

# **Meeting Summary**

# OPTN Organ Procurement Organization Committee Deceased Donor Registration (DDR) Review Workgroup Meeting Summary April 21, 2020 Conference Call

### Helen Nelson, Workgroup Chair

#### Introduction

The OPTN DDR Review Workgroup (the Workgroup) met via Citrix GoToTraining teleconference on 04/21/2020 to discuss the following agenda items:

- 1. Organ Recovery Review Discussion
- 2. Next Assignments

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

#### 1. Organ Recovery Review Discussion

The Workgroup discussed the following data elements in the organ recovery section.

- Percent of macro vesicular fat
- Structural abnormalities
- Coronary angiogram
- Final preoperative measurements
- Heart biopsy
- Lung bronchoscopy
- Lung machine perfusion (intended or performed)

# Summary of discussion:

#### Percent of macro vesicular fat

United Network for Organ Sharing (UNOS) staff outlined the programming plan for the expedited placement of livers proposal. This includes the collection of macrosteatosis percentage if available. In order to be provide consistency between DonorNet and the DDR, the question was raised about changing "macro vesicular fat" in the DDR to "macrosteatosis." Workgroup members agreed that macrosteatosis is the most commonly used verbiage and supported this proposed change. A member inquired whether this data field would be an open text response or have dropdown options. UNOS staff stated that the intent is to keep this as open text in both DonorNet and the DDR.

#### If LV, Ejection Fraction < 50%, structural abnormalities

A member inquired if these questions only show up if the left ventricular (LV) ejection fraction is less than 50%. A member stated that 50% was a reasonable limit; however, another member inquired whether it would be helpful to know if the LV ejection fraction was above 50%. UNOS staff confirmed that these questions only appear if a percentage entered is less than 50.

A member expressed concern about not knowing why a heart was not placed if the LV ejection fraction was above 50%. A member suggested making these questions optional if the LV ejection fraction is above 50%.

A member inquired whether the work instructions indicate which echocardiogram (echo) to use. A member suggested using the echo closest to recovery. UNOS staff and members agreed to consult with the Thoracic Committee before making a final decision.

#### Coronary angiogram

A member inquired whether language could be added to this question to distinguish between "normal" and "not normal" results. A member suggested adding "clean coronaries" or "no blockage" to the question. A member stated that the definitions should be clear to those individuals inputting the data in order to provide more consistent and accurate data collection. UNOS staff and members agreed that the Thoracic Committee should be consulted to help with this definition. A member also suggested looking at how this question is being used in any SRTR modeling.

Was a pulmonary artery catheter? If yes, initial (baseline) and final preoperative measurements

A member inquired whether these measurements are required. UNOS staff confirmed that if "Yes" is selected for "Was a pulmonary artery catheter placed" then these fields are required. A member noted that pulmonary artery catheters are becoming less common and suggested having an option to enter a "non-invasive" method that does not require the completion of all the fields, just whatever measurements they have. A member inquired whether it would be useful to know what type of non-invasive method was used. A member stated that minimally invasive is the proper term to use.

The Workgroup agreed to consult with the Thoracic Committee about the correct term to use and to get input on why this information should be collected on the DDR.

#### Heart biopsy

A member suggested eliminating this question since heart biopsies are typically done on recipients, not donors. Another member stated that the Workgroup should consult with the UNOS Research team before deleting this question to see how many times "yes" was entered for this question. UNOS staff reminded the Workgroup members that any recommended deletions would go through a separate vetting process with the appropriate stakeholders.

#### Lung bronchoscopy

A member inquired about what to do if a preoperative and intraoperative lung bronchoscopy have been done. Another member suggested that the question should be more specific about which lung bronchoscopy results to enter in the DDR.

#### Lung machine perfusion (intended or performed)

A member inquired about the usefulness of this question. UNOS staff and members agreed to consult with the Thoracic Committee. A member stated that the language of the question prompts a "yes" if a lung machine perfusion was intended to be performed and if it was performed. The member suggested changing the language to just "performed" so it is clear that the procedure was actually performed.

Another member noted that this information is known if the organ procurement organization (OPO) is performing the perfusion but not if the transplant center is performing the perfusion once the organ(s) get back to their hospital. He commented that it would be interesting to collect this information as part of the discard reason for lungs and kidneys. In other words, differentiate between discards due to OPOs

pump parameters or transplant center pump parameters. This could be collected in the organ dispositions section of the DDR and would require a modification to a lookup table.

# 2. Next Steps

UNOS staff will create and distribute the review worksheet for the procurement and authorization section.

# **Upcoming Meeting**

• May 19, 2020