

**OPTN Policy Oversight Committee  
Meeting Summary  
June 9, 2021  
Conference Call**

**Alexandria Glazier, JD, MPH, Chair  
Nicole Turgeon, MD, FACS, Vice Chair**

## **Introduction**

The Policy Oversight Committee met via Citrix GoToMeeting teleconference on 06/09/2021 to discuss the following agenda items:

1. Post-Implementation Evaluation
2. Portfolio Management Update
3. New Project Review

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

### **1. Post-Implementation Evaluation**

The Liver and Intestine Committee Vice Chair presented a post-implementation evaluation on *Liver and Intestine Distribution using Distance from Donor Hospital*.<sup>1</sup>

#### Data summary:

Project purpose:

- Address geographic disparities in access to donors among liver and intestine transplant candidates by removing use of DSAs and OPTN regions in allocation
- Prioritize the most urgent candidates and promote candidate access to transplant by allocating organs over a broader geographic area

Key metric:

- Decrease variance in median allocation score at transplant across geographic areas

Successes:

- Variance in median allocation score at transplant beginning to decrease by state, DSA, and OPTN region
- Broader geographic allocation increased access for Status 1A/1B and high MELD/PELD score candidates to donors within a larger distance from the donor hospital
- Higher transplant rates for candidates with the highest medical urgency
- Broader geographic distribution with minimal changes in organ cold ischemia time

Areas for improvement:

- Increased waiting list mortality rates for candidates with mid-to-high medical urgency

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<sup>1</sup> <https://optn.transplant.hrsa.gov/governance/public-comment/liver-and-intestine-distribution-using-distance-from-donor-hospital/>.

- More export and import transplants implies increased logistical efforts and need to fly to procure more donor organs

Areas to watch:

- Continue monitoring variance in median allocation score at transplant by geographic areas
- Outcomes for mid-to-high medical urgency candidates on the liver waiting list

Next steps:

- Continue monitoring policy change during COVID-19 pandemic
- Begin discussions on continuous distribution goals for liver and intestine allocation

The one year monitoring report can be found on the [OPTN website](#).

Summary of discussion:

The Liver Vice Chair raised concerns about increased logistical efforts and anecdotal discussions of increased flying from the Liver Committee. The POC Chair asked if there was any evidence of this, and UNOS Research staff clarified that the OPTN does not collect data on the transportation mode of organs so there is no definitive way to know how many organs are being driven versus flown. The Transplant Coordinator Vice Chair asked if there was a differentiation in the committee of recovery teams being flown versus organs being flown, and if there was a difference in practices between donation service areas (DSAs) and regions. The Liver Vice Chair said that both an increase in recovery teams and organs being flown have been reported, and that local recovery is not possible in every location. The POC Chair wanted to ensure that the POC review of policy success is based on data, not anecdotal experiences.

The Liver Vice Chair posed that it would have been nice to include a measure of population density into the allocation circles proposal, as 250 nautical miles can have different numbers of donors for rural and urban areas. The POC Chair posed that the Liver Committee can have these discussions and work through concerns in their continuous distribution proposal, and the Liver Vice Chair agreed that the upcoming proposal was the correct next step for the committee to address these concerns. The Liver Chair and UNOS staff also pointed out that additional community feedback beyond support or opposition of the proposal as a whole would also be helpful in development of the new allocation framework for Liver. The POC Chair recommended that Liver identify additional feedback questions in their upcoming proposal in order to solicit the feedback they want.

**2. Portfolio Management Update**

UNOS staff presented on multiple approaches to measure available project resources.

Summary of discussion:

POC members agreed that evaluating all available resources is a crucial step in project prioritization and approval. Members also agreed that it was difficult to choose a tool without first trying them, and that this may take multiple iterations to choose the best visualization.

The Liver Committee Vice Chair expressed a concern that continuous distribution would take up the majority of the OPTN's implementation resources, and that projects often take a year or more, even if they seem simple or fast. The POC Chair pointed out that the point of sequencing continuous distribution is so that there is still room for other necessary projects to be developed, and that currently strategic policy priorities are less than half of the approved projects. UNOS staff mentioned that there is also a balance between speed and quality, and that modeling, consensus-building, and public comment take time but are necessary to inform policies.

Next steps:

UNOS staff will present new visualizations total available resources for the next POC meeting. The POC will discuss how to calculate the cost and benefit of committee projects at an upcoming call.

**3. New Project Review**

The POC reviewed one new project:

- Update VCA Policies and Data Collection (Vascular Composite Allograft)

Summary of discussion:

The POC Chair raised a concern about the size of the project in relation to its anticipated impact. UNOS staff clarified that there are currently 20 VCA candidates on the waiting list. POC members agreed that VCA is an innovation that they want to support, but that there may be components of this overall proposal that need to be prioritized. One concern the POC Chair and OPO Vice Chair identified was the multi-organ portion of the proposal, with a solid organ pulling the VCA in a multi-organ candidate, especially as there is very little competition for VCAs. The POC Chair also recommended that the VCA committee assess which components could happen with policy and guidance and without IT implementation. The POC Chair, with the support of the POC, recommended that the VCA committee work to prioritize and focus the proposal, as well as identify any portions that can happen without IT implementation.

Next steps:

Attendees did not express any concerns about the OPTN's authority to work on this project. The VCA committee will prioritize portions of this proposal and bring it back to POC for review at a future date.

**Upcoming Meetings**

- July 14, 2021, 2 pm ET, Teleconference
- July 26, 2021, 12 pm ET, Teleconference
- August 11, 2021, 2 pm ET, Teleconference

## Attendance

- **Committee Members**
  - Alex Glazier
  - Heung Bae Kim
  - John Lunz
  - Kurt Shutterly
  - Lara Danziger-Isakov
  - James Pomposelli
  - Marie Budev
  - Martha Pavlakis
  - Nicole Turgeon
  - Paulo Martins
  - Rachel Forbes
  - Rocky Daly
  - Sandra Amarwal
  - Stacy McKean
  - Susan Zylicz
- **HRSA Representatives**
  - Adriana Martinez
  - Jim Bowman
  - Vanessa Arriola
- **SRTR Staff**
  - Jon Snyder
- **UNOS Staff**
  - Abby Fox
  - Amber Wilk
  - Amy Putnam
  - Betsy Gans
  - Brian Shepard
  - Chelsea Haynes
  - Courtney Jett
  - Elizabeth Miller
  - James Alcorn
  - Joann White
  - Julia Chipko
  - Kaitlin Swanner
  - Kayla Temple
  - Krissy Laurie
  - Laura Schmitt
  - Lauren Mauk
  - Leah Slife
  - Lindsay Larkin
  - Liz Robbins-Callahan
  - Matt Cafarella
  - Matt Prentice
  - Michael Ferguson
  - Nicole Benjamin

- Rebecca Murdock
- Roger Brown
- Ross Walton
- Sara Rose Wells
- Sarah Konigsburg
- Savannah Holmes
- Susan Tlusty
- Susie Sprinson
- Tina Rhoades
- **Other Attendees**
  - Jennifer Prinz
  - Jim Kim
  - Molly McCarthy
  - PJ Geraghty