

**OPTN/UNOS Thoracic Organ Transplantation Committee
Meeting Minutes
January 31, 2019
Conference Call**

**Ryan Davies, MD, Chair
Erika Lease, MD, Vice Chair**

Introduction

The OPTN/UNOS Thoracic Organ Transplantation Committee (Committee) met via Citrix GoToTraining teleconference 01/31/2019 to discuss the following agenda items:

1. Spring 2019 Public Comment Proposal Review

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

1. Spring 2019 Public Comment Proposal Review

The Committee reviewed two proposals out for public comment this cycle.

Modify HOPE Act Variance to Include Other Organs

The Committee commends the Ad Hoc Disease Transmission Advisory Committee's (DTAC) efforts to facilitate policy changes enacted by the OPTN/UNOS HOPE Act Variance to allow programs meeting the research and experience requirements to recover and transplant organs in addition to liver and kidney. Members thought this was appropriate and perhaps overdue and should be generally well-received within the thoracic organ transplantation community.

One member asked about experience requirements in the NIH research protocol. Programs may have experience caring for a larger volume of potentially eligible patients who have since moved on from receiving care from that program.¹ Would that program be eligible to apply? The presenter cited that the requirements were phrased in a way that allowed programs some latitude in how the collective experience was accumulated.

Ethical Implications of Multi-Organ Transplants

The Committee commends the Ethics Committee for their work on analyzing the ethical principles involved when considering MOT policy and felt the white paper provided a reasonable foundation to inform future multi-organ allocation policy development. One member opined that removal of DSA from organ allocation policy may disadvantage multi-organ candidates, and that geography should be an important consideration when developing both multi-organ policy, as well as something to be cognizant about in the current discussions and changes to organ distribution. Otherwise, the Committee was supportive of the white paper's recommendations.

Upcoming Meeting

- April 2019

¹ *Final Human Immunodeficiency Virus (HIV) Organ Policy Equity (HOPE) Act Safeguards and Research Criteria for Transplantation of Organs Infected With HIV*. Federal Register, Vol. 80, No. 227. 3.1.ii "In order for a transplant hospital to initiate HIV-positive to HIV-positive transplantation...The transplant physician and HIV physician collectively must have experience with at least 5 HIV-negative to HIV-positive transplants with the designated organ(s) over the last 4 years. This constitutes the minimal experience necessary..."