Introduction

The Organ Procurement Organization (OPO) Committee (the Committee) met via Citrix GoToMeeting teleconference on 03/10/2021 to discuss the following agenda items:

1. Develop Measures for Primary Graft Dysfunction in Hearts
2. Public Comment Update
3. Open Discussion

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

1. Develop Measures for Primary Graft Dysfunction in Hearts

The Chair of the Heart Transplantation Committee presented a request for feedback on additional data elements for the Develop Measures for Primary Graft Dysfunction in Hearts project.

Data summary:

Primary Graft Dysfunction (PGD) results in poor post-transplant outcomes; currently the OPTN does not collect post-transplant data specifically to PGD, limiting analysis. The Heart Committee is seeking community feedback to inform potential PGD data collection efforts via public comment, with two goals in mind.

1. Identifying PGD in recipients
2. Understanding the impact of PGD on post-transplant survival

The initial potential data elements for addition to the Transplant Recipient Registration (TRR) form include:

- Primary Graft Dysfunction (yes or no)
- Left Ventricular Dysfunction (yes or no)
- Right Ventricular Dysfunction (yes or no)
- Left Ventricular Ejection Fraction: percentage value
- Right Atrial Pressure (RAP)
- Pulmonary Capillary Wedge Pressure (PCWP)
- Pulmonary Artery Systolic Pressure / Pulmonary Artery Diastolic Pressure
- Cardiac Output
- Support Device (yes or no)
  o If yes: right, left, or biventricular
  o Type of device
- Inotrope support
The project is also seeking feedback on potential new predictive and operational data elements, as there is interest in collecting procurement data, including:

- Procurement perfusion solution usage and volume
- Bag pressures
- Other procurement factors:
  - Procurement completed by donor hospital team or transplant program team
  - Warm ischemia time associated with donation, if any

The Heart Committee is seeking feedback specifically on the suggested data elements, other potential predictive or operational data elements or risk factors, the timing of data collection, maintaining consistency of data reporting, and other considerations, including:

- Severity limits to PGD reporting
- Differences in data collection on adult and pediatric PGD
- Donors after cardiac death (DCD)
- Elimination of Airway Dehiscence from OPTN heart data collection

Summary of discussion:

The Committee Vice Chair remarked that most OPOs already collect some of the suggested procurement data, and that the addition of these data elements would not likely be overly burdensome. Other members agreed.

2. Public Comment Update

The Committee reviewed trends in public comments collected thus far for both sponsored proposals, as well as comments collected during regional meetings.

Data summary:

The Clarify Multi-Organ Allocation Policy proposal has been generally supported at Regional Meetings thus far across all member types. The proposal has received a number of comments, including general themes:

- Expand required multi-organ share criteria to include Status 4 and congenital heart-disease patients and lower statuses
  - Consideration for priority to all multi-organ heart and lung candidates
- Expand required multi-organ lung criteria to include all lung candidates age 0-11
- Concern for higher MELD patient priority and single kidney candidate access
- Eligibility criteria for kidney and liver
  - Proposal to establish kidney and liver multi-organ eligibility similar to simultaneous liver kidney (SLK)

The Modifications to the Deceased Donor Registration Form proposal has also been well supported at the Regional Meetings. The comments received on this proposal so far align with the feedback requested, including:

- Chagas/TB history
- Citizenship
- Clinical Infection
- Donor Management
- Drug use
- Transfusion
Summary of discussion:
Regional representatives agreed the comments and questions received during the regional meetings typically addressed concern for single-organ kidney and liver candidates and heart status 4 in multi-organ allocation policy. One representative remarked that a regional meeting attendee recommended mandatory sharing for all pediatric lung-kidney and lung-liver candidates, given the rarity of these candidates. The Committee Chair and Vice Chair agreed that they encountered similar comments and questions when presenting the multi-organ allocation policy clarification proposal to other OPTN Committees.

3. Open Discussion
The Committee discussed updates on the Data Advisory Committee’s Refusal Codes project request for feedback, new kidney and pancreas allocation policy implementation, and expedited liver placement implementation.

Summary of discussion:
A member confirmed that previous feedback given by the Committee on the Refusal Codes project was collected and passed on to the Data Advisory Committee.

One member noted that their liver programs had yet to opt in any patients, and asked how long the opt-in period would last. Staff shared that programs can opt patients into receiving expedited liver offers after the release, and the initial opt-in phase was meant to allow transplant centers adequate time to prepare for implementation. Another member remarked that their service area’s liver programs were opting in, including working through patients individually to meet candidate needs. Staff agreed that individual evaluation to opt-in to receiving expedited offers will increase efficiency and late placement for livers.

The Committee had no other questions, comments, or topics for discussion.

Upcoming Meetings
- March 31, 2021 – Organ Procurement Organization Committee Meeting (teleconference)
- April 15, 2021 – Organ Procurement Organization Virtual “In-Person” Committee Meeting (teleconference)
Attendance

- **Committee Members**
  - Diane Brockmeier
  - Kurt Shutterly
  - Bruce Nicely
  - Catherine Kling
  - David Marshman
  - Debra Cooper
  - Jeffrey Trageser
  - Jillian Wojtowicz
  - John Stallbaum
  - Larry Supplee
  - Malay Shah
  - Mary Zeker
  - Meg Rogers
  - Sue McClung
  - Helen Irving

- **HRSA Representatives**
  - Adriana Martinez
  - Shannon Taitt

- **SRTR Representatives**
  - Christian Folken
  - David Zaun
  - Donnie Musgrove
  - Matthew Tabaka

- **UNOS Staff**
  - Robert Hunter
  - Pete Sokol
  - Darby Harris
  - Eric Messick
  - Kayla Temple
  - Nicole Benjamin

- **Other Attendees**
  - Shelley Hall
  - PJ Geraghty