OPTN/UNOS Ad-Hoc Geography Committee Minutes
Meeting Minutes
November 27, 2018
Conference Call

Kevin O'Connor, MD, Chair

Introduction

The Ad-Hoc Geography Committee met via GoToTraining teleconference on 11/27/2018 to discuss the following agenda items:

1. Liver & Intestinal Organ Transplantation Committee Update
2. Thoracic Organ Transplantation Committee Update
3. Vascularized Composite Allograft (VCA) Transplantation Committee Update
4. Operations and Safety Committee Update
5. Geography Proposal Update and Board Meeting Preview

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

1. Liver & Intestinal Organ Transplantation Committee Update

The Committee heard an update from the Liver Committee Chair on the recently closed Special Public Comment period and the Liver Committee allocation proposal.

Data summary:

The Liver Committee Chair presented the Committee's allocation proposal, called Broader 2 Circle (B2C), which includes the following:

- Liver distribution:
    - Status 1A and 1B within 500 nautical miles (nm)
    - MELD/PELD at least 29 within 250nm
    - MELD/PELD 15-28 within 150nm, then 250nm, then 500nm
    - Status 1A and 1B and MELD or PELD scores of at least 15 across the nation
- Prioritizes pediatric candidates for pediatric donor livers
- Alternate allocation for Donation after Cardiac Death (DCD) and donors >70 that prioritizes distance more
- National Liver Review Board (NLRB):
    - Replaces median MELD at transplant in the Donation Service Area (DSA) or region with the median MELD at transplant within a 250nm circle around the transplant hospital for patients that are at least 12 years old, and with the median PELD at transplant in the nation for patients less than 12 years old
    - Clarifies some of the exception scoring
- Intestine allocation using 500nm from donor hospital
- Simultaneous Liver-Kidney (SLK) required through MELD 29 within 250nm; through MELD 15 within 150nm

The B2C model would also end the Region 9 variance which treats the state of NY as the DSA, keep split liver variance, keep Hawaii variance and extend it to Puerto Rico, as well as add an exception for Alaska that treats donors recovered in Alaska as if they originated in Seattle.

The Liver Committee Chair summarized the changes their Committee made to their proposal based on public comment feedback:

- MELD threshold lowered to 29 for liver and SLK from 32

- Added Puerto Rico and Alaska exception
- Added 3 months in between NLRB and allocation implementation

Summary of discussion:

There were no questions from the Committee.

Next steps:

The Liver Committee's proposal will be presented and voted on at the December Board of Directors meeting in Dallas, TX.

2. Thoracic Organ Transplantation Committee Update

A Thoracic Committee representative presented an update on the progress of their allocation project.

Data summary:

The Thoracic Committee met November 1 in Chicago to go over Scientific Registry of Transplant Recipients (SRTR) modeling of 150nm, 250nm and two versions of 500nm. Option A retained broader distribution to status 1 and 2 candidates and Option B removed broader distribution to status 1 and 2 candidates. The Committee voted to move forward with 250nm as the first unit of distribution for hearts by a narrow margin. The Thoracic Committee plans to also solicit feedback from the community on a smaller 150nm model. The Thoracic Committee also voted on changes to other policies impacted by removing DSA:

- 5.10.C - Other Multi-Organ Combinations
- 6.4.B - Exceptions to Allocation for Sensitized (Heart) Patients
- 6.6.F - Allocation of Heart-Lungs (will be discussed during the next full Thoracic Committee meeting, November 29)

Summary of discussion:

The Geography Committee Chair asked the Thoracic Committee representative if their committee looked to see what percentage of heart cold ischemic time (CIT) would be made of transportation time in any of the new models. The Thoracic Committee representative stated they were not able to evaluate how much CIT would be attributable to all transportation factors.

3. Vascularized Composite Allograft (VCA) Transplantation Committee Update

UNOS staff presented an update on the VCA Committee allocation project.

