

**OPTN Operations and Safety Committee
Meeting Summary
January 28, 2021
Conference Call**

**Christopher Curran, CPTC, CTBS, CTOP, Chair
Alden Doyle, MD, MPH, Vice Chair**

Introduction

The Operations and Safety Committee (the Committee) met via Citrix GoToMeeting teleconference on 01/28/2021 to discuss the following agenda items:

1. Public Comment Proposal Presentation: Clarify Multi-Organ Allocation Policy
2. Public Comment Proposal Presentation: Modify Deceased Donor Registration (DDR) Form
3. Feedback Request: Data Advisory Committee (DAC) Refusal Code Project

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

1. Public Comment Proposal Presentation: Clarify Multi-Organ Allocation Policy

The Committee reviewed the OPTN Organ Procurement Organizations (OPO) Committee proposal, *Clarify Multi-Organ Allocation Policy*.

Summary of discussion:

The Chair asked if the OPO Committee had discussed how to operationalize multi-organ allocation, from both an OPO perspective and transplant hospital perspective. The Chair of the OPO Committee responded that consistent communication between OPOs and transplant hospitals is essential. The OPO Committee discussed a possible notification process in which the transplant program is notified of their tentative primary status while informing them of a potential multi-organ recipient that meets the criteria as well.

A member asked if an algorithm related to multi-organ allocation will be developed. The Chair of the OPO Committee responded that developing an algorithm was out of the scope of this project, but the next phase of the project should include DonorNet programming. The Chair suggested combining this effort with the working being completed by the OPTN Match Run Rules Workgroup.

The Chair asked if the OPO Committee discussed qualifying heart criteria with the Heart Transplantation Committee. The Chair of the OPO Committee responded that those discussions will occur during the next phase of the project.

Another member asked for information regarding not including Heart Adult Status 4. The Chair of the OPO Committee responded that there was discussion with the Heart Transplantation representative, and it was decided that Heart Adult Status 1, 2, 3 was sufficient for now.

The Chair suggested that the OPO Committee consider maintaining consistency with Heart Adult Status 1 and 2 as it pertains to heart/lung candidates. The Chair stated this would be more consistent with prioritization of heart candidates above heart/lung candidates.

The Chair asked if the OPO Committee discussed the requirement to offer a single organ to a multi-organ transplant candidate if only one organ is available. The Chair of the OPO Committee responded these considerations are better discussed in the context of eligibility and safety net.

The Committee agreed that 500 nautical miles is an appropriate distance for when OPOs must offer a liver or kidney to a multi-organ candidate meeting the proposed criteria.

There were no additional questions or comments.

2. Public Comment Proposal Presentation: Modify Deceased Donor Registration (DDR) Form

The Committee reviewed the OPTN OPO Committee proposal, *Modify DDR Form*.

Summary of discussion:

The Chair stated the Committee has had several discussions regarding the definition of recovery date. Members supported the removal of recovery date.

A member supported the collection of transfusion volume instead of number of transfusions. The Chair agreed.

Another member stated that their institution utilizes data from the citizenship status for research, and expressed interest in keeping that data element.

The Chair expressed support for an update list of medications. The Chair stated that the ability to rapidly add medications to the drop down selection would be helpful.

A member expressed interest in a more standardized approach for data collection concerning which drips the donor is on when an echocardiogram is performed. The member stated this would be beneficial for heart transplantation. The Chair of the OPO Committee responded they would take this feedback to the members.

A member stated support for the simplification of the “other drugs” section. Additionally, the member suggested a middle ground to be found regarding uniform donor risk assessment interview (URDAI), because the current loose nature of the data capture is problematic from a data use standpoint.

The Chair supported the collection of Chagas and Tuberculosis history. The Chair added that Strongyloides history would also be beneficial. Members suggested possible data elements could include geographic location or country of origin, whether the patient was potentially exposed, when the patient was diagnosed, when the patient was treated, and type of treatment.

The Chair stated that data related to donor after cardiac death (DCD) withdrawal should be collected for a period of time leading up to the agonal phase and then after the agonal phase.

The Committee supports collecting more granular information on clinical infections confirmed by cultures.

There were no additional questions or comments.

3. Feedback Request: Data Advisory Committee (DAC) Refusal Code Project

The Committee reviewed the OPTN DAC project on refusal codes.

Summary of discussion:

The Chair suggested the refusal code, *candidate requires multiple organ transplant*, could potentially use more specificity.

A member suggested a refusal code that addresses situations where livers are refused because pediatric patients require reduced liver grafts.

The Chair suggested the refusal code, *number of HLA mismatches unacceptable*, be included under the HLA category.

The Chair asked if DAC discussed organ-specific refusal codes. Staff responded that DAC is seeking feedback from organ-specific committee regarding this potential category.

Another member suggested the addition of a free text field related to the refusal code, *unsatisfactory organ specific test results*. The member stated this code could potentially become utilized as a new catch-all code.

The Chair cautioned against using the refusal codes in punitive manners.

There were no additional questions or comments. The meeting was adjourned.

Upcoming Meetings

- February 25, 2021 (teleconference)
- March 25, 2021 (teleconference)

Attendance

- **Committee Members**
 - Audrey Kleet
 - Charles Strom
 - Christopher Curran
 - Dominic Adorno
 - Joanne Oxman
 - Kim Koontz
 - Luis Mayen
 - Melinda Locklear
 - Melissa Parente
 - Rich Rothweiler
 - Susan Stockemer
 - Susan Weese
- **HRSA Representatives**
 - Jim Bowman
 - Vanessa Arriola
- **SRTR Staff**
 - Katie Audette
- **UNOS Staff**
 - Adel Husayni
 - Joann White
 - Katrina Gauntt
 - Kristine Althaus
 - Lauren Motley
 - Meghan McDermott
 - Nicole Benjamin
 - Rebecca Murdock
 - Robert Hunter
 - Roger Brown
 - Sarah Konigsburg
- **Other Attendees**
 - Kurt Shutterly