

**OPTN Histocompatibility Committee
Meeting Summary
November 10, 2020
Conference Call**

**Peter Lalli, Ph.D., D(ABHI), Chair
John Lunz, Ph.D., D(ABHI), Vice Chair**

Introduction

The Histocompatibility Committee met via Citrix GoToMeeting teleconference on 11/10/2020 to discuss the following agenda items:

1. Policy Oversight Committee Update
2. Discussion/Brainstorm: Include Sensitization in Continuous Distribution (Heart)

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

1. Policy Oversight Committee Update

Committee Vice Chair presented on the work of the Policy Oversight Committee, and how the Histocompatibility Committee's current work fit into the strategic priorities.

Summary of discussion:

Committee members had no questions or concerns.

2. Discussion/Brainstorm: Include Sensitization in Continuous Distribution (Heart)

Committee Chair presented the challenges of sensitization in continuous distribution for heart candidates and opened the floor to committee discussion.

Data Summary:

The following questions were presented to the committee for consideration:

- Do we add points for sensitization?
- How much weighting is appropriate?
- Are heart and lung the same?
- How do we manage the balance of getting offers and prioritizing patients?
- Is CPRA the only way to manage priority for sensitized patients?
- Do we have to assign unacceptable to get points?

Summary of discussion:

Committee members were in agreement that it is easier to pass on a less compatible offer for renal recipients than for thoracic recipients, as thoracic recipients do not have as stable of a bridge to care as dialysis. In addition, they were in agreement that sensitization should be included in continuous distribution in some way.

Members also discussed the previous histocompatibility guidance for the Kidney Allocation System (KAS) update, and the need to look at that for the new broader sharing for kidneys and pancreata. In addition,

they felt it would be helpful to revise in the light of continuous distribution, especially for prospective crossmatching.

Potential ideas for thoracic continuous distribution discussed included:

- Sensitized patients accruing waiting time at a faster rate
- Positive crossmatches adding additional candidate priority
- Patients gaining points from unacceptable antigen listing, similar to CPRA in kidney allocation
- Patients gaining points based on rejected organ offers, so that recipients who are harder to match will accrue priority

Potential issues identified included:

- The current CPRA is not sufficiently granular for continuous distribution
- Concerns in the heart community about “gaming”, and entering unacceptable antigens inappropriately, if this does not exclude candidates from match runs
- HLA typing is not currently required to execute thoracic match runs
- Heart recipients are often more sensitized due to mechanical assist devices

Next steps:

One committee member will reach out to histocompatibility and heart transplant professionals in Canada and report on the 4S system.

Upcoming Meetings

- December 8, 2020, 12 PM EST, Teleconference
- January 12, 2021, 12 PM EST, Teleconference
- February 9, 2021, 12 PM EST, Teleconference

Attendance

- **Committee Members**
 - Evan Kransdorf
 - Gerald Morris
 - Idoia Gimferrer
 - Jennifer Schiller
 - John Lunz
 - Karl Schillinger
 - Manu Varma
 - Marcelo Pando-Rigal
 - Peter Lalli
 - Reut Hod Dvorai
 - Taba Kheradmand
 - Tracy McRacken
 - Valia Bravo-Egana
 - Vikram Pattanayak
 - William Goggins
 - Yvette Chapman
- **HRSA Representatives**
 - Jim Bowman
 - Marilyn Levi
 - Raelene Skerda
- **SRTR Staff**
 - Katie Audette
- **UNOS Staff**
 - Adel Husayni
 - Courtney Jett
 - Darren Stewart
 - Emily Ward
 - James Alcorn
 - Kelsi Lindblad
 - Leah Slife
 - Nicole Benjamin
- **Other Attendees**
 - Medhat Askar