

**OPTN Patient Affairs Committee  
Meeting Summary  
August 18, 2020  
Conference Call**

**Darnell Waun, R.N., M.S.N., Chair  
Garret Erdle, M.B.A., Vice Chair**

## **Introduction**

The Patient Affairs Committee (PAC) met via Citrix GoToMeeting teleconference on 08/18/2020 to discuss the following agenda items:

1. Public Health Service (PHS) Guidelines Proposal Presentation
2. Cross Committee Workgroup Report Out

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

### **1. Public Health Service (PHS) Guidelines Proposal Presentation**

The Chair of the Disease Transmission Advisory Committee (DTAC) presented the Public Health Service (PHS) Guidelines Proposal. The purpose of this proposal is it to align OPTN policies with updated PHS Guidelines for assessing solid organ donors and monitoring transplant recipients for human immunodeficiency virus (HIV), hepatitis B virus (HBV), and hepatitis C virus (HCV) infection.

#### Summary of discussion:

The PAC Chair asked for clarification regarding patient consent. The DTAC Chair responded that patients will be informed of their non-standard offer under the main consent form, and not two separate forms.

A member asked why living donor samples are being stored for ten years. The DTAC Chair responded that the ten-year time frame was proposed to mirror the storage of deceased donor samples. The Chair continued that storing samples for ten years allows for the ability to retest samples from the time of transplant as well as not having to worry about loss to follow up with living donors. Another member asked about the patient consent for storing samples. The DTAC Chair responded that that is not addressed in the proposal. A member expressed concern that storing the samples for ten years adds another barrier for individuals considering living donation.

A member asked if all donors and candidates will be required to have nucleic acid testing (NAT). The DTAC Chair responded that is the recommendation from PHS.

Another member asked why the liver test is repeated and how frequently are results expected to differ. The DTAC Chair explained that HCV has a longer window and incubation period so there is a larger chance of missing detection than the other viruses. The Chair continued that there are not a lot of differing results but it does occur.

A member asked for information regarding the transition from hemodilution as an increased risk factor and expressed concern that patients might not understand NAT which may cause fear. The DTAC Chair responded that NAT is extremely sensitive and that patient education will be needed.

Align OPTN Policy with U.S. PHS Guideline, 2020, Sentiment Vote:

3 Strongly Support; 10 Support; 0 Neutral/Abstain; 0 Oppose; 0 Strongly Oppose

## **2. Cross Committee Workgroup Report Out**

Members reported their collaboration with other committees.

### Summary of discussion:

A member, representing PAC on the Provisional Yes Workgroup, reviewed the presentation the Workgroup received regarding the current Filter Pilot program. The member suggested that the PAC should also receive this presentation.

### **Upcoming Meetings**

- September 1, 2020 (formerly in-person meeting, now teleconference)
- October 20, 2020 (teleconference)

## Attendance

- **Committee Members**
  - Christopher Yanakos
  - Darnell Waun
  - David Skinner
  - Earl Lovell
  - Eric Tanis
  - Garrett Erdle
  - James Sharrock
  - Kenny Laferriere
  - Marvin Lim
  - Molly McCarthy
  - Anita Patel
  - Julie Siegel
- **HRSA Representatives**
  - Jim Bowman
  - Melanie Deal
  - Raelene Skerda
- **SRTR Staff**
  - Katie Audette
- **UNOS Staff**
  - Emily Ward
  - Lindsay Larkin
  - Matt Prentice
  - Meghan McDermott
  - Sara Rose Wells
- **Other Attendees**
  - Marian Michaels