OPTN Organ Procurement Organization Committee
Deceased Donor Registration (DDR) Review Workgroup
Meeting Summary
October 22, 2020
Conference Call

Jeff Trageser, Workgroup Chair

Introduction

The OPTN DDR Review Workgroup (the Workgroup) met via Citrix GoToMeeting teleconference on 10/22/2020 to discuss the following agenda items:

1. Review of Previous Discussions

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

1. Review of Previous Discussions

Summary of discussion:

Cocaine Use and Other Drug Use

The workgroup addressed the following issues:

- Why is the "ever abused" or "dependent on" only included in the help documentation for cocaine use and not other drug use?
- The terms "abused" and "dependent on" are subjective and won't produce
- One member suggested using drug screening information upon admission to the hospital since the family might answer no drug use but the testing show drugs in the system. The workgroup chair noted that there was agreement during previous discussions that the OPOs should enter yes if the testing results or family indicates drug use.
- One member inquired why there were no questions about intravenous (IV) drug use. UNOS staff noted that IV drug use is collected in DonorNet. UNOS Research staff noted that some information in DonorNet is not required and might not be asked in the same way.
- Another member noted that the "other drug use" question is overly broad. For example, crack, marijuana and prescription narcotics are listed in the help documentation but they have different effects on the organs. Additionally, marijuana should probably no longer be listed as a "street drug" since it is becoming legal in many states.

SRTR staff noted that information about drugs could help assess the donor risk factors and analyze discards and acceptance practices. From a clinical perspective, what information might affect a transplant center's decision whether to accept organs from certain donors. Additionally, information could be used to better evaluate the impact of the opioid crisis. The key questions being:

- Death due to drug use
- Lifestyle factors increasing the risk of infectious disease transmission
- Abuse/use that affects the organs - One member noted that cocaine, crack and amphetamines could have an impact on the heart as well as the blood vessels.

The workgroup discussed using the universal donor risk assessment interview (UDRAI) to revise the language. A member noted that OPO staff typically use this document to help complete the DDR. UNOS Research staff inquired if using the UDRAI language miss anything important like post-transplant outcomes for heart. SRTR staff noted that cocaine use was associated with a 20% lower probability of heart utilization but a higher probability of liver utilization.

The workgroup recommended using the UDRAI to standardize the language in the DDR. An example of language is shown below:

- Any documentation or evidence of drug use such as steroids, cocaine, heroin, amphetamines, or opioids?
    - What was it?
    - How often and how long was it used?
    - When was it used?
    - Route (inhaled, needles, ingested)

Pulmonary Artery Catheter (PAC)

The workgroup briefly discussed the recommendations from the Heart Committee leadership to collect one set of measurements using either invasive (PAC) or minimally invasive methods. The workgroup agreed to the following:

- Identify the method (cardiac catheter lab versus minimally invasive)
- Collect one set of measurements

Did the patient have written documentation of their intent to be a donor? (Mechanism)

UNOS staff reminded the workgroup about the proposed changes to this section and inquired if the authorization mechanism should be collected. The workgroup agreed that OPOs collect this information and does not need to be collected on the DDR.

Cancer Free Interval

UNOS Research staff noted that the intent of collecting this data was to better understand post-transplant malignancies based on the cancer free interval for the type of cancer identified in the donor's medical history. SRTR staff noted that from a clinical perspective, it is reasonable to weigh the donor risk based on the cancer free interval for the different types of cancer. However, one member noted that the transplant center would probably call the OPO for more detailed information that is not provided in the DDR.

A member noted that the family might know the cancer history but not remember when it was or what treatment was provided. SRTR staff inquired about the ability for OPOs to enter more than one type of cancer. UNOS Research staff agreed to get this information for the workgroup.

Finally, SRTR staff noted that they do not use the cancer free interval in the risk models, only the type of cancer. The workgroup agreed to keep the "type of cancer" and delete the cancer free interval.

Chagas history

The workgroup revisited this data element and inquired if this information is collected in DonorNet. UNOS staff noted that Chagas history is collected as part of the infectious diseases at the time of procurement; therefore, it is collected in a different way than history of Chagas. The workgroup discussed the rationale for collecting this and why the Ad Hoc Disease Transmission Advisory Committee (DTAC) added this several years ago. UNOS staff noted that the public comment document stated that it was being collected to identify donors that were infected with Chagas.

TB history

The workgroup recommended consulting the DTAC for both the Chagas and TB history.

Lung Perfusion

The workgroup discussed the previous recommendation to delete "intended or" – although one member noted that it might be better to keep "intended" instead of "performed" because OPOs might not know if the lung perfusion was actually performed by the transplant center. A member noted that some OPOs might be planning to perfuse lungs in the future.

A member inquired about how kidney pump information is collected. UNOS staff noted that kidney pump information is collected from both the OPO and transplant center; therefore, we tried to collect the lung perfusion information in the same way.

A member inquired about whether this information needs to be on the DDR if OPOs are not performing the lung perfusions. UNOS Research staff noted that there would not be information collected on discards if this information is only collected on the transplant recipient registration (TRR). A member noted that OPOs usually would not know this information so it might be better to collect "intended." OPOs will often times know if pumping is intended because they have to prepare in the OR for size or pump (but not always), but the OPO might not know if it was actually performed.

UNOS staff also noted that an OPTN Operations and Safety Committee workgroup is currently reviewing perfusion data elements. The workgroup members agreed to wait and hear what that group recommends before making a final decision.

Upcoming Meetings

- November 5, 2020

Attendance

- **Workgroup Members**
  - Jeff Trageser
  - Meg Rogers
  - Deb Cooper
  - Sue McClung
  - Kristine Browning
- **HRSA Representatives**
  - Vanessa Arriola
  - Adriana Martinez
  - Raelene Skerda
- **SRTR Staff**
  - Bert Kasiske
  - Jon Snyder
  - Katie Audette
- **UNOS Staff**
  - Robert Hunter
  - Rebecca Brookman
  - Darby Harris
  - Sarah Taranto
  - Alice Toll
  - Kimberly Uccellini
  - Grace Acda
  - Carly Engelberger
  - Meghan McDermott
- **Other Attendees**
  - Diane Brockmeier