

**OPTN Operations and Safety Committee
Meeting Minutes
February 27, 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: Distribution of Kidneys and Pancreata from Alaska (OPTN Kidney Transplantation Committee)
2. Public Comment Presentation: Modifications to Released Kidney and Pancreas Allocation (OPTN Organ Procurement Organization (OPO) Committee)
3. Updates: HLA Initiative, DonorNet[®] Functionality, Post-Transplant Reporting Project
4. Other Updates

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

1. Public Comment Presentation: Distribution of Kidneys and Pancreata from Alaska (OPTN Kidney Transplantation Committee)

A representative from the OPTN Kidney Transplantation Committee presented their Distribution of Kidneys and Pancreata from Alaska proposal to the Committee. Members provided feedback and voted on their sentiment of the proposal.

Summary of discussion:

A member stated that this proposal was supported by Region 6 as it greatly affects their region. The Committee Chair commented this is a straightforward proposal that makes sense to have this policy.

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

Vote: 69% Strongly Support, 31% 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 Presentation: Modifications to Released Kidney and Pancreas Allocation (OPTN Organ Procurement Organization (OPO) Committee)

A representative from the OPTN Organ Procurement Organization (OPO) Committee presented their Modifications to Released Kidney and Pancreas Allocation proposal to the Committee. Members provided feedback and voted on their sentiment of the proposal.

Summary of discussion:

A member voiced uncertainty of the 250NM distance for pancreas allocation. This would invite the possibility of more flying. There should be consideration in giving more points for local or decrease the circle size to 150NM. By more forcibly limiting to ground transportation, the logistics would be simpler.

The OPO Committee representative clarified that it was felt the 250 NM circle was more appropriate and that programs would be able to reallocate the organs more quickly.

The Committee Vice Chair agreed that the host OPO should retain responsibility. In the circumstance of making a backup offer on a new list, there should be a restriction of providing those offers to highly sensitized patients. Having to perform a crossmatch for highly sensitized patients could potentially add more time. There should be work done to have policies in place to allow virtual cross matches in these scenarios. This should include consultation with the OPTN Histocompatibility Committee.

The Committee Vice Chair continued by stating that if a Kidney-Pancreas goes out of region, and the pancreas is declined, the chances of reallocating the pancreas is close to none. There should be a sound allocation plan that needs to be considered if reallocation is needed, as the cold time for the pancreas is limited in comparison to the kidney.

The OPO Committee representative stated that in addition to the topic of highly sensitized patients, there was also discussion among the Workgroup that the second match run should exclude those who had already declined the offer. These topics were not addressed in the proposal because the programming requirements would not have met the anticipated implementation date. The feedback provided would be considered for future planning.

The Committee Vice Chair asked that in a scenario where an organ is in transit and a delay stops the organ from being transported, would there be any flexibility in modifying the reallocation to the central location of where the organ actually is.

The OPO Committee representative clarified that the OPO would have the option of going to expedited allocation. These type of scenarios would be exceptions where allocation would be expedited based on the current need and explain why this decision was made.

The Committee Vice Chair agreed with this and added that the host OPO should have the ability to reach out to partner OPOs in the area to help with the allocation of the organ. This would make the process more efficient.

A member stated that there should be consideration in allowing central back up of the pancreas to avoid loss of the graft. Additionally, there should be consideration in giving more points for inside the circle to 4 or 5, to make it more likely that the organ would stay local.

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

Vote: 8% Strongly Support, 92% 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 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.

4. Other Updates

Members were provided a brief update on the progress of the Committee's Modify Blood Type Determination and Reporting Policies proposal and Guidance on Blood Type Determination.

Summary of discussion:

There has been overwhelming support for both the guidance document and policy proposal at the regional meetings and presentations to other OPTN Committees.

The Vice Chair stated that there was a comment made during a presentation to the Membership and Professional Standards Committee (MPSC) regarding the tracking of these ABO events. There is currently no substantial information that show when OPOs have to activate these protocols. There should be some consideration of making this a requirement.

Public comment will end on March 24, 2020. The Committee will begin to review the feedback received and discuss next steps for the guidance document and policy proposal.

There were no further comments. The meeting was adjourned.

Next Steps:

The Committee will begin reviewing and discussing the feedback received from public comment.

Upcoming Meeting(s)

- March 26, 2020 (teleconference)
- April 23, 2020 (in-person, Richmond, VA)