the question is which of these ideas do we want to spend time and money on. We would be open to changing this of course if we could find a way to do this in a rigorous way and make sure we're improving the process.
- Committee Project Resource Estimates

Policy Director James Alcorn and Bradley Frohman, Director, IT Services Portfolio Management, teamed up to provide the POC an overview of how project resource estimates are developed and why they're important in the project reviews.

Mr. Alcorn began by showing how we evaluate committee projects to align them with the current goals of the strategic plan based on resources required for the projects.

Therefore, these estimates are very important for the POC as they review, analyze, and recommend approval of projects to the Executive Committee. He also explained that we get resource estimates at several points along the project life cycle: at project approval, annual updates during the ongoing project review, and before Board approval. These estimates are focused on development efforts (pre-Board approval) and the costs of implementation (post-Board approval).

Mr. Frohman followed with information about the IT estimation life cycle, IT estimation sizing, IT estimation key items considered, confidence in estimation, and the IT Roadmap.

Discussion and comments from the committee included the following:

- New and existing committee project review

As usual during its spring in-person meeting, the POC completed the task of reviewing the entire committee project portfolio so that it can make a recommendation to the Executive Committee about which projects should continue. The POC makes this recommendation to the Executive Committee at the in-person meeting before the June 5, 2017 Board meeting. The review included 23 ongoing projects (evidence gathering status) and one new project from the Histocompatibility Committee. To prepare for the discussion on the projects, POC members completed a review of each of the project forms and completed a survey that included a question about whether the project was making progress and if the project should continue. POC members could also comment on the project. The survey results and agenda are included as **Exhibit A** to these meeting minutes. The projects were placed into consent, discussion, or progress update agendas based on the results of the survey (included at the end of these meeting minutes), as follows:

- Ongoing projects consent agenda:

1. Guidance Regarding Organ Donation by Competent Terminally Ill Donors (Ethics)
2. Improving Allocation of Dual Kidneys (Kidney)
3. OPTN Bylaw Revisions Appendix L (MPSC)
4. Blood Type B candidates and A2_A2B kidneys (MAC)
5. Broadened Allocation of Pancreas Transplants Across Compatible ABO Blood Types (Pancreas)
6. Revisions to Pediatric Emergency Membership Exception (Pediatric)
7. Tracking Pediatric Transplant Outcomes Following Transition to Adult Transplant Programs (Pediatric)
8. Lung Allocation Score (LAS) Refinements and Clean-up (Thoracic)

Discussion and Vote: The committee unanimously voted to recommend approval to the Executive Committee of the consent agenda with no discussion.

- Ongoing projects discussion agenda

1. Honoring first person consent and extending first person consent to include DCD (Ethics)

Discussion and vote: No updates in progress to date since March 2016. Some members had concerns after reading the project form about the direction of the project and the need to clarify. Unanimous vote to recommend approval.

2. White Paper Addressing the Escalation of Treatment for Advancing a Patient's Status on the Transplant List (Ethics)

Discussion and vote: No updates in progress to date since the POC approved the project form. It's understandable that POC had concerns after reading the project form. Other comments from POC members included:

- Ethical issues are important, but troubled by medical positioning of this paper. Doesn't agree that this is a problem.
- Will an ethics paper influence behavior? One member says yes. Others seem to agree that an ethics paper won't solve this; this problem deserves a different solution.

- A paper that chides unethical behavior might not be very effective. But a paper that charges the organ committees to identify and close this loopholes could be more effective.
- Title isn't intuitive.
- There is always a potential to game the system. If we can't influence policy to address gaming, could we influence behavior through an ethical paper?

The POC ended the discussion with a unanimous vote to recommend approval.

3. Review of HLA Tables -2016 (Histocompatibility)

The POC had a very brief discussion and then voted unanimously to recommend approval.

4. Allowing Deceased Donor Chains in the OPTN KPD Pilot Program (Kidney)
Committee members provided good feedback for the committee to move methodically but stressed that they wanted progress to continue. More than one POC member said that it is not enough to just talk in committee, but that identified stakeholders needed to be included in the discussion. The POC ended the discussion with a unanimous vote to recommend approval.

