

**OPTN Transplant Administrators Committee
Meeting Minutes
April 24, 2019
Conference Call**

**James Pittman, Chair
Nancy Metzler, Vice Chair**

Introduction

The Transplant Administrators Committee met via Citrix GoToTraining teleconference on 04/24/2019 to discuss the following agenda items:

1. Overview Broader Distribution 1- Year Lung Monitoring Data (OPTN Research)
2. Overview Broader Distribution 4- Month Heart Monitoring Data (OPTN Research)
3. Request for Feedback: Modification to Data Submission Form Policy 18 (Data Advisory Committee)

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

1. Overview Broader Distribution 1- Year Lung Monitoring Data (OPTN Research)

This presentation compares data 1 year before the removal of Donor Service Area (DSA) from lung allocation to 1 year after.

Summary of discussion:

OPTN Research presented data that showed no changes to the waiting list or death rate by diagnosis group. The death per 100 patients when categorized by Lung Allocation Score (LAS) showed how much sicker the candidates with a score of 70 or more were. It also depicted a decrease in mortality rate for candidates with a score of 60-70. More candidates with higher LAS scores are being transplanted post removal of DSA from lung allocation.

There were no changes in transplants by diagnosis group, procedure type, donor type, or ABO. There were some changes and variation on the number of transplants across regions. Regions 2 and 9 saw the greatest increase, while 1 saw a decrease. This decrease could be due to organs being redistributed from region 1 into regions 2 and 9.

There was an increase in lung transplants for those with LAS scores of 50-60, 60-70, and those with scores of over 70. As expected, there was a 50% decrease in transplant around local/DSA areas and an increase in regional and national transplants. There was a significant increase of mean ischemic time and the discard rate of lungs has gone up. These are two data points that will be closely monitored. At this time the OPTN asked for questions and feedback.

A member asked a question in regards to the data presented on candidates' LAS score at transplant. He asked if there was discussion on broader sharing specifically for those candidates with a score of 60 or more, as they were the most positively impacted by this policy change. OPTN staff responded that this had been discussed, but that the committee is also reviewing Continuous Distribution as a new model. However, this model could involve broader sharing for higher LAS candidates.

Next steps:

OPTN staff will continue to collect data and report on pre and post lung allocation implementation.

2. Overview Broader Distribution 4- Month Heart Monitoring Data (OPTN Research)

This presentation compares data 4 months before the changes made to heart allocation to 4 months after.

Summary of discussion:

Numbers of transplants pre and post implementation were 909 and 918. There was not a large change when comparing week by week in pre and post implementation, but some had a fairly large shift when broken into region. Distances that hearts are transported have had a dramatic change with 84 nautical miles (NM) pre implementation to 223 NM post implementation. There was also an increase the number of transplants by volume with 48 hospitals increasing their volume from 113 center sample size.

A member asked a question in regards to a chart that displayed the status distribution of patients ever waiting by change in center volume. He asked if it was known if there are fewer sick patients on the list or if there has been a change in practice. He also added that it would be a good idea to see if patients' statuses had been changed due to medical devices that may be utilized. OPTN staff responded that as this is only 4 months of data, they will have to continue to examine all of these factors.

The Regional Review Board (RRB) had 1305 justification forms submitted, the majority being for adult status 3. These forms can be submitted in order for heart transplant candidates to receive a higher status. Most forms were approved across all regions. At this time the OPTN asked for questions and feedback.

A member asked if there was any data on discard rate and OPTN staff responded that it was less than 1 %. Another member asked for clarification on the pre/post timeline and OPTN staff responded that pre implementation refers back to September. A member advised the committee to gather data on the type of transportation that is used pre and post implementation, as this is currently not being done. A member also asked for the p-value that examined the increase of ischemic time. It was .001.

Next steps:

OPTN staff will continue to collect data and report on pre and post heart allocation implementation.

3. Request for Feedback: Modification to Data Submission Form Policy 18 (Data Advisory Committee)

The third and final presentation asked TAC for feedback on the Data Advisory Committee's idea to modify policies having to do with data submission forms.

Summary of discussion:

DAC is revising parts of Policy 18, which focuses on data submission requirements. They are reviewing parts of this policy due to the lack of singular requests for timely data submission and the ability of members to change data indefinitely after submission and validation. DAC plans to eliminate policy 18.4 and use requirements in 18.1. DAC is also considering ways to ensure data integrity.

DAC ask for feedback on the impact a data lock would have on transplant hospitals entering data submission forms. How much time would be needed to ensure data entry accuracy? What is a reasonable amount of time to complete any revisions?

Next steps:

Time was running short at this point in the meeting. A TAC member recommended a follow up presentation, as he wanted to provide the committee more time to respond to DAC's presentation.

Upcoming Meeting

- June 26, 2019 (Teleconference)