

## **OPTN Living Donor Committee Decision Data Workgroup**

### **Meeting Summary**

**March 20th, 2025**

**Conference Call**

**Aneesha Shetty, MD, Chair**

### **Introduction**

The OPTN Living Donor Committee Decision Data Workgroup (“Workgroup”) met via Cisco WebEx teleconference on 3/20/2025 to discuss the following agenda items:

- Discussion: Aborted Procedure Workflow
- Continue Review and Discuss Mockup: Form B

The following is a summary of the Subcommittee’s discussions:

### **Announcements**

None

### **1. Discussion: Aborted Procedure Workflow**

#### Summary of discussion:

Staff discussed the current workflow on form A1, which asks if the living donor recovery procedure was aborted after the donor received anesthesia or if the organ was recovered but not transplanted. It was explained that if the organ is recovered, a living donor registration is generated with demographic, pre-donation clinical, surgical, and post-operative sections. If the organ is not recovered, the registration includes only demographic, pre-donation clinical, and surgical sections. Staff proposed dividing this approach between the two forms to streamline the workflow.

The Committee had previously recommended including a separate category in form B for reasons identified during surgery. Staff emphasized the need for input from the workgroup on this recommendation. It was explained that the proposal aims to capture donors who have an organ recovered and continue to capture follow-up, assigning them as an LDR. This workflow would ensure that if the organ is recovered but not transplanted, the recovery center still gets form A2 with evaluation data, clinical data, and follow-up data.

The second piece of the workflow would change. If the living donor organ was not recovered, a child question would ask if the potential living donor underwent anesthesia before the donation was aborted. If yes, a surgical addendum would be added to form B to capture relevant information, keeping the data collection consistent with current practice.

The workgroup Chair raised a question about the notification process for aborted procedures, and staff confirmed that the patient safety portal process would remain separate. The workgroup needed to figure out the category of aborted procedure options for form B.

A member expressed concerns about the benefit of the additional form, questioning the need for capturing data that is already being collected. Staff clarified that the proposal aims to shift the data collection to form B to better align with the definition of a living donor. Staff added that the point of

bringing this patient population to form B is to close out the case in the system versus having them follow the pathway of one that does donate.

A member highlighted the need to consider donors who might still donate later if the recipient issue is transient. The Chair suggested having a hold option to wait on filling form B if the donor is rescheduled to donate to the same recipient. The workgroup discussed the timeframe for filling form B for such donors.

A member questioned whether there should be a timeframe, suggesting that the donor could be put on hold until they donate. Staff explained that the current policy requires form B to be submitted within 90 days from the decision not to donate. Staff clarified that any donor who undergoes anesthesia but does not have an organ recovered must be reported within 72 hours.

The workgroup discussed the issue of duplicate donor IDs and the need to close out donor IDs to avoid confusion. Staff explained that the project aims to close that loop by tying form A1 to form B, essentially retiring the donor ID.

Staff proposed adding a field on form A1 to put the case on hold if the donor is rescheduled to donate later. Staff suggested taking this idea back to the internal team for discussion.

#### Next Steps:

Staff will research the workgroup request to create a "hold" option on the Living Donor Feedback form (A1) in the event of an aborted procedure.

### **1. Continue Review and Discuss Mockup: Form B**

#### Summary of discussion:

The workgroup discussed whether to break down the medical surgical contraindications into separate fields or keep them as is. Additionally, they aimed to organize the psychosocial contraindications and donor choice sections to ensure clarity and comprehensiveness.

A member suggested removing vague options like "psychosocial stressors" because they are difficult to quantify. The member also recommended combining "financial barriers" with "lack of health insurance coverage" to streamline the form. The Chair proposed including out-of-pocket costs not covered by support programs to capture donors who don't qualify for current support programs. This suggestion aimed to address the financial challenges faced by donors who may have insurance but still incur significant out-of-pocket expenses.

The workgroup discussed the need to clarify these options for those filling out the form. A member emphasized the importance of rephrasing "inadequate caregiver support" to reflect the quality of the caregiver, ensuring that the form accurately captures the support available to the donor.

To ensure the form accurately reflects the decision-making process, the workgroup agreed to specify that medical surgical psychosocial decisions are made by the transplant center, while donor choice decisions are made by the donor. Staff suggested adding definitions and instructions to clarify these options, making the form easier to understand and complete.

The meeting concluded with plans to start with another donor selected next time and review the differences between form B and form A2. The workgroup aimed to clear up any remaining issues in the next meeting, ensuring that the