

**OPTN Transplant Coordinators Committee (TCC)
Meeting Minutes
March 20, 2019
Conference Call**

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Introduction

The Transplant Coordinators Committee met via Citrix GoTo teleconference on 03/20/2019 to discuss the following agenda items:

1. Public Comment Discussion- *Modify HOPE Act Variance to Include Other Organs*
2. Continued Project Development

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

1. Public Comment Discussion- *Modify HOPE Act Variance to Include Other Organs*

The Committee will hear the Vice Chair of the OPTN Ad-Hoc Disease Transmission Advisory Committee (DTAC) present their proposal; *Modify HOPE Act Variance to Include Other Organs* for the TCC Committee members to review.

Data summary:

The Vice Chair of DTAC presented a brief overview of their proposal to TCC members.

The proposal's goal is to modify the policies enacted by the OPTN HOPE Act Variance to allow programs meeting the research and experience requirements to recover and transplant organs in addition to liver and kidney. Program participation requirements, including meeting minimum experience, operating under an approved Institutional Review Board (IRB), and adhering to the federal research protocol guidelines, remain unchanged.

Summary of discussion:

This proposal was generally supported by the committee. Members did have some questions and suggestions:

- Members wondered if this proposal extends to Vascularized Composite Allografts (VCA). UNOS staff clarified that due to the VCA allocation limitations and lack of programs meeting their requirements the proposal does not explicitly include VCA at this time.
- The Vice Chair highlighted that HOPE Act organ offers are not very clearly labeled as such in DonorNetSM. Expressed that there is no notification that clearly delineates the offer as a HOPE Act offer, although in certain cases it appears in the attachments to an offer or by the positive HIV serologies. Would like to have a clear label that shows this is similar to how blood type is presented in DonorNetSM.

Next steps:

- UNOS staff will follow up with the committee members about their suggestion to DTACs proposal.
- UNOS staff will create a concise summary of all the comments, obtain leadership approval, share with the respective OPTN Committees, and submit formal public comment.

2. Continued Project Development

The Committee will continue to discuss new project ideas that were developed during the in-person meeting. The goal of the discussion will be to further describe the problem at hand and identify high-level solution(s)

Summary of discussion:

UNOS staff asked the committee members to expand and provide feedback on the following new project ideas developed at the in-person meeting.

1. **Specify U.S. Public Health Service (PHS) Increased Risk Criteria in DonorNet & Waitlist®**
 - a. At the in-person meeting, members expressed concerns that not all PHS increased risk are equal in terms of what candidates and transplant programs are willing to accept.
 - b. Members expressed a need for the following:
 - i. For a DonorNet modification to identify specific PHS criteria
 - ii. Waitlist modification to indicate willingness to consider offers with specific risk criteria. More specifically to filter out certain patients and Transplant (TX) programs that are not accepting certain PHS criteria from getting those particular PHS criteria organ offers.
2. **Guidance on Entering Unacceptable Antigens (UAs) in Waitlist**
 - a. In the transplant community, certain TX programs are more aggressive in what they can risk while others are not. There is a large variation in practice due to the ability of each program to define what their own mean fluorescence intensity (MFI) cut offs are for UAs. Members would like a guidance of some kind for transplant staff who enter UAs for candidates.
 - b. Member were concerned that their committee may not be the correct group to work on this and asked to engage the OPTN Histocompatibility Committee on this issue.
3. **Policy clarification and operational guidance on multi-organ allocation**
 - a. At the previous in person meeting the committee discussed issues and concerns with multi-organ allocation and the white paper produced by the OPTN Ethics Committee.
 - b. UNOS staff asked members if in the future they may have the capacity to assist with a working group to discuss multi-organ transplantation (MOT) further.
4. **DonorNet and Waitlist enhancements**
 - a. The members expanded on three possible projects:
 - i. Management and notification of donor post recovery test results
 1. Problem: Currently TX coordinators get calls about new donor culture & sensitivity/lab results from OPOs several days after the transplant (using the donor organs) has taken place. In order to find the donor, coordinators have to look them up by donor ID and Match ID. TCC members would like a better way to see these results.
 2. Solution: Members earlier expressed a need for a historical view of past organ offers for their respective TX program (greater than 5 days) in order to access those donor results. Possibly having this historical view on a separate section of

DonorNet with the donor ID and hyperlinks to donor information. In order to have a specific place to see donors who have new lab results. It was also suggested that similar to an organ offer that new donor culture results should remain pending until transplant staff has reviewed it and approved it. Members expressed that it is a patient safety issue and could expand to a larger problem once broader sharing policies become implemented because more TX programs will be getting more results from different OPOs across the country. A majority of the committee was in favor of this project and expressed an interest in developing a policy to solve this issue.

- ii. Update/Expansion of Status 7 code
 1. Problem: Members would like Status 7 codes to be more granular. Current code choices are not an accurate description of inactivity. Would like to take better care of who and why these candidates are listed as inactive. A survey of what are the top 5 reasons candidates are listed as inactive was suggested.
- iii. Members would also like expanded details on match run lists in order to see how many potential recipients and transplant programs are above their candidate.

5. SRTR and OPTN data analytics discussion

- a. Members expressed an interest in having a discussion with the UNOS staff in charge of the data service portal about a more in-depth explanation of ROO and ROOT reports.
- b. There were some additional ideas about expanding the reports and possibly increasing the turn-around time of the data.
- c. Members felt that that the lag time in the data raised some concerns in early identification of a problem or trend.

Next steps:

- UNOS staff will catalog these ideas and create an online survey for the TCC members to complete on the scope of the ideas and the priority of the work.
- UNOS staff will facilitate a dialog with Committee leadership and the DTAC, Operations and Safety, and Histocompatibility Committees.

Upcoming Meeting

- April 17th, 2019 Full Committee Call