5. Liver Distribution Redesign Modeling (Liver)

Discussion and vote: Committee members commented that their review of this project really was just a "check off" since it would continue to move forward. Some specific comments centered about how we should ensure that the community receives updates and timely information about the progress of the project and solutions being considered. Other comments included:

- One member commented that he likes the monthly emails to liver program directors. (Don't know what these are.)
- Several commented that they like the idea of a broad UNOS policy program at ATC and other conferences, particularly when trying to seek input from stakeholder groups. Specifically, they asked someone at UNOS to submit a placeholder to discuss enterprise and highly controversial projects next summer at ATC.
- The question came up if there is currently a set process to communicate with the broader community for enterprise and highly controversial projects?

The POC ended the discussion with a unanimous vote to recommend approval.

6. Guidance on Increasing Pancreas After Kidney (PAK) Transplants (Pancreas)
The POC had a very brief discussion and then voted unanimously to recommend approval.

7. Pancreas Program Functional Inactivity (Pancreas)
Since the POC had just approved this at its last conference call, there was very little discussion and they voted unanimously for it to continue.

○ Ongoing projects progress update agenda

The POC asked the sponsoring committee Vice Chair to provide a progress report about the following projects, since they scored at least one "NO" vote on the question in the survey that asked if the project was making progress.

1. Education To Reduce Unnecessary Discard of Kidneys with Small RCC Found Pre-Transplant (DTAC)
2. Repairing OPTN KPD Chains (Kidney Paired Donation)
3. Approved Transplant Fellowship Training Programs (MPSC)
4. Expedited Organ Placement (OPO)
5. System Optimizations to Expedite Organ Allocation and Increase Utilization (OPO)
6. Maximum Allowable BMI for KP Waiting Time (Pancreas)
7. Modification of the Lung Transplant Follow-up Form (TRF) to Include CLAD (Thoracic)
8. Guidance on Optimizing VCA Recovery from Deceased Donors (VCA)

Discussion and Vote: Each of the vice chairs gave a brief five-minute update for each of these projects to clarify the progress that's been made and if the timeline for completion has changed. The POC members then voted on all eight of these projects together and unanimously voted to recommend approval to the Executive Committee.

- New project from the Histocompatibility Committee
The last part of the committee project review included one new project from the Histocompatibility Committee, *Addressing HLA Errors*. This project form was also reviewed ahead of the meeting day and POC members completed a survey. The results of this survey and comments are included at the end of these meeting minutes.

Discussion and Vote: The POC voted unanimously to recommend approval of this project and to assign it to Goal 4 (increase safety) as the primary goal. It made a recommendation that the title of the project be changed to more accurately reflect that it is HLA typing that is the subject, or something else more descriptive.

- Movin' on Up and Welcome!

Committee leadership and the POC liaison presented awards to the outgoing POC members and introduced the new POC members to the group.

- UNOS Tour

Mandy Ames and Lisa Schaffner from UNOS Public Relations and Marketing gave POC members a tour of UNOS, including the Organ Center. Reports from several Committee members were that the tour was very informative and enjoyable.

- Multi-organ/Access projects discussion (James Alcorn, Director, Policy)

Mr. Alcorn started by framing the discussion by showing the projected gap in the alignment of committee projects in Goal #2 that will occur after major Liver Committee projects are approved by the Board.



He also noted that the POC or Executive Committee had formerly declined to approve several projects in Goal 2 or they were withdrawn by the Committee, including:

- KAS Desensitization (Histocompatibility)
- Multi-Organ (OPO & Ethics)
- Broader sharing of lungs (Thoracic)
- Reduce Pediatric Liver Waiting List Mortality (Pediatric)

He also noted that, because of the way we review new projects as requested on a monthly basis, we needed to be careful not to just approve the first access projects that came to the POC in the first month we review new projects. Instead, the following recommendations were made:

- Wait until after the June Board meeting to review any new projects
- Collect updated projects from committees
- Review all access projects at same time

The meeting adjourned at 3:15 pm.

