

## **OPTN Living Donor Committee Decision Data Workgroup**

### **Meeting Summary**

**April 3rd, 2025**

**Conference Call**

**Aneesha Shetty, MD, Chair**

### **Introduction**

The OPTN Living Donor Committee Decision Data Workgroup (“Workgroup”) met via Cisco WebEx teleconference on 4/3/2025 to discuss the following agenda items:

- Continue Review and Discuss Mockup: Form B

The following is a summary of the Subcommittee’s discussions:

### **Announcements**

None

### **1. Continue Review and Discuss Mockup: Form B**

#### Summary of discussion:

The meeting began with staff expressing optimism about completing form B and reviewing the necessary data elements for the current living donor forms. She outlined the agenda, which included an in-depth look at a few sections and revisiting several fields.

#### **Another Donor Selected**

Staff initiated the discussion on the "another donor selected" section, giving participants a moment to read through the items.. A member suggested adding a new option: "another living donor was chosen prior to evaluation." This sparked a conversation about capturing scenarios where multiple donors apply, and the first suitable donor is selected before evaluating others. A member proposed another item to capture donors who withdrew after another donor was chosen, aiming to include those still willing but ultimately not selected.

A member raised a point about whether all potential donors undergo some form of evaluation. Staff confirmed that these would be donors who had their first in-person evaluation appointment. The member suggested refining the language to "prior to completion of evaluation," which members agreed sounded reasonable.

#### **Recipient-Related Factors**

Moving on to recipient-related factors, a member highlighted the importance of capturing delays in recipient readiness, noting that such delays could surprise donors and affect their willingness to proceed. Another member supported this, emphasizing that delays on the recipient side could make donation impossible for the donor. They discussed adding an item to capture intended recipient evaluation delays that prevented donation.

A member also suggested including a factor for recipients requiring an additional organ, such as liver transplant patients needing a kidney. This led to a discussion about programs that don't proceed with

living donor transplants for patients needing multiple organs. Members agreed to add this item to capture such scenarios.

A member proposed an item for recipients no longer being candidates for other reasons, such as returning to drinking after being evaluated for a liver transplant. This prompted a debate about the distinction between recipients deciding not to use a donor and recipients being medically unable to proceed. They agreed to clarify the language to encompass both scenarios, ensuring it covered medical and psychosocial reasons.

Staff summarized the changes, confirming the addition of items for delays in recipient readiness and recipients requiring additional organs. The members decided to keep the item for recipients deciding not to use a donor and remove the redundant option.

### **Surgical Information Collection**

The next major topic was collecting surgical information for potential donors who go under anesthesia but don't donate. Staff explained that this data is currently collected on the living donor registration form and suggested aligning it with the definition of potential living donors by adding it to form B. A member argued that anyone who makes it to anesthesia should be tracked as a donor, emphasizing the importance of capturing rare cases where donors experience complications during induction.

The Chair discussed the logic behind capturing anesthesia-only cases in form B, noting that long-term follow-up might not be necessary for donors who don't undergo organ removal. The members agreed to capture the intended surgical plan and any incisions made, ensuring the data collection mirrors what is done for actual surgeries.

### **Inclusion of Robotic Options**

The group debated the inclusion of robotic options for kidney and liver surgeries, agreeing to add these to improve overall data collection. They also discussed the need to capture the intended operation and reasons for abortion, ensuring the language clearly expresses the surgical intent.

Staff confirmed the changes, including mirroring the intended liver surgical options and checking with the kidney workgroup about removing certain items. The group decided to leave the options for lung, uterus, and Vascularized Composite Allografts (VCAs) as is, acknowledging that these might be revisited in phase two.

### **Intended Recipient Field**

Finally, the group discussed the intended recipient field, debating whether to keep detailed options or simplify them to related/unrelated categories. The Chair suggested capturing swap information separately, given the potential for changes during the evaluation process. The group agreed to simplify the options for form B while maintaining detailed options for the living donor registration form.

### **Diabetes Treatment Options**

The meeting concluded with a brief discussion on multi-select options for diabetes treatment and the need for single-select options for diabetes types.

Staff wrapped up the meeting, reminding everyone of the next workgroup meeting and the importance of completing the forms for presentation to the full committee.

Table summarizing all decisions from this meeting:

<b>Section</b>	<b>Decision</b>
Another Donor Selected	Add item: "another living donor was chosen prior to evaluation"
Another Donor Selected	Add item: "donor withdrew after another donor was chosen"
Recipient-Related Factors	Add item: "intended recipient evaluation delays prevented donation"
Recipient-Related Factors	Add item: "intended recipient required an additional organ"
Recipient-Related Factors	Clarify language for item: "recipient no longer a candidate for other reasons"
Surgical Information Collection	Add surgical information collection for potential donors who go under anesthesia but don't donate
Inclusion of Robotic Options	Include robotic options for kidney and liver surgeries
Intended Recipient Field	Simplify options to related/unrelated categories for form B
Diabetes Treatment Options	Use multi-select options for diabetes treatment and single-select options for diabetes types

Next Steps:

Staff will send the updated mock up document of Form B.

**Upcoming Meetings:**

- 4/17/2025, 12pm-1:30pm EDT, teleconference

## Attendance

- **Committee Members**
  - Amy Olsen
  - Trysha Galloway
  - Annesha Shetty
  - Jennifer Peattie
  - Kate Dokus
  - Michael Chua
  - Aaron Ahearn
  - Tiffany Caza
- **SRTR Representatives**
  - Katie Siegert
- **HRSA Representatives**
  - None
- **UNOS Staff**
  - Sara Langham
  - Emily Ward
  - Lauren Mooney
  - Laura Schmitt
  - Sara Rose Wells