Introduction

The Committee met via Citrix GoTo Training teleconference on 09/18/2017 to discuss the following agenda items:

1. Public comment proposals

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

1. **Broadening Allocation of Pancreas Transplants Across Compatible ABO Blood Types (Pancreas Transplantation Committee)**

   **Summary of discussion:**
   Several members expressed concerns about the waiting times for blood type O kidney candidates. Overall, the OPO Committee supports this proposal as an effort to increase pancreas utilization.

2. **Enhancing Liver Distribution (Liver and Intestinal Organ Transplantation Committee)**

   **Summary of discussion:**
   One member requested and received clarification that the 150 miles nautical circle was from the donor hospital and not an OPO recovery center. Another member asked if there has been any discussion regarding additional priority points within the DSA? The Liver Committee has received that comment at several regional meetings and will determine if post-public comment changes are necessary to address the comments. Another member asked about data regarding certain locations where waitlist mortality is higher and whether this proposal will address the issue. It was noted that such areas sometimes have additional co-morbidities which cannot be addressed by this proposal. In general, the OPO Committee continues to support broader sharing and efforts to improve the inefficiencies in allocation. It is also important to note that this proposal is not the result of OPO performance issues but an issue of disparities in waitlist mortality and MELD scores at transplant across the country. The committee members did agree that this proposal would not have a substantial impact on OPOs other than building new relationships with transplant centers outside their normal distribution area.

3. **Improving Allocation of En Bloc Kidneys (Kidney Transplantation Committee)**

   **Summary of discussion:**
   The OPO Committee supports this proposal and offer the following comments: The OPO Committee Chair noted there have been some concerns in the community that some kidneys may be discarded as a result of maintaining alignment with Policy 5.9: Released Organs. There is also concern about not automatically allowing the second kidney to stay at the center if the surgeon decides to split the kidneys. The Kidney Committee Chair noted that following Policy 5.9 is the current practice for en bloc kidneys. The Committee was assured that the Kidney Committee would monitor these changes and make the necessary adjustments if needed. One committee member noted the policy should benefit the community since there is currently no
policy in place for en bloc kidneys. Improving Dual Kidney Allocation (Kidney Transplantation Committee)

The OPO Committee supports this proposal and provided no comments.

4. Allowing Deceased Donor-Initiated Kidney Paired Donation Chains (Kidney Transplantation Committee)

Summary of discussion:

The OPO Committee supports this proposal and offer the following comments: One committee member asked which model would provide the most number of transplants. The Kidney Committee chair noted that all the models would increase the number of transplants and the committee is trying to make sure they don’t disadvantage populations such as blood type O, minority, and pediatrics candidates. Another committee member suggested getting additional input from living donors about how these particular models might impact their decision.

Upcoming Meeting

- October 25, 2017 in Chicago, IL