Upcoming Meetings

- July 26, 2017
- August 16, 2017
- September 15, 2017
- October 18, 2017
- November 17, 2017
- December 20, 2017
- January 17, 2018
- February 16, 2018
- March 21, 2018

POC ONGOING PROJECTS - MAY 2017

Project	Progress	No Progress Comments	Alignment with Goal	Continue?	Comments	Primary Strategic Goal
1. Education To Reduce Unnecessary Discard of Kidneys with Small RCC Found Pre-Transplant - Ad Hoc Disease Transmission Advisory Committee	6 YES; 1 NO	A little unclear if the workgroup is only now reviewing data, as to whether they will be able to meet the milestones of developing a product by the end of the month	4.4	7 YES; 0 NO	<p>In preparing the guidance document, the workgroup should include other non-UNOS registry, single center published data because it will be more granular and comprehensive than UNOS data. There are several published series that are worth considering in the final guidance document.</p> <p>1. Does working group include a UROLOGIST? I have utilized an RCC kidney and requested consultation from my urology colleague. The lesion had previously been "fully excised" during procurement (approximately 9mm) but we had PHOTOGRAPHS which I showed the urologist (perhaps another recommendation to be considered as typically, the procuring surgeon may have already cut into or removed the lesion). The lesion therefore needed to be re-excised prior to transplantation. I thought this was not a big deal. Well, ... he took X-rays of the kidney ex vivo, marked margins, dealt with the pathologist, etc. etc. So I think the guidance document needs to address the possible value of urology consultation to deal with a definitive excision of the lesion. Recipients will also need post-transplant surveillance / follow-up; my pt follows up with the urologist who performed the excision! 2. In the single case where the recipient developed RCC within one year of transplant, the OUTCOME of this should be provided, if at all possible. This goes for any other cases of likely transmission. 3. I am curious as to whether the presence of small RCC has an impact on the placement of non-renal organs from the same donor. 4. Perhaps already planned but some demographics related to RCC donors would also be informative - are these otherwise high, medium, or low quality organs?</p> <p>must consider time expenditure in relation to all of the projects moving through the OPTN</p>	Increase the number of transplants
2.Guidance Regarding Organ Donation by Competent Terminally Ill Donors - Ethics Committee	7 YES; 0 NO		4.3	7 YES; 0 NO	<p>Useful guidance document for very rare circumstances. Does the Ethics Committee have any timeline they anticipate for this project? supportive of this work if competency can be established</p>	Increase the number of transplants

POC ONGOING PROJECTS - MAY 2017

Project	Progress	No Progress Comments	Alignment with Goal	Continue?	Comments	Primary Strategic Goal
<p>3. Honoring first person consent and extending first person consent to include DCD - Ethics Committee</p>	<p>2 YES; 5 NO</p>		<p>4.0</p>	<p>5 YES; 2 NO</p>	<p>Would like to hear more about the pros /cons of position statement versus white paper with respect to impact. One additional comment: you have a society / association of critical care nurses but I do not believe that you have identified critical care physicians as a stakeholder.</p> <p>if the Ethics committee still feels that this is an appropriate use of time, although the project appears to be languishing somewhat</p> <p>I am unsure that a position statement would have significant impact on this situation.</p> <p>Like that the committee has decided that this should be a position statement and not a full white paper. Also, PLEASE change the title to the common vernacular of Authorization, not Consent. Deceased Donation does not involve consent, and authorization is the language used by OPOs. Date is incorrect on the latest committee update -- should read 2017, not 2016.</p> <p>While time commitment for the OPTN is very small - the practical application of this project is large as legislation would need to be modified in many states</p>	<p>Increase the number of transplants</p>
<p>4. White Paper Addressing the Escalation of Treatment for Advancing a Patient's Status on the Transplant List - Ethics Committee</p>	<p>4 YES; 3 NO</p>	<p>Not completely sure; may be on track.</p>	<p>3.6</p>	<p>5 YES; 2 NO</p>	<p>As described, too nebulous. Need the questions posed by POC in February to be answered and need more information about the exact problem(s) and the scope.</p> <p>I believe that ethical statements regarding the use of treatments purely to advance a patient on the waitlist would be valuable. The extent of the problem is difficult to define precisely because these are potentially appropriate treatments. As to previous comments regarding whether using these treatments with the potential for harm is inappropriate, this gets to the crux of the ethical dilemma regarding (1) a balance between short-term harm (side effects of treatment) and long-term benefit (earlier allograft offer) in the individual patients, as well as (2) the balance between the duty of a physician to the individual patient vs. to the system as a whole</p> <p>Reassess timeline. Still a valid issue but there are a lot of issues that need to be addressed before it is ready for prime time.</p>	<p>Increase equity in access to transplants</p>
		<p>nothing listed under progress to date</p>				
		<p>POC concerns have not been addressed according to progress report.</p>				

