

**OPTN Organ Procurement Organization (OPO) Committee
Meeting Summary
July 14, 2021
Conference Call**

**Kurt Shutterly, RN, CPTC, Committee Chair
PJ Geraghty, MBA, CPTC, Vice-Chair**

Introduction

The Organ Procurement Organization (OPO) Committee (the Committee) met via Citrix GoToMeeting teleconference on 07/14/2021 to discuss the following agenda items:

1. Welcome and Introductions
2. Human Leukocyte Antigen (HLA) Typing Prior to Match Run
3. Late Turndowns Project Update
4. Reminders: Onboarding and Continuing Education Requirements
5. New Member Orientation

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

1. Welcome and Introductions

Committee leadership and UNOS staff welcomed the new members of the Committee.

2. HLA Typing Prior to Match Run

Histocompatibility Committee leadership presented a policy project idea that would require HLA typing prior to executing match runs for all organs, and the Committee provided feedback.

Data Summary:

The Histocompatibility Committee noted that requiring HLA typing prior to match run execution will be particularly important as continuous distribution discussions move forward. Histocompatibility Committee members were supportive of this idea, especially as HLA typing now only require about 2-6 hours for deceased donors. It was also noted this would result in more equitable and fair implementation of calculated panel reactive antibody (CPRA) for lungs, as candidates may be receiving allocation benefit but not screened from the match run if HLA typing is not entered prior.

Histocompatibility Committee leadership presented the following data that showed the percentage of all donors with complete HLA typing at the time of match run by organ for all match runs completed in 2020:

- Heart: 97.28%
- Heart-Lung: 96.94%
- Intestine: 96.75%
- Kidney: 99.98%
- Kidney-Pancreas: 99.95%
- Liver: 93.87%
- Lung: 96.51%

Histocompatibility Committee leadership noted that their committee did not find any significant enough difference in practices by organ to justify not requiring HLA typing prior to match runs for all organs. However, they did discuss the impact this requirement might have on expedited liver and DCD offers. The Committee is requesting feedback from the OPO Committee prior to project approval to ensure they are not overlooking other potential barriers.

Summary of discussion:

Committee members noted that there has been an increase in expedited cases with the new kidney allocation system. The use of donation after circulatory death (DCD) organs has been increasing each year. Family constraints can also affect the amount of time OPOs have to work cases and place organs. Committee members agreed that OPOs should be allowed to execute match runs and allow for the retrospective entry of HLA results. This is particularly important with kidney pump, ex-vivo lung perfusion and other future perfusion technology.

Histocompatibility Committee leadership acknowledged the issue with match runs and suggested if a match run is executed and HLA typing results are subsequently updated, maybe add a notification if a candidate was screened off. A member noted that there is precedent with the liver expedited placement proposal where candidates are screened off based on the expedited placement acceptance criteria. However, another member commented that kidney is different because there are priority point impacts and the order of the list might change. A member pointed out that DCD and expedited placement cases are increasing, and with future continuous distribution potentially increases case time, OPOs would need to get started with allocation earlier.

Histocompatibility Committee leadership noted that if labs are under time constraints in the future, then lab processes and technology will need to be updated/changed. A member remarked that OPO practices vary in how tests are performed. For example, an OPO might send infectious disease and HLA specimens at the same time and have the lab hold off on HLA testing until authorization is completed. Members also provided additional logistical challenges for testing specimens, including geographical (Puerto Rico, Hawaii, and remote locations) and pediatric donors (insufficient specimen samples).

A member suggested requiring OPOs to provide a justification if they run a match run without HLA. Another member recommended doing this electronically in the system (“justification text box”) instead of sending letters. Another member added that this could fit within the scope of the offer filters and dynamic match run work, where an updated HLA could potentially remove a candidate from the match run. Histocompatibility Committee leadership noted that this issue has been part of the workgroup discussions. They thanked the OPO Committee members for their feedback, and noted that they don’t want to add requirements that might lead to lost organs.

3. Late Turndowns Project Update

UNOS staff provided an update on this project in order to get some additional feedback.

Summary of discussion:

A member asked if the workgroup had defined late turndowns. UNOS staff noted that the intent of this data collection effort is to provide information that can help define late turndowns across the various organ systems.

A member discussed capturing the scenario where the liver is placed and once the cardiothoracic organs are placed the OPO will schedule the OR time. However, the liver is subsequently declined because transplant programs are allowed to accept more than one liver offer. Another member noted that the workgroup did discuss this scenario.

UNOS staff inquired if collecting multiple OR times would be beneficial. For example, collect the scheduled OR time and then note any changes to the time. A member noted that the scheduled OR time is collected in DonorNet® which can be compared to when an acceptance was entered.

A member commented that acceptances could change overnight for a variety of reasons, including shift changes.

4. Reminder: Onboarding and Continuing Education Requirements

The Committee was reminded to complete the required education modules, and sign conflict of interest and confidentiality agreements. UNOS staff noted that the Fiscal Impact Group (FIG) is seeking current committee members to join the group. The FIG meets twice a year to evaluate the fiscal impact of public comment proposals on members. Committee members were encouraged to email UNOS staff if they are interested in joining the group.

Summary of discussion:

There were no comments or questions.

5. New Committee Orientation

UNOS staff provided an orientation for new members.

Data Summary:

New Committee members reviewed the following topics:

- OPTN Governance
 - Board of Directors
 - Committees
- Committee Member Influence and Involvement
 - Meetings
 - Policy development
- Committee Member Commitment
 - Member expectations
 - Regional meetings
- Committee Support System
 - Leadership
 - UNOS staff
 - Health Resources and Services Administration (HRSA) staff
 - Scientific Registry of Transplant Recipients (SRTR) staff

Summary of discussion:

There were no questions from the committee members.

Upcoming Meetings

- August 18, 2021 (Teleconference)
- September 8, 2021 (Chicago, IL)

Attendance

- **Committee Members**
 - Kurt Shutterly
 - PJ Geraghty
 - Diane Brockmeier
 - Bruce Nicely
 - David Marshman
 - Debra Cooper
 - Jeffrey Trageser
 - Sue McClung
 - Jennifer Muriett
 - Samantha Endicott
 - John Stallbaum
 - Lawrence Suplee
 - Meg Rogers
 - Jill Grandas
 - Catherine Kling
 - Erin Halpin
 - Kevin Koomalsingh
 - Valerie Chipman
- **HRSA Representatives**
 - Jim Bowman
 - Marilyn Levi
 - Vanessa Arriola
- **SRTR Representatives**
 - Donnie Musgrove
 - Katie Audette
 - Matthew Tabaka
- **UNOS Staff**
 - Robert Hunter
 - Darby Harris
 - Kristine Althaus
 - Katrina Gauntt
 - Lauren Motley
 - Nicole Benjamin
 - Matt Prentice
 - Courtney Jett
 - Samantha Noreen
- **Other Attendees**
 - John Lunz
 - Peter Lalli