

OPTN Organ Procurement Organization (OPO) Committee

Meeting Summary

August 12, 2020

Conference Call

Diane Brockmeier, Committee Chair

Kurt Shutterly, Vice-Chair

Introduction

The Organ Procurement Organization (OPO) Committee (the Committee) met via Citrix GoToMeeting teleconference on 8/12/2020 to discuss the following agenda items:

1. Continuous Distribution Update
2. Multi-Organ Project Update
3. Setting OR Time – Member Cooperation

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

1. Continuous Distribution Update

The Committee was updated on the progress of the Lung Transplantation Committee's continuous distribution project. Their goals and attributes are the following:

- Goal – Medical Urgency
 - Attribute – 1 year survival without transplant
- Post-transplant survival
 - 1 year survival after transplant
- Candidate biology
 - Blood type, sensitization, candidate height
- Patient access
 - Prior living donor, pediatric age group
- Placement efficiency
 - Travel efficiency, proximity efficiency

Summary of discussion:

A member inquired if placement efficiencies would be specifically identified as more work is being done with continuous distribution. It was explained that this is correct and that the Policy Oversight Committee is brainstorming tools and policies available to OPOs to increase the efficiency of organ placement.

A member inquired if there has been pushback on how dispassionate this process may come across since it is putting candidates into buckets mathematically, and there is more to consider on an individual basis than the components that make up their composite scores. United Network for Organ Sharing (UNOS) staff explained that there have been conversations internally and with the Patient Affairs Committee and the feedback received was positive regarding the simplicity, structure and transparency of this process.

2. Multi-Organ Project Update

The Multi-Organ Transplant (MOT) Review Workgroup Chair presented the following updates to the Committee:

- July 28 – Joint leadership call with Heart, Liver and Lung Transplantation Committees
 - o The Heart, Liver and Lung Transplantation Committees were supportive of the proposed framework and had no major concerns
 - o All Committees acknowledged the small number of MOT transplants each year
- August 7 – Liver Transplantation Committee Meeting
 - o Expressed concern about Status 3 heart-liver candidates having priority over higher status liver candidates
- Additional feedback from Heart Transplantation Committee (August 18) and Lung Transplantation Committee (August 20)
- Next MOT Workgroup call is on August 27
- The MOT Workgroup is close to making decisions regarding heart-kidney and lung-kidney as well

Summary of discussion:

No discussion.

3. Setting OR Time – Member Cooperation

It was brought to the Committee’s attention that transplant surgeons have been experiencing issues with operating rooms only being available at night. A recent study found that when transplant surgeries are done in the middle of the night, the recipient experiences worse outcomes than they would have if the transplant surgery had been done during the day.

Other considerations in regards to this problem:

- Family constraints
- Transplant center constraints
- Broader distribution

Summary of discussion:

The Committee agreed that this is a problem and that transplant surgeons work better when they are well rested and can operate during the day; however, the following obstacles were also identified:

- Broader distribution
 - o Broader distribution is complicating recovery because recovery groups have to work with more groups to schedule OR time and are lacking support from transplant centers.
 - o Transplant surgeons are receiving more phone calls during the night and then aren’t rested for the next day.
- Equal waiting for each organ type
 - o Recovery teams switching OR time slots with no consideration for the other teams.
 - o A big constraint is having to wait for thoracic team to make a decision, meaning a team can be waiting to see if they’re going to get a kidney as well as a liver.
- Local Recovery
 - o Local centers are willing to do daytime recovery, but recently there have been cluster cases which are hard to handle.
 - o Culture shift towards local recovery

- Thoracic organs can be more complicated to place and thoracic surgeons are apprehensive about someone else recovering the organ, so trusting someone outside of the program is unlikely.

Next Steps:

The Committee wanted to continue this discussion during their next conference call.

Upcoming Meeting

- September 16, 2020 (teleconference)

Attendance

- **Committee Members**
 - Diane Brockmeier
 - Kurt Shutterly
 - Bruce Nicely
 - Catherine Kling
 - David Marshman
 - Debra Cooper
 - Jeffrey Trageser
 - Jennifer Muriett
 - Jillian Wojtowicz
 - Malay B. Shah
 - Mary Zeker
 - Meg Rogers
 - Sue McClung
- **HRSA Representatives**
 - Adriana Martinez
 - Vanessa Arriola
- **SRTR Representatives**
 - Katie Audette
- **UNOS Staff**
 - Robert Hunter
 - Alice Toll
 - Darby Harris
 - Elizabeth Miller
 - James Alcorn
 - Kaitlin Swanner
 - Pete Sokol
 - Rebecca Brookman
 - Nicole Benjamin