POC ONGOING PROJECTS - MAY 2017

Project	Progress	No Progress Comments	Alignment with Goal	Continue?	Comments	Primary Strategic Goal
					Will this paper be ready for the July 2017 public comment period? This issue seems too controversial and will be difficult to quantify any specific interventions - caution when issues threaten to compromise patient safety	
5. Review of HLA Tables (2016) - Histocompatibility Committee	5 YES; 1 NO	The original plan was for public comment in January, it is now expected to go in July	4.0	5 YES; 1 NO	How often to HLA professionals believe this occurs - how many patients are reflected in 50% of those with a CPRA >98%? Seems to be a costly project --would weigh against the volume of impact	Improve waitlisted patient, living donor, and transplant recipient outcomes
6. Improving Allocation of Dual Kidneys - Kidney Committee	6 YES; 0 NO		4.5	6 YES; 0 NO	Concerned that the OPTN committee can't enforce any charge structure changes to the OPOs --language in the proposal suggests this can be uniform	Increase the number of transplants
7. Allowing Deceased Donor Chains in the OPTN KPD Pilot Program - Kidney Paired Donation	4 YES; 3 NO		4.0	5 YES; 2 NO	Data to support the potential number of impacted cases would be helpful. This project is significant in time and cost....will the benefits be worth it? Not worth the effort; Which DDs will be shifted to this type of allocation? it seems it would be rather arbitrary. What does "enterprise" mean? There doesn't seem to be enough initiative on this project to validate resources being placed against it.	Increase the number of transplants
8. Repairing OPTN KPD Chains - Kidney Paired Donation	6 YES; 1 NO	Not going to meet July PC deadline proposed initially.	4.1	7 YES; 0 NO	Are there appropriate precedents to consider, perhaps from other KPD programs? Some refocusing of this project has occurred which seems appropriate. I believe that we need to continue to improve our processes for OPTN paired kidney exchange and this project should continue. But I don't favor prolonging the limbo for the intended recipients and donors by seeking other methods to try to repair chains. I favor truncating the chain where it is broken and leaving it at that.	Increase the number of transplants

POC ONGOING PROJECTS - MAY 2017

Project	Progress	No Progress Comments	Alignment with Goal	Continue?	Comments	Primary Strategic Goal
9. Liver Distribution Redesign Modeling (Redistricting of Regions) - Liver and Intestines Committee	4 YES; 3 NO	The enormity of this project has driven the delays so it is understandable that it has been challenging to meet the original time table. It does appear that things are on track to meet the current schedule.	3.9	5 YES; 2 NO	Support continued efforts if they ensure that certain populations aren't disadvantaged for the purpose of addressing other transplant needs. Support the continued exploration of other metrics for both the transplant centers and OPOs.	Increase equity in access to transplants
		Going around in circles for several years now			If the project continues, the committee must consider models that do not disadvantage at risk populations across the country (race, ethnicity, rural vs. urban, proximity to centers). There was an illustrative abstract at a plenary session at ATC that should be considered in the modeling. If not possible then any model might result in unintended negative consequences with regard to disadvantaging at risk populations.	
		This proposal is struggling both in committee and in the public. Seems like the liver community is not going to be supportive of this and is now in the 6th year trying to find a solution. At what point is this going to find an resolution?			Need to have a better idea of where you see this going with valid and measurable goals. Do you feel you are making any progress in getting the liver community on board with this proposal? If so, then please state this specifically in your timeline updates.	
10. Approved Transplant Fellowship Training Programs - Membership & Professional Standards Committee	6 YES; 1 NO	Seems to be a very protracted timeline overall but there does appear to be good forward progress of late.	4.1	7 YES; 0 NO		Promote the efficient management of the OPTN
11. OPTN Bylaw Revisions_ Appendix L - Membership & Professional Standards Committee	7 YES; 0 NO		4.3	7 YES; 0 NO		Promote living donor and transplant recipient safety
12. Blood Type B candidates and A2_A2B kidneys - Minority Affairs Committee	7 YES; NO	I think it is on track but not sure. the progress of the actual guidance document is unclear. (Comments received after survey deadline - not reflected in vote)	4.9	7 YES; 0 NO	I think it would be beneficial for POC, Board, staff for the committee to revise the proposed solutions section to note that primarily this project is to create a Guidance Document, and the work spent on that process will also be used to develop a webinar and abstract for AJT and to present at ATC and TMF. I think this is relevant because the POC, Board do not need to approve webinars and abstracts- but do need to approve Guidance Documents. Nevertheless, this remains a worthy project, and appears to be on track. Very important to see this through for minority candidates. The MAQ is making great progress on this important project.	Increase equity in access to transplants

