

OPTN Histocompatibility Committee

Meeting Minutes

September 10, 2019

Conference Call

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Introduction

The OPTN Histocompatibility Committee (Histo) met via Citrix GoTo teleconference on 09/10/2019 to discuss the following agenda items:

1. Public Comment Concept Paper Presentation: *Continuous Distribution of Lungs Concept Paper*
2. Public Comment Proposal Presentation: *Eliminate the Use of DSA & Region in Kidney Allocation Policy*
3. Other Significant Items

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

1. Public Comment Concept Paper Presentation: *Continuous Distribution of Lungs Concept Paper*

The Chair of the OPTN Thoracic Committee gave a presentation about their concept paper and the committee will give feedback.

Data summary:

The Chair of the Thoracic Committee thanked the Histocompatibility Committee for the opportunity to present the concept document on the continuous distribution of deceased donor lungs.

This is the first OPTN initiative that is following the OPTN Board of Directors framework for future organ distribution. The speaker described how the OPTN could move from a classification-based system to a points-based system that considers multiple factors (e.g.: ABO compatibility between a donor and potential recipient, medical priority, ischemia time, placement efficiency, waiting time, candidate sensitization, and candidate age). The speaker then provided a synopsis challenges of organ distribution within the current system, an overview of the concept of a "composite allocation score" that was derived from the factors above, an example of how match run priority may look like using a composite allocation score, and the Thoracic Committee's plan of work in the months ahead.

Summary of discussion:

The Committee was overall supportive of this concept paper. Below are questions/concerns they shared regarding this paper:

- Highly Sensitized Candidates:
 - The committee asked how highly sensitized candidates would be factored into the new allocation score.
 - The speaker stated that those details have not be identified and welcomed members from the Committee to help determine how to include sensitization into the allocation score to ensure equal access.
- Future Concerns:

- Members asked when the effectiveness of this policy once implemented, would be evaluated, due to the importance of that effectiveness data to future iterations of continuous distribution (CD) for other organs.
 - The speaker stated that one year after implementation is how long it will take for the effectiveness to be evaluated. However, this format (allocation scores) will make future changes easier.
- When will the modeling of CD be available to help illustrate the impact?
 - The speaker proposed early 2020, due to the difficulty in agreement on what attributes to include in the allocation score.
- Score Calculation Methods:
 - Members suggested that in the future, during the calculation of the new score, consider using interactions instead of additives between parameters.
 - The speaker stated that the thoracic committee did not want the first iteration to be too complex; however, there are opportunities for applying interactions such as ischemic time or donor ages in the future.

The Committees votes are as follows 5 strongly support; 6 support

Next steps:

- UNOS staff will summarize the committee discussions and publish their comment on the OPTN site.

2. Public Comment Proposal Presentation: *Eliminate the Use of DSA & Region in Kidney Allocation Policy*

The Committee received a presentation on the *Eliminate the Use of DSA & Region in Kidney Allocation Policy* proposal and will give their feedback.

Data summary:

The speaker described how the proposal intends to solve two key problems:

- DSAs and regions were never optimized for organ distribution. Because DSA and region weren't optimized for organ distribution, they may not fully comply with the Final Rule requirement that geography not impact access to transplant.
- Disparity in equitable access to transplant for pancreas candidates. DSA is the largest factor related to disparity in pancreas allocation. This is significant because a majority of pancreas transplants are simultaneous pancreas kidneys (SPKs).

The speaker described a solution that was developed by the Kidney Committee. This "hybrid framework" for kidney distribution uses fixed distance circles with proximity points. The fixed distance circle and the proximity points awarded are based on the distance from the donor hospital to the candidate's place of listing. This solution was previously informed by public comment received on a concept document in the spring of 2019.

The speaker continued by providing a synopsis of the data illustrating the scope of the problem, elements of the proposed solution to the problem:

- the slide scale of proximity points,
- central point of a circle,
- compliance with the OPTN Final Rule,
- how medical urgency and import match runs would be addressed
- results seen in Kidney-Pancreas Simulation Modeling (KPSAM) from the Scientific Registry of Transplant Recipients (SRTR), and

- prioritization of pediatric kidney transplant candidates and prior living donors.

Summary of discussion:

The Committee was not in total agreement towards this proposal however, they supported the concept this proposal presented. Below are some concerns they had:

- In regards to import back up, members felt as though the 150 NM circle around the intended recipient transplant hospital is not logical for donor service areas because an OPO (Organ Procurement Organization) could be hours away from the recipient hospital. A suggestion of moving the circle around where the organ is for reallocation.
- There was some confusion about how the proximity points were chosen especially outside the circle and why such a high number (eight points specifically).
- Lastly, members commented that this intermediate system seems strange; “it does not make intuitive sense”, and would like to go to continuous distribution, but understands that this intermediate step is necessary.

The Committee’s vote is as follows 7 support; 3 neutral; 3 oppose

Next steps:

- UNOS staff will summarize the committee discussions and publish their comment on the OPTN site.

3. Other Significant Items

- The committee heard an update about the overall positive sentiment of the transplant community towards the *Modify Appointment Process for Histocompatibility Committee Vice Chair* proposal during the first half of the fall 2019 regional meeting cycle as well as public comments.
- The Committee hear reminders about:
 - Upcoming Fall 2019 Regional Meeting.
 - The Histocompatibility committee in-person meeting on October 16th in Chicago, IL
 - Board and Committee vacancies for 2020

Upcoming Meeting

- October 16th, 2019 Full Committee In-person meeting (Chicago, IL)