

**OPTN/UNOS Minority Affairs Committee  
Meeting Minutes  
February 11, 2019  
Conference Call**

**Sylvia Rosas, MD, MSCE, Chair  
Irene Kim, MD, Vice Chair**

**Introduction**

The OPTN/UNOS Minority Affairs Committee (the Committee) met via GoTo teleconference on 2/11/2019 to discuss the following agenda items:

1. Public Comment Review: Eliminate the use of DSAs in Thoracic Distribution
2. Public Comment Review: Eliminate the use of DSAs and Regions from Kidney-Pancreas Distribution Concept Paper
3. Public Comment Review: The Ethical Implications of Multi-Organ Transplants

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

**1. Public Comment Review: Eliminate the use of DSAs in Thoracic Distribution**

The chair of the OPTN/UNOS Thoracic Organ Transplantation Committee gave an overview of a proposal to remove DSA from heart distribution, followed by discussion by the Committee.

Data Summary:

The OPTN/UNOS Thoracic Organ Transplantation Committee (the Committee) proposes replacing DSAs with a 250 nautical mile (NM) distance from the donor hospital. The goal of this change is to make heart allocation policy more consistent with the Final Rule and provide more equity in access to transplantation regardless of a candidate's place of listing. In addition, this proposal realigns the first units of distribution for heart and lung allocation, addresses the limited utility of the exception for sensitized heart candidates, and finally, resolves several clerical artifacts that remain as a consequence of removing DSA as a unit of distribution from heart allocation policy.

Summary of Discussion:

The MAC was interested in the modeling that went into developing the proposal; in particular, the MAC wanted assurance that vulnerable populations were duly considered and modeling identified potential impacts for these populations. The Thoracic Committee presenter identified that each of the models looked at impact by gender, population density, geography by states, center volume, and waitlist mortality. No negative impacts were seen according to the metrics tied to vulnerable populations. A question was asked whether there are non-contiguous thoracic programs that potentially getting disadvantaged by lack of a "regional" distribution level. The Thoracic Committee presenter clarified that thoracic policy doesn't have a regional distribution currently, and also that no non-contiguous areas have heart transplant programs that would be receiving organ offers to transplant at the non-contiguous area.

**2. Public Comment Review: Eliminate the Use of DSAs and Regions from Kidney and Pancreas Distribution Concept Paper**

The Committee reviewed the Kidney-Pancreas Concept Paper, which is currently out for public comment.

Data summary:

This proposal highlights SRTR modeling of different options for removing DSA and region from kidney and pancreas distribution systems. It gives the community an opportunity to weigh in these options to change kidney and pancreas distribution before a policy proposal is put forward.

Specifically, the concept paper outlines SRTR modeling of the following 5 options:

- Fixed concentric circle framework with a 150 NM small circle and a 300 NM large circle
- Fixed concentric circle framework with a 250 NM small circle and a 500 NM large circle
- Fixed concentric circle framework with a single 500 NM circle
- Hybrid framework with a single 500 NM circle that uses a small number of proximity points inside and outside of the circle
- Hybrid framework with a single 500 NM circle that uses a large number of proximity points inside and outside of the circle

#### Summary of discussion:

The Committee emphasized the importance of looking at cost as an impact of changes to geography in any future modeling and any future proposal options. Committee members also questioned whether the KP work group (comprised of Kidney Committee and Pancreas Committee members) considered larger circle sizes than the options presented in the concept paper. Extending the radii of circles considered could show a greater impact on variance in waiting time, which can differ greatly according to where a patient lives. Waiting time was emphasized as a very important metric to consider in any potential change to kidney and pancreas distribution.

### **3. Public Comment Review: The Ethical Implications of Multi-Organ Transplant**

The Committee received a presentation on the Ethical Implications of Multi-Organ Transplant (MOT) white paper.

#### Data Summary:

This white paper lays the foundation for other committees to clarify or modify existing multi-organ allocation policy and to do so in a consistent, principled manner, which aligns with the OPTN strategic goal to provide equity in access to transplant.

#### Summary of Discussion:

A Committee member encouraged the Ethics Committee to include more data on longevity issues of renal allografts associated with MOT in the white paper. The Committee also discussed whether more data from the results of SLK and "safety net" policies in liver and its potential applicability to thoracic MOT could be included in the MOT discussion as helpful to identify strategies to create a fair MOT system that correctly accounts for medical urgency.

### **Upcoming Meetings**

- March 29 – Chicago, IL