Data summary:

Consistent with the Executive Committee directive to address the use of "Region" in OPTN Policy 12.2, the VCA Committee developed an amendment to policy language to remove "region" and replace it with a consistent geographic boundary. This change is in keeping with the OPTN Final Rule elements of 1) efficiency, and 2) transplant outcomes. This was developed by a dedicated Subcommittee who met weekly and brought recommendations to the VCA Committee in October 2018.

The VCA Subcommittee discussed the following elements:

- The Subcommittee considered the three organ distribution frameworks put forth by the Geography Committee. They chose the fixed distance model as this was the one model that data could support, and there was sufficient time to make a change using this model. There is interest within the VCA Committee for more advanced VCA allocation, but this requires more case volume and accumulation of more outcome data.

- The VCA Subcommittee recommended not changing the existing two-tier allocation system. First would be allocation within the fixed distance, then national allocation. This is the same approach as the current allocation system.
- Single policy that will apply to all VCAs. There is not sufficient data available to inform changes to allocation policy for specific VCA types.
- Considering diverse data sources to guide decision-making. This included limited OPTN outcome data in VCA transplants and clinical guidance for total ischemia time in the setting of limb replantation. There is not relevant clinical guidance for facial reconstruction, so this area of VCA transplantation is influenced by other surgical specialties that deal with ischemia in complex osteomyocutaneous tissue.
- SRTR modeling is not available for VCA transplants. This is because the body of data is still accumulating and the case volume is very small at this early stage.

Summary of discussion:

The Geography Chair requested clarification on how the VCA Committee chose 750nm and then nationally as their allocation model. UNOS staff explained the VCA Committee proposed 750nm after reviewing the data available and it's a developing field. They did not think the larger radius would cause a large increase in CIT and would not affect patients functionally.

Another Committee member asked what the source of the data was and how distance was calculated. UNOS staff explained the VCA Committee used DonorNet data and they will follow up with the VCA Committee to determine how distance was calculated.

Next steps:

The VCA Committee will be seeking public comment on replacing “region” in current allocation policy with a 750nm radius from the donor hospital. This is informed by what OPTN data is available, published material from U.S. and international VCA teams, and other surgical specialties. The Committee is seeking feedback from the community whether another fixed distance should be considered and why.

4. Operations and Safety Committee Update

The Chair of the Operations and Safety Committee presented an update on their plane questionnaire project.

Data summary:

54 of 58 (93%) of Organ Procurement Organizations (OPOs) plus 10 transplant hospitals responded to the questionnaire. In addition, the Operations and Safety Committee collected quantitative and qualitative data gathered via interviews and conversations with a variety of transplant professionals.

The Operations and Safety Committee Chair presented some highlights from the quantitative data points to the following questions:

- Are there different requirements for flying organs vs recovery teams?
- Are you ever unable to find a pilot for a surgeon/organ?
- Are you ever unable to find a plane for a surgeon/organ?
- Do airport/pilot duty hour restrictions ever influence recovery?
- What is the furthest driving distance for donor hospital to airport?
- What is the furthest driving distance for airport to transplant hospital?
- What is the furthest driving distance for an organ?
- What is the furthest driving distance for a kidney/heart/liver/lungs/pancreas?
- Percent of organs transported by air

- Percent of kidneys/hearts/livers/lungs/pancreas transported by air

Summary of discussion:

Some Committee members raised concerns on how some of the questions were written. Specifically, by using the word “ever” it’s difficult to determine if the issue is a frequent problem or if it has been resolved.

The Operations and Safety Committee Chair encouraged the Geography Committee members to read the full report as there are many quotes from respondents with more detail.

5. Geography Proposal Update and Board Meeting Preview

The Chair updated the Committee on the status of the geography framework project. The Chair gave a presentation to the Board of Directors Policy Group on November 14 with a summary and review of public comment feedback. The Board Policy Group voted unanimously in support of sending the resolution to the full Board for a vote.

Summary of discussion:

Some Committee members asked for clarification on if the document going forward is a proposal or resolution. The Chair explained the document is a resolution which will provide a framework for the organ specific committees to base their specific organ allocation models from.

Next steps:

The Chair will present the resolution to the Board of Directors on December 4 in Dallas, TX.

Upcoming Meetings

- December 18, 2018 Teleconference