

OPTN Living Donor Committee

Meeting Summary

March 13, 2024

Conference Call

Nahel Elias, MD, Chair

Stevan Gonzalez, MD, Vice Chair

Introduction

The OPTN Living Donor Committee (the Committee) met in via WebEx teleconference on 03/13/2024 to discuss the following agenda items:

1. Public Comment Presentation: Update on Continuous Distribution of Hearts
2. Public Comment Presentation: Patient Safety Contact and Reduce Duplicate Reporting

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

1. Public Comment Presentation: Update on Continuous Distribution of Hearts

The Committee provided feedback to the OPTN Heart Transplantation Committee on their public comment update paper, *Update on Continuous Distribution of Hearts*.

Presentation Summary:

In December 2018, the OPTN Board of Directors approved the continuous distribution framework for allocation of all organs. Continuous distribution will rank waiting list candidates based on points for various factors, such as medical urgency, candidate biology, patient access, and placement efficiency. Continuous distribution will remove the hard boundaries built into the current framework to increase equity for patients and transparency in the system.

This request for feedback builds upon the 2023 concept paper, provides an overview of the project's development process and progress, and offers next steps for continuous distribution of hearts. The paper also requests community feedback that will assist the Heart Transplantation Committee's work.

Summary of Discussion:

Chair stated agreement with the binary approach to the prior living donor attribute. The Chair explained that it is logical to award points based on whether or not a candidate was a prior living donor. The Chair cautioned the OPTN Heart Transplantation Committee from weighing differences in living donation based on organ donated. The Chair emphasized that prior living donor priority is a high impact initiative that will only impact a very small amount of candidates. A member agreed.

The Chair stated it is important to show that a prior living donor's altruism is accounted for and that sufficient weight is given to the attribute to show that the community values the donation that the prior living donor provided.

Another member emphasized that no solution should be implemented that allows prior living donors to opt in or out of receiving priority. The member stated that it is important that the system advocates and protects living donors as they tend to be selfless in nature and may choose to opt out given the choice, which is not the purpose of the prior living donor attribute. The member added that having prior living

donor priority in allocation also helps with the transplant candidate feeling more comfortable in their decision if they know there is a level of protection for their living donor.

A member asked how continuous distribution will account for multi-organ transplant. The presenter responded that there is an OPTN Ad Hoc Multi-organ Transplantation Committee that is developing solutions to multi-organ allocation.

Another member thanked the OPTN Heart Transplantation Committee for their work on heart continuous distribution and the acknowledgement of living donors within the development of the framework.

Next steps:

The Committee's feedback will be summarized and provided to the OPTN Heart Transplantation Committee.

2. Standardize the Patient Safety Contact and Reduce Duplicate Reporting

The Committee provided feedback to the OPTN Ad Hoc Disease Transmission Advisory Committee on their public comment update proposal, *Standardize the Patient Safety Contact and Reduce Duplicate Reporting*.

Presentation Summary:

The OPTN Ad Hoc Disease Transmission Advisory Committee proposes revisions to policy to better define the responsibilities of Patient Safety Contacts and to standardize the process of reporting donor results in the OPTN Donor Data and Matching System. OPOs and transplant programs would be required to list a primary and secondary patient safety contact, both of whom must work at the OPO or transplant program. The proposed policy change would also require verification of the listed Patient Safety Contacts at least every six months. Modifications to policy would require the use of a system enhancement to the OPTN Donor Data and Matching System for OPOs to administer notification of donor-derived test results and for transplant programs to confirm receipt of these notifications.

Summary of Discussion:

The Chair asked whether the proposal would add burden to transplant programs. The presenter noted that the aim of the proposal is to outline a standardized process to ensure timely communication occurs and should not change much of a transplant program's current operations.

A member asked if an email address that is for a group of people is allowable for a patient safety contact. The presenter stated that group emails are allowable and noted that there would need to be someone responsible within that group at the transplant program that is able to respond within 24 hours.

Another member agreed with the proposed changes. The member noted that almost everything these days requires two contacts so this is a reasonable solution for the patient safety contact. The member also noted support for the closed loop communication and document as that is a very minimum basic healthcare practice. The member stated outside the couple of required serologies that serology testing can vary among transplant programs. The member recommended that the OPTN Ad Hoc Disease Transmission Advisory Committee may seek to revisit this especially with the increase in paired exchange and endemic shifts. The member also noted that living donors often do not use transplant programs as their primary provider for care resulting in transplant programs not knowing about any potential test results unless the living donor follow-up with the transplant program.

A member asked for more information on the mechanism for updating a patient safety contact. The presenter stated that it can be updated electronically. The member responded that being able to easily update the patient safety contact is important for transplant programs' staff changing schedules.

Another member asked if more than two patient safety contacts can be identified. The member stated this option may be helpful for larger transplant programs. The presenter stated they will bring that feedback back.

Next Steps:

The Committee's feedback will be summarized and provided to the OPTN Ad Hoc Disease Transmission Advisory Committee.

Upcoming Meetings

- April 10, 2024 (teleconference)

Attendance

- **Committee Members**
 - Annie Doyle
 - Ashtar Chami
 - Camille Rockett
 - Danielle Reuss
 - Dylan Adamson
 - Henkie Tan
 - Nancy Marlin
 - Stevan Gonzalez
 - Erik Lum
 - Laura Butler
 - Tyler Baldes
 - Tiffany Caza
 - Anita Patel
- **HRSA Representatives**
 - Mesmin Germain
 - Nawraz Shawir
- **SRTR Staff**
 - Katie Seigert
 - Krista Lentine
- **UNOS Staff**
 - Cole Fox
 - Kieran McMahon
 - Meghan McDermott
 - Sara Langham
 - Kim Uccellini
 - Samantha Weiss
 - Sara Rose Wells
 - Tamika Watkins
 - Sarah Roache
 - Eric Messick
- **Other attendees**
 - Rocky Daly
 - Stephanie Pouch
 - Nathan Osbun
 - Milton Mitchell