POC ONGOING PROJECTS - MAY 2017

Project	Progress	No Progress Comments	Alignment with Goal	Continue?	Comments	Primary Strategic Goal
					would like to know how the actual guidance document is coming along, but otherwise seems very worthwhile and straightforward.	
13. Expedited Organ Placement - Organ Procurement Organization Committee	7 YES; 1 NO	<p>This project was approved 1/19/17 and for the past four months, little progress is noted although their goal is public comment by Jan 2018. Would recommend committee revise timeline to include key milestones, as it is otherwise difficult to determine if the project is on target. Given the last update, "the joint societies steering committee recommended this project fall under a joint society working group" it is even more unclear if this project can meet its stated timeline and/or what other milestones need to be achieved.</p> <p>the proposal is currently under review by joint societies work group. it is unclear what the timeline will be. Maybe this review will be quick but it is uncertain.</p>	4.8	8 YES; 0 NO	<p>I feel that a limit to the expedited organs should be set- <5%?? I feel that we want to avoid that the majority of organs are allocated in this manner.</p> <p>Committee should just be reminded this primary goal remains over allocated effort wise by 10% -so they should continue to work diligently to identify milestones, and meet projected timeline so that resources might be freed up, on time, for other important projects.</p> <p>This needs to move forward. Too many organs are being discarded and OPOs need guidance on how a transition to 'aggressive' centers can be achieved within policy</p> <p>What if transplant programs decide to change their acceptance rate for certain types of organs. Will those programs that had low rates be boxed in, that is, will the proposed algorithm prevent programs with a history of low rates from being able to increase their rates? It seems like programs that wish to increase their rates might not get as many organ offers as they would like. What kind of flexibility is there in the algorithm to accommodate change? Also, what kind of information can transplant candidates obtain about the transplant program as one of low rates or high rates of accepting discarded organs? It seems that a system of information disclosure to patients should accompany the algorithm.</p>	Increase the number of transplants
14. System Optimizations to Expedite Organ Allocation and Increase Utilization - Organ Procurement Organization	4 YES; 4 NO	No documentation of progress since approval	4.8	8 YES; 0 NO	Consider if this is a priority and place on hold if not working on it.	Increase the number of transplants

POC ONGOING PROJECTS - MAY 2017

Project	Progress	No Progress Comments	Alignment with Goal	Continue?	Comments	Primary Strategic Goal
		<p>Overall the project seems to be on target with the milestones noted but, these do note that by May 2017 the committee hoped to have an 'Initial review of public comment proposal' So it is unclear if the committee feels it will meet its July 2017 goal to go to public comment.</p> <p>They are behind the initially proposed timeline, but this is not surprising, given the magnitude of the issue across all organs.</p>			<p>The committee should be reminded that keeping focused on meeting projected milestones is critical as the primary goal 'increasing transplants' remains over-allocated by 10% which impacts other future important projects which may be delayed, or declined by POC in upcoming project reviews due to over-allocation. Overall, it seems to be on target, but I feel this is an important reminder to the workgroup and committee.</p> <p>The controversy section is incomplete.</p> <p>I may have accidentally entered this feedback intended for this project in the review section for the pancreas one. This project is really important and is exactly the kind of thing we need to do</p>	
15. Broadened Allocation of Pancreas Transplants Across Compatible ABO Blood Types - Pancreas Committee	7 YES; 0 NO		4.3	7 YES; 0 NO	<p>Greater explanation for how this policy proposal intends to reduce racial/ethnic disparities.</p> <p>Important project while the number of centers that are performing panc tx continue to decrease.</p> <p>Concerns regarding declining number of pancreas transplants nationally and justifying increasing access for pancreas transplant while losing transplant opportunities for blood type O kidney recipients. May be difficult to overcome.</p>	Increase the number of transplants
16. Guidance on Increasing Pancreas After Kidney (PAK) Transplants - Pancreas Committee	5 YES; 2 NO		4.1	6 YES; 1 NO	<p>What counts as 'sufficient*' benefit in outcomes for PAK to justify its continued practice? What is the cause of the decline in PAK? The way the project aim is written makes it sound a bit too forced to trying to find evidence to support PAK when SKP is shown to be better. What is the rationale to keep PAK when SKP is better?</p> <p>Time could be better spent elsewhere.</p>	Increase the number of transplants
17. Maximum Allowable BMI for KP Waiting Time - Pancreas Committee	5 YES; 1 NO	Project is on schedule but now seems to be digressing to a broader goal than originally approved for.	4.8	6 YES; 0 NO	The project appears to be extending well beyond the originally approved project. Does that make it an entirely new project?	Increase the number of transplants

