

## **OPTN Pediatric Transplantation Committee**

### **Meeting Summary**

**August 21, 2019**

**Conference Call**

**George Mazariegos, MD, Chair**

**Evelyn Hsu, MD, Vice Chair**

### **Introduction**

The Pediatric Transplantation Committee (the Committee) met via teleconference on 08/17/2019 to discuss the following agenda items:

1. Eliminate the Use of DSA and Region in Kidney Allocation
2. Continuous Distribution of Lungs Concept Paper
3. Updating the Definition of PHS Increased Risk
4. Collaborative Improvement Project Update

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

#### **1. Eliminate the Use of DSA and Region in Kidney Allocation**

The Chair of the OPTN Kidney Transplantation Committee presented their public comment proposal titled, "Eliminate the Use of DSA and Region in Kidney Allocation Policy."

#### Summary of discussion:

The Committee provided feedback on the public comment proposal and posted a comment to the OPTN website. The Committee's comment is provided below:

"The OPTN Pediatric Transplantation Committee appreciates the opportunity to provide feedback on this public comment proposal. Furthermore, the Pediatric Committee applauds the Kidney and Pancreas Committee's efforts to include the pediatric perspective throughout the policy development process. The Pediatric Committee strongly supports the increased priority for pediatric candidates in the proposed allocation sequence. The Pediatric Committee would like to make particular note of the improved outcomes for the pediatric population as a positive aspect of the proposal.

However, The Pediatric Committee is concerned that the increased number of kidney-pancreas transplants will disadvantage certain pediatric candidates. Under the current system, there are pockets of pediatric candidates who are disadvantaged because they compete with aggressive kidney-pancreas programs. The Pediatric Committee is concerned that these pediatric candidates will be further disadvantaged under the proposed allocation system. The Pediatric Committee requests that this aspect of the proposal be monitored. The Pediatric Committee is also concerned that pediatric candidates will need to compete with all multi-organ candidates for offers.

The Pediatric Committee noted that the current calculation of kidney donor profile index (KDPI) does not accurately reflect the value of kidneys from pediatric and adolescent donors. As a result, the majority of kidneys from pediatric and adolescent donors are allocated to adults instead of pediatric candidates. The Pediatric Committee will continue to advocate for increased access to these high-quality kidneys for pediatric candidates and appreciates the continued collaboration of the Kidney Committee in all efforts.

The Pediatric Committee is also concerned about the impact of the proposal on delayed graft function due to increased cold ischemic time.

Overall, the Pediatric Committee supports the proposal as it provides additional priority for pediatric candidates and is modelled to improve outcomes for the pediatric population. However, the Pediatric Committee does have some concerns and will continue to advocate for the changes noted above.”

Next steps:

The Committee will continue to advocate for increased pediatric priority in kidney allocation.

## **2. Continuous Distribution of Lungs Concept Paper**

The Chair of the OPTN Thoracic Organ Transplantation Committee presented their concept paper titled, “Continuous Distribution of Lungs Concept Paper.”

Summary of discussion:

The Committee provided feedback on the concept paper and posted a comment to the OPTN website. The Committee’s comment is provided below:

“The OPTN Pediatric Transplantation Committee appreciates the opportunity to provide feedback on this concept paper. The Pediatric Committee supports the Thoracic Committee in their effort to move towards continuous distribution for lungs and noted that the Thoracic Committee should use previous OPTN publications outlining the ethical principles of pediatric allocation when developing the continuous distribution framework. The Pediatric Committee was encouraged to hear that the Thoracic Committee is willing to consider additional priority for pediatric candidates and looks forward to future collaboration on this project.”

Next steps:

No next steps were identified.

## **3. Updating the Definition of PHS Increased Risk**

A former member of the Ad Hoc Disease Transmission Advisory Committee presented on the Centers for Disease Control and Prevention (CDC) efforts to revise the definition of PHS increased risk organs.

Summary of discussion:

After the presentation, a Committee member asked for more information on the distribution of PHS increased risk organs by age of transplant recipient. The presenter noted that pediatric donors are less likely to be increased risk donors, so there are likely to be less increased risk organs transplanted into pediatric candidates. The Committee member commented that it may be worthwhile to examine how information on PHS increased risk organs is presented to the parents or caregivers of pediatric candidates.

Next steps:

The OPTN will submit a formal comment on the upcoming proposal from the CDC. Committee members will be invited to participate in that discussion.

## **4. Collaborative Improvement Project Update**

The Committee is collaborating with UNOS staff on a Collaborative Improvement project. The Committee recently completed a value factor analysis survey to help choose which project topic to pursue.

Summary of discussion:

UNOS staff presented the results of the value factor analysis survey. The value factor analysis looked at the potential benefits (community desire, impact and efficiency) and the potential challenges (member effort, change endeavor, and measurability) for each project. The organ offer acceptance proposal had the highest value factor analysis score, and increasing the use of PHS increased risk organs had the second highest.

Next steps:

UNOS staff will continue working on the project and provide regular updates to the Committee.

**Upcoming Meetings**

- September 18, 2019, 4:00 PM EDT – Teleconference
- October 15, 2019, 9:00 AM EDT – Chicago, Illinois