

OPTN Kidney Committee

Meeting Summary

March 20, 2020

Conference Call

Vince Casingal, MD, Chair
Martha Pavlakis, MD, Vice Chair

Introduction

The OPTN Kidney Committee met via Citrix GoTo teleconference on 03/20/2020 to discuss the following agenda items:

1. COVID-19 Updates

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

1. COVID-19 Updates

Members shared how their programs were handling transplants during the current pandemic.

Summary of discussion:

The Chair shared how their program was still transplanting but had self-imposed limitations on which patients would still be considered for transplant during this pandemic time. The Vice Chair agreed and shared that it was similar for their program and they had suspended their living donor program.

Another member from Texas shared that there was concern in their area that asymptomatic patients were not being tested and there were many other cases of which the community is not aware. They also shared that they would suspend living donor transplants and limit deceased donor to those low risk recipients.

Another member shared that their area in Washington had opened up ambulatory testing for drive-thru testing, however it was quickly shut down due to a lack of testing supplies. This member also agreed that the medical community could not be aware of the number of cases due to this lack of testing. In addition, the member shared that test results took several days to return. The member hoped that their program would have the ability to do in-house testing soon. However they noted that testing sensitivities may be around 60% and therefore some cases may go unrecognized. For the moment, this member's programs have suspended living donor transplants. Additionally, travel into their part of the country is very limited due to the high number of cases and the obstacle to receiving organs from outside of their local area.

Another member who works in a human leukocyte antigen (HLA) lab noted that they worked with a variety of programs, some of which were still performing both living and deceased transplant and some that had suspended living donation but still were performing deceased transplantation. The member noted that these variable practices may have to do with the different geographical locations.

Another member shared that their center has also suspended living donor transplants but are still performing deceased donor transplants. Their program has imposed self-limitations on the characteristics of donors and candidates that they will transplant. The program has limited their post-

transplant recovery to three days in the hospital. In addition the program was trying to limit the amount of follow up appointments for their patients.

Another member from New York shared that their program had also shut down the living donor transplants but was continuing with deceased donor transplants. The member shared that the program was attempting to use as little immunosuppression as possible on post-transplant patients.

Another member in California shared that their program had not officially shut down the living donor program but had very few on the books due to cancelations. The program is not currently doing any new evaluations. In addition, the member expressed difficulties with working with their organ procurement organization (OPO) in doing COVID-19 testing and that the local pediatric hospital has offered to do the testing instead. In addition the program was trying to limit the amount of follow up appointments for their patients and convert as many appointments to telehealth as possible.

Another member shared that they are currently testing all donors for COVID-19, and that the turnaround time for results is close to 24 hours. The member shared that several programs nearby are only accepting donors with certain ideal characteristics. In addition, the member expressed difficulty in placing donation after cardiac death (DCD) donors due to the limited amount of programs that are still accepting these types of donations. This member shared that in general the program is starting to scale back its operations and procurements.

Another member shared that their program was also having issues with testing. The area tried to institute ambulatory testing but also had to shut down. Now testing was only available to certain high risk patients, third trimester expecting mothers, symptomatic public service workers, etc. Additionally there are shortages of protective equipment in the member's area. Health care professionals are expected to wear one mask all day. If patients are symptomatic then they are expected to wear a mask and in-patients are limited to one per stay. The one living donor transplant on the books has been indefinitely postponed as this program has suspended their living donor program indefinitely. The program is considering placing limits on the deceased donor program similar to the other members of the committee.

Another member in Virginia shared that their program has not officially suspended their living donor program, in part due to their participation in paired exchange and chain donor programs. There are discussions about the impact of shutting down the program on chain programs. The next living donor transplant is scheduled for mid-April. The program participated in a chain donation recently – the importing center really wanted to move ahead, the patient was a 100% cPRA, and the patient is going home after only two days. Most workup is being done over the phone when possible. Outpatient testing is proceeding in their hospital. The program is focusing on follow up for patients less than 3 months out from post-operation and ensuring that those patients are seen in the clinic rather than the hospital. In addition, follow up for patients 3 months to a year out is being conducted over the phone.

The next member shared that their program has undergone similar limitations for donors and recipients to accept those who are considered lower risk. The program has suspended living donor transplants and only transplanting candidates who are already on dialysis. They are running into an issue with protective gear. They have switched to cotton masks so that they can be laundered and re-used. This member's OPO has restricted travel to outside programs for recovery and will only allow recovery by local programs.

The next member shared that their program has suspended their living donor program. Initially there were 5-6 scheduled for this week which have all been postponed. There are still tentative plans for a living donor transplant in a couple weeks. The member shared that their program has seen a decrease in organ offers. The member explained that the only cadaveric transplant was for a double lung recipient

who would likely have died within the week. This area also has a “shelter in place” order from the governor.

Another member shared that they were also struggling with protective equipment.

The Chair expressed his concern about the lack of protective equipment in the health care community. The Chair shared that this would weigh in on their decisions

The Committee took a series of polls.

- Is your program currently “open for transplant”?
 - 77% (10 responses) Yes
 - 8% (1 response) No
 - 15% (2 responses) N/A
- Is your center mandating COVID-19 testing for donors?
 - 60% (9 responses) Yes
 - 13% (2 responses) No
 - 27% (4 responses) N/A
- Is your center mandating COVID-19 testing for recipients?
 - 29% (4 responses) Yes
 - 50% (7 responses) No
 - 21% (3 responses) N/A
- Has your center changed any selection criteria?
 - 71% (10 responses) Yes
 - 14% (2 responses) No
 - 14% (2 responses) N/A
- Is hospital capacity at your center an issue?
 - 43% (6 responses) Yes
 - 50% (7 responses) No
 - 7% (1 response) N/A

One member asked about how members were deciding to transplant candidates as many are starting to limit transplants to those who are lower risk, often younger and with less health complications, as those candidates may be stable with dialysis. The member wondered if there was greater risk in transplanting such a patient and exposing them to immunosuppression compared to leaving them on dialysis.

The Vice Chair noted that these patients may have exposure multiple times a week at their hemodialysis center and therefore it may be better to transplant a patient, minimize their immunosuppression and follow up and then send them home where they are no longer at risk of exposure.

Another member noted that there could be greater risk for a patient that needed a longer in-hospital stay. Another member commented that at their program, the standard post-transplant hospital stay is three days but the program is transitioning to only two days in light of the pandemic.

Another member commented that there are additional risk factors to transplanting a patient at this time. There is risk of exposure associated with the tests that a candidate must undergo before surgery as well as the need for protective equipment in a potential shortage. The member added that the amount of risk may not be mitigated and merely shifted when compared to dialysis. The Vice Chair agreed.

One member shared that their program had received pushback regarding testing their recipients for COVID-19. The Chair shared that their program had also received pushback but and they had difficulties filling out the Center for Disease Control (CDC) form for asymptomatic patients.

Another member asked how other transplant programs were handling the financial aspect from cutting down on transplants. The Chair shared that their program was attempting to direct clinical staff who were now working from home to different tasks using the Human Resources department. The Chair expressed that the program was attempting to keep all of their workers on and avoid any layoffs for the moment.

A member of HRSA asked if the members of the committee were aware of any difficulty in obtaining the immunosuppression drugs. The Chair and other members of the committee replied no. The member of HRSA also asked if the members had attempted to institute any offsite testing. The Chair replied that their program was in the process of building out that capability. Another member commented that their program also was instituting offsite testing.

Next steps:

UNOS staff will take this input back for consideration.

Upcoming Meeting

- April 2, 2020 - Teleconference