

OPTN/UNOS Membership and Professional Standards Committee (MPSC)
Meeting Minutes
August 31, 2018
Conference Call

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Introduction

The Membership and Professional Standards Committee met by conference call and GoToTraining on August 31, 2018, to discuss the following agenda items:

1. Member Related Actions
2. Review of Public Comment Proposals
3. Committee Actions

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

1. Member Related Actions

The Committee is charged with determining whether member clinical transplant programs, organ procurement organizations, histocompatibility laboratories, and non-institutional members meet and remain in compliance with membership criteria. During each meeting, it considers actions regarding the status of current members and new applicants.

The Committee reviewed the applications and status changes listed below and will recommend that the Board of Directors take the following actions when it meets in December:

- Fully approve reactivation with a personnel change of 1 living donor component
- Fully approve 1 living donor component with a personnel change from conditional

In addition, the Committee also reviewed and approved the following actions:

- 29 Changes in transplant program and living donor component personnel
- 9 Changes in histocompatibility lab personnel RESOLVED, that the Committee approves the applications consent agenda.

The Committee voted 26 Yes, 0 No, 0 Abstentions

2. Review of Public Comment Proposals

Changes to Islet Bylaws

The chair of the Pancreas Transplantation Committee presented this proposal to the MPSC. MPSC members did not express any concerns about the proposal, but they asked the Pancreas Committee Chair several questions about the implications of allowing free-standing islet transplant programs. A summary of the questions and his answers follows.

- What was the original rationale for requiring islet transplant programs to be located at a hospital with a pancreas transplant program?

One of the main reasons was to ensure that patients were presented with options for both pancreas and islet transplantation. The Pancreas Committee chair explained that the current bylaws allow for a free-standing islet transplant program as long as the program is affiliated with a pancreas transplant program at another hospital. However, the Pancreas Committee felt that requirement was unduly restrictive because of a decreasing number of pancreas transplant programs.

- Are there any risks to patients at a free-standing islet transplant program, and are there any common complications that might require surgical management?

The risk of complications exists; the worst complication would be portal vein thrombosis requiring liver resection. However, these types of complications would not require affiliation with a pancreas transplant program. The proposed bylaws require an abdominal surgeon as one of the expert medical personnel, so islet transplant programs will have to have a surgeon to manage these types of complications.

- Would all free-standing islet transplant programs be required to have an affiliation with an OPO?

The same general transplant program requirements will apply to islet transplant programs, so they would have to be affiliated with an OPO. Going forward, a transplant hospital that only has an islet transplant program would look like any other transplant hospital with a single transplant program from the perspective of OPTN requirements.

Pancreas Program Functional Inactivity

The MPSC thanked the chair of the Pancreas Transplantation Committee for including MPSC members on the working group that helped develop the proposal. The MPSC did not express any concerns about the proposal, but MPSC members did provide feedback on several points, which are summarized below

- An MPSC member observed that the proposal seemed to imply that a low volume program with short waiting times would have a higher probability of good outcomes. He was unable to find any supporting data via a literature search, and asked if the Pancreas Committee had internal data to support this idea.

The Pancreas Committee chair was not aware of data showing that programs with short waiting times had better outcomes, and stated that it was not the committee's intent to imply that. While the Pancreas Committee incorporated outcomes in the initial criteria, they steered away from that idea in the final proposal because outcomes are measured separately.

- An MPSC member asked how frequently the waitlist times would be recalculated to allow a program that was deemed to be functionally inactive to attain a status of functionally active. A low-volume transplant program will have an unstable average waiting time where a single transplant could shift the program's average significantly one way or the other, but there may be nothing particularly different about the program otherwise.

Currently, the reports on functionally inactive programs are provided 3 times per year. The frequency of the waiting time calculation is still being discussed, as are the details of the reports that will need to be produced if this proposal is approved.

3. Committee Actions

The Committee unanimously agreed that actions regarding Bylaws, Policy, and program-specific decisions made during the OPTN session would be accepted as UNOS actions.

RESOLVED, that the Committee accepts those program specific determinations made during the meeting as UNOS recommendations.

FURTHER RESOLVED, that the Committee also accepts the recommendations made relative to Bylaw and Policy changes.

The Committee voted 27 Yes, 0 No, 0 Abstentions

Upcoming Meetings

- September 20, 2018, 3:00-5:00pm ET, conference call
- October 16-17, 2018, Chicago
- February 26-28, 2019, Chicago
- July 16-18, 2019, Chicago
- November 5-7, 2019, Chicago