

OPTN Operations and Safety Committee

Meeting Summary

October 24, 2024

Conference Call

Kim Koontz, MPH, Chair

Steven Potter, MD, Vice Chair

Introduction

The OPTN Operations and Safety Committee (the Committee) met via WebEx teleconference on 10/24/2024 to discuss the following agenda items:

1. Welcome and Announcements
2. Overview and Discussion: Standardize Practice in the use of Normothermic Regional Perfusion (NRP) in Organ Procurement

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

1. Welcome and Announcements

The Committee's topics for the meeting were introduced and OPTN Contractor staff also asked if there were any volunteers for an OPTN Organ Procurement Organization Workgroup (WG) being started. The WG aims to conduct a review of current OPTN donation after circulatory death (DCD) policy. Two members volunteered.

Summary of discussion:

There were no questions or comments.

2. Overview and Discussion: Standardize Practice in the use of Normothermic Regional Perfusion (NRP) in Organ Procurement

The Committee discussed the directive from the Board of Directors and current literature relating to conducting normothermic regional perfusion (NRP) and best practices for performing procurements with NRP.

Summary of discussion:

No decisions made, Committee discussed a variety of options to provide guidance and possible policy relating to NRP. Committee leadership will draft a document that highlights recommendations discussed during the meeting.

The Vice Chair reminded the Committee of the focus on actionable solutions related to normothermic regional perfusion (NRP) rather than revisiting previous ethical debates. The complexity of NRP was acknowledged and the Chair highlighted areas where consistent guidelines could improve donor recovery and transplantation outcomes.

Members agreed on the importance of addressing credentialing for both organ procurement organizations (OPOs) and transplant centers to ensure surgeons and other personnel performing NRP are adequately credentialed. One member highlighted the variability in experience and skill levels,

expressing concern about errors arising in recovery, and stressed the need for a mechanism to address such issues constructively. Additionally, members discussed the need to establish consensus on specific technical elements, such as vessel ligation during NRP, while avoiding overly prescriptive policies that could limit flexibility in clinical practice.

OPTN Contractor staff showed examples of current OPTN policy options, such as definitions, guidance, policy changes, or data collection. Members also noted the growing involvement of OPOs in the recovery process, which introduces new challenges in data collection and information sharing. One member pointed out that current data systems have not fully caught up with advances in NRP, particularly in terms of tracking warm and cold ischemia times for organs recovered using NRP. There was agreement that standardizing data reporting and pre-recovery communication could address inefficiencies and ensure transplant centers receive accurate information.

The discussion also included a focus on pre-recovery and intraoperative communication. Several members shared examples of pre-procurement huddles, both virtual and onsite, that they found effective in ensuring all parties were aligned on key details before recovery. While members agreed that such huddles were critical for successful outcomes, they felt that these practices were better suited for guidance rather than formal policy.

A member highlighted that while the current focus is on NRP, many of the issues being discussed—such as communication, data standardization, and pre-recovery coordination—could benefit the broader transplant system if applied to all donor recoveries. Members agreed, noting that leveraging existing efforts and ensuring clarity in protocols could help reduce variability and improve outcomes across the board.

The Committee also explored the potential involvement of third-party agencies in NRP, such as perfusion companies or external procurement teams. Members debated whether guidance was needed to address credentialing and oversight for these groups, particularly as they are increasingly involved in organ recovery. Members expressed concern about ensuring quality without creating unnecessary barriers or precluding qualified personnel.

Members discussed the appropriate hands-off period after withdrawal of life-sustaining therapy (WLST). Members noted variability in current practices, with some centers adhering to a 2-5 minute window and others maintaining a strict 5-minute period. A member referenced existing OPTN policy requiring a timeout during donation after circulatory death (DCD) and suggested clarifying these standards to prevent confusion during pre-recovery huddles.

One member shared their experience that discrepancies in warm ischemia time definitions further complicate data sharing, particularly in systems like the OPTN Donor Data and Matching System, where misinterpretation of warm time has led to declined offers. Members agreed that standardized definitions and a uniform flowsheet for NRP could address these issues and improve clarity for transplant centers.

The conversation concluded with members identifying key takeaways, including the need for credentialing, consensus on clamping protocols, standardized data collection, and guidance on pre-procurement huddles. Members expressed appreciation for the opportunity to discuss these critical topics and for the collaborative input of the group.

Next steps:

Committee leadership will take recommendations from the discussion and draft a document to include guidance, policy, and data collection recommendations for the Committee to consider on the next call.

Upcoming Meetings

- November 7, 2024

Attendance

- **Committee Members**
 - Kim Koontz
 - Steven Potter
 - Annemarie Lucas
 - Anne Krueger
 - Anja DiCesaro
 - Bridget Dewees
 - Amanda Bailey
 - Elizabeth Shipman
 - Jilian Wojtowicz
 - Kaitlin Fitzgerald
 - Laura Huckestein
 - Megan Roberts
 - Mony Fraer
 - Norihisa Shigemura
 - Sarah Koochmaraie
 - Alden Doyle
- **SRTR Staff**
 - Avery Cook
- **HRSA Staff**
 - N/A
- **UNOS Staff**
 - Joann White
 - Betsy Gans
 - Kaitlin Swanner
 - Kerrie Masten
 - Laura Schmitt
 - Stryker-Ann Vosteen
 - Susan Tlusty