POC ONGOING PROJECTS - MAY 2017

Project	Progress	No Progress Comments	Alignment with Goal	Continue?	Comments	Primary Strategic Goal
					It does not seem like there is a clinical basis to the maximum BMI, but rather the maximum BMI is based on what seems to be an arbitrary, non-clinical equation: "BMI is based on the percentage of active kidney-pancreas candidates that meet the waiting time criteria." It would help to know what the rationale for the original maximum BMI was in order to determine whether there is any good rationale to retain the original policy. Otherwise, it seems like a no brainer to revise this seemingly arbitrary policy to increase transplant rates. Good progress has been made.	
18. Pancreas Program Functional Inactivity - Pancreas Committee	4 YES; 1 NO	Not sure of the significance of the Joint Society not taking up the project.	4.2	3 YES; 2 NO	<p>It seems like the Committee should work out the controversies first before proposing this policy change.</p> <p>Not sure where this stands.</p> <p>I'm unclear on what it means that the Joint Societies Steering Committee did not take up the project.</p> <p>This has to be a priority for the panc committee.</p>	Improve waitlisted patient, living donor, and transplant recipient outcomes
19. Revisions to Pediatric Emergency Membership Exception - Pediatric Committee	6 YES; 0 NO		4.7	6 YES; 0 NO		Improve waitlisted patient, living donor, and transplant recipient outcomes
20. Tracking Pediatric Transplant Outcomes Following Transition to Adult Transplant Programs - Pediatric Committee	6 YES; 0 NO		4.8	6 YES; 0 NO		Improve waitlisted patient, living donor, and transplant recipient outcomes
21. Lung Allocation Score (LAS) Refinements and Clean-up - Thoracic Committee	6 YES; 0 NO		4.5	6 YES; 0 NO	<p>Seems like proposal is on hold by the committee but they want to come back to it soon.</p> <p>If worked on with the CLAD project</p>	Improve waitlisted patient, living donor, and transplant recipient outcomes
22. Modification of the Lung Transplant Follow-up Form (TRF) to Include CLAD - Thoracic Committee	3 YES; 2 NO	Acknowledged slow progress.	4.4	5 YES; 0 NO	<p>timelines have been extended which is probably wise to better define project.</p>	Improve waitlisted patient, living donor, and transplant recipient outcomes

POC ONGOING PROJECTS - MAY 2017

Project	Progress	No Progress Comments	Alignment with Goal	Continue?	Comments	Primary Strategic Goal
<p>23. Guidance on Optimizing VCA Recovery from Deceased Donors - Vascularized Composite Allograft Committee</p>	<p>4 YES; 1 NO</p>	<p>There is lack of progress on 2 key points: It remains unclear since February 2017 what the difference is between the educational guidance document and the instructional solution. There are 2 different projects being proposed in this proposal: an instructional solution, and a survey of OPOs about their effective practices of VCA authorization and recovery - to inform a guidance document that the VCA committee is already working on. The framework for the guidance document still needs to be more balanced- currently it lists benefits of VCA but needs to also include risks and downsides. These aforementioned issues have not been addressed in the current proposal.</p> <p>I cannot tell if they are on track-- some progress but what has happened in April is unknown</p>	<p>4.8</p>	<p>5 YES; 0 NO</p>	<p>The need for guidance for OPOs on VCA is clear. The estimated hours are large but it is unclear what the deliverable will be for these hours. Greater specification is needed about not the modality per se, but what the end goal/product will be.</p>	<p>Increase the number of transplants</p>