

OPTN Living Donor Committee

Meeting Summary

March 10, 2021

Conference Call

Heather Hunt, JD, Chair

Titte Srinivas, MD, Vice Chair

Introduction

The Living Donor Committee (the Committee) met via Citrix GoTo Meeting teleconference on 03/10/2021 to discuss the following agenda items:

1. Cross-Committee Updates
2. Public Comment Presentation: OPTN Strategic Plan
3. Public Comment Highlights
4. Preview of April Virtual Meeting

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

1. Cross-Committee Update

The Committee was updated on cross-committee collaboration.

Summary of discussion:

Vascularized Composite Allografts (VCA) Genitourinary Workgroup

The VCA Genitourinary Workgroup has been reviewing the requirements for primary surgeons and primary physicians within programs that perform VCA transplants.

Exclusion Criteria Subcommittee

The Exclusion Criteria Subcommittee will present their recommendations to the Committee during the April 19, 2021 meeting.

International Kidney Paired Donation (KPD) Workgroup

The International KPD Workgroup met for the first time, and discussions were exploratory and centered around identifying barriers associated with cross border sharing. The Living Donor Committee representatives stated that concerns surrounding living donors such as coverage, follow-up, and reimbursement will need to be addressed.

Next steps:

The Committee will continue to receive updates on their cross-committee involvement.

2. Public Comment Presentation: OPTN Strategic Plan

The Committee reviewed the OPTN Executive Committee's proposal, *2021- 2024 OPTN Strategic Plan*.

Summary of discussion:

The Chair expressed interest on the sub-metric "evaluate effective methods for assessing living donor outcomes", underneath Goal #4. The Chair asked for more information regarding how the Committee's

work aligns with this sub-metric. Staff responded that the sub-metric is broad to allow for OPTN Committees to develop work that would align with ensuring trust of the living donation process by tracking safety and post-transplant outcomes of living donors. The Chair stated that the language in this sub-metric appears to address long-term outcomes of living donors, and currently, the OPTN conducts short-term living donor follow-up (at 6, 12, and 24 months post-donation; It does not assess living donor outcomes (long-term implications). The Committee requested that the OPTN Executive Committee bring clarity to sub-metric #2, about methods for assessing living donor outcomes. The Chair stated that clarity would assist the Committee's development of projects in furtherance of this Strategic Goal.

A member stated that they viewed sub-metric #2 as evaluation of methods related to living donor assessment, not development and implementation of methods. The member stated support for the Committee to review and evaluate living donor assessment methods. Another member agreed and stated there are new opportunities, technologies, and pathways to potentially extend living donor follow-up.

Additionally, the Committee expressed support for sub-metric #1 as it emphasizes the importance of living donor health over the long-term.

A member stated that living donor outcome and safety is different than survival benefit of the recipient and emphasized that these two sub-metrics (#3 and #4) do not dovetail together. Another member responded that there are instances where benefit to the recipient will factor into living donor's decisions.

Another member observed that there are sub-metrics related to education and tools for programs and recipients. The member requested that specific sub-metrics related to education and tools for living donors. The member added that education about living donation is directly connected to living donor outcomes, and to Goal No. 2: Improving equity in access to transplantation. The Committee supported the objective of improving equity in access to living donor transplantation.

A member asked, in regards to sub-metric #1, what is meant by including center metrics for recipient longevity because patient survival is captured at certain time points. Staff responded that this sub-metric is highlighting work related to analyzing one-year patient survival as an assessment, and the potential to expand beyond that.

Another member expressed concern over the percentages of each of the strategic goals. The Committee requested that the OPTN Executive Committee clarify the intent and significance of each goal's weight. The purpose of such clarification is to ensure that readers - patients, donors, and their families and friends - do not perceive that the weight assigned to Goal No. 3 - "Promote Living Donor and Transplant Recipient Safety (10%)" - reflects that a relatively small percent of the OPTN's focus is on their safety. This clarity should be in the four corners of the document to avoid any misimpression. Patient safety is, of course, paramount to all, and so the presentation of the weighting should make its meaning clear.

A member highlighted the inherent challenge of encouraging, at once, utilization of organs of poorer quality and having metrics regarding recipient longevity. The former leads to the potential of resulting lower graft function. The Committee requested that the Strategic Plan should recognize and speak to the inherent tension of the two objectives; each has strong merit when standing alone, but when joined create unavoidable tension.

Next steps:

The Committee's feedback will be provided to the OPTN Executive Committee.

3. Public Comment Highlights

The Committee reviewed additional proposals out for Public Comment. The highlighted proposals included *Clarify Multi-Organ Policy* and *Update Transplant Program Key Personnel Training and Experience Requirements*.

Summary of discussion:

Clarify Multi-Organ Policy

A member stated that the proposal is worthwhile and impacts living donors as heart/kidney transplants often rely on living donors as a safety net. The member explained that if heart/kidney transplants mirror liver/kidney transplants then it will alleviate the need to rely on living donors as a safety net.

Additionally, the member stated that, during regional meetings, prior living donor priority was discussed in context of the OPTN Lung Transplantation Committee's Continuous Distribution presentation.

4. Preview of April Virtual Meeting

The Committee previewed their agenda for the virtual "in-person" meeting.

Summary of discussion:

There were no questions or comments

Next steps:

The Committee will receive resources ahead of the April meeting in order to prepare for prior living donor priority discussions.

Upcoming Meeting

- April 19, 2021 (teleconference, virtual "in-person")

Attendance

- **Committee Members**
 - Aneesha Shetty
 - Angie Nishio Lucar
 - Carol Hay
 - Carolyn Light
 - Heather Hunt
 - Jessica Spiers
 - Katey Hellickson
 - Mark Payson
 - Mary Beth Stephens
 - Nahel Elias
 - Omar Garriot
 - Pooja Singh
 - Randy Schaffer
 - Roberto Hernandez
 - Stevan Gonzalez
 - Titte Srinivas
 - Vineeta Kumar
- **HRSA Representatives**
 - Arjun Naik
 - Raelene Skerda
- **SRTR Staff**
 - Krista Lentine
- **UNOS Staff**
 - Kayla Temple
 - Kerrie Masten
 - Leah Slife
 - Lindsay Larkin
 - Matthew Prentice
 - Meghan McDermott
 - Sarah Booker
 - Terry Cullen
 - Tina Rhoades