

**OPTN Operations and Safety Committee
Meeting Minutes
January 30, 2020
Conference Call**

**Michael Marvin, Chair, MD
Chris Curran, Vice Chair, CPTC, CTBS, CTOP**

Introduction

The OPTN Operations and Safety (the Committee) met by teleconference on January 30, 2020 to discuss the following agenda items:

1. Public Comment Presentation: HLA Equivalency Table Update 2020 (OPTN Histocompatibility Committee)
2. Public Comment Discussion: Addressing Medically Urgent Candidates in New Kidney Allocation Policy (OPTN Kidney Transplantation Committee)
3. Updates: HLA Initiative, DonorNet[®] Functionality, Post-Transplant Reporting Project

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

1. Public Comment Presentation: HLA Equivalency Table Update 2020 (OPTN Histocompatibility Committee)

A representative from the OPTN Histocompatibility Committee presented their HLA Equivalency Table Update 2020 to the Committee. Members provided feedback and voted on their sentiment of the proposal.

Summary of discussion:

The Committee Chair asked if there were any questions in regards to this proposal as it seems straightforward.

The Histocompatibility Chair stated that based on the responses that have been received so far were in support of the proposal.

There were no additional comments or questions. The Committee Chair called for a vote.

Vote: 46% Strongly Support, 54% Support, 0 Neutral/Abstain, 0 Oppose, 0 Strongly Oppose

Next Steps:

The comments received by the Committee will be synthesized into a formal statement that will be submitted for public comment.

2. Public Comment Discussion: Addressing Medically Urgent Candidates in New Kidney Allocation Policy (OPTN Kidney Transplantation Committee)

The Committee reviewed and discussed the OPTN Kidney Transplantation Committee's Addressing Medically Urgent Candidates in New Kidney Allocation Policy. Members provided feedback and voted on their sentiment of the proposal.

Summary of discussion:

A member stated that the way that regions approach and approve medically urgent candidates varies. This needs to change as allocation changes and Donation Service Areas (DSAs) are being eliminated. Having a uniformed approach to what is considered medically urgent and a process to manage makes sense. What is unclear is how to manage the smaller circle of 150 NM and distributing organs within these parameters.

The Committee Chair stated that in the Northeast, there are so many transplant programs within such a short distance of each other that the logistics of expanding 150 NM and/or 250 NM would be dramatic with the number of programs that would be included. In general, the 250 NM is a good sized circle.

The Committee Vice Chair asked that in regards to ABO compatibility, for those candidates that are truly medically urgent and at risk of losing dialysis access, would these candidates have the opportunity to receive an O blood type organ under this categorization?

The Committee Vice Chair continued by stating there should also be consideration for opening these options and prioritizing candidates who are highly sensitized and at risk of losing dialysis access.

A member asked how this should be proposed to be done – should these candidates be treated as though they are a 100% CPRA candidate? The Vice Chair clarified that there is uncertainty of how best to propose this, but that these candidates not having access to dialysis and being highly sensitized would put these individuals in a dire circumstance. Does this make these highly sensitized candidates a higher priority than those who are categorized as medically urgent but are not sensitized?

Another member asked if there was discussion about the appropriate documentation. The Committee Vice Chair stated that this was discussed during the Region 4 meeting and that it was explained that the documentation would have to be submitted within 7 days of the listing. If a candidate was listed and did not have supporting documentation, that particular case would be referred to the Membership and Professional Standards Committee (MPSC) for further consideration to determine if the candidate was accurately listed.

The member continued by clarifying that these types of cases occur about 60-70% of the time. The Committee Vice Chair stated that in the narrative of the presentation at the Region 4 meeting, it was stated that there are no more than 100 cases a year that are considered as medically urgent.

A member asked if this was in reference to the number of patients transplanted. The Committee Vice Chair stated uncertainty of this. The thought is that this pertains to patients who have been transplanted because there is no real categorization of this. Currently, this is more of a local agreement that organs will be allocated to those candidates.

The Committee Vice Chair stated that there is agreement that medical urgency needs establishment and criteria. The question is whether this is the right criteria that is being proposed. Another component of this are the categories of the Kidney Donor Profile Index (KDPI), which also needs to be looked into further.

A member stated that in the proposal, it goes through each sequence for KDPI. It would go right under pediatrics which would generally get offers depending on the size of the circle distance. The exception would be if the candidate is sensitized and urgent. The member continued by stating that it would be good to know how often candidates are greater than 80% sensitized and medically urgent.

The Committee were in agreement in supporting the idea of establishing a medically urgent candidate criteria, but commented on the importance of defining more of the nuances.

Another member added that in the proposed prioritization is actually a higher priority to where those patients currently fall. More clarification on the definition would be helpful.

A member asked for some data that included the following:

- How sensitized were the 60-70% patients?
- Is this including the transplants vs. listings
- How long, once listed, does it usually take for these candidates to be transplanted?

The member continued that this would nuance the Committee's answers because this would favor this a bit more. If the candidates are being transplanted in about two weeks, this would help them. If the candidates are waiting for a longer period of time, other components may need to be looked into that would further advantage them.

The Committee Chair called for a vote.

Vote: 8% Strongly Support, 75% Support, 17% Neutral/Abstain, 0 Oppose, 0 Strongly Oppose

There were no additional comments or questions.

Next Steps:

The comments received by the Committee will be synthesized into a formal statement that will be sent to the OPTN Kidney Transplantation Committee for their consideration and response back to the Committee as appropriate.

3. Updates: HLA Initiative, DonorNet® Functionality, Post-Transplant Reporting Project

The Committee was updated on the status of pending IT projects.

Summary of discussion:

HLA Initiative

Currently, the project is pending until the completion of Board approved projects by the Histocompatibility Committee.

The Histocompatibility Committee have been on three projects that have to be completed before the HLA initiative is worked on. The Committee has just completed an API project. The Histocompatibility Committee is now working on an OPTN Board project. The last project is a customer innovation project.

DonorNet® Functionality

Currently, the project is pending until the completion of a DonorNet® Mobile project.

The DonorNet® Mobile project will begin with a pilot by the end of Quarter 1 of 2020 and run for 3 months. Following the pilot, there will be evaluation of any additional functionality that is needed with a goal of a nationwide roll out before the end of calendar 2020.

Post-Transplant Reporting

A pilot is scheduled to begin in July 2020.

Next steps:

- The Committee will continue to be updated on the progress of the standing projects.

There were no further comments. The meeting was adjourned.

Upcoming Meetings

- February 27, 2020 (teleconference)
- March 26, 2020 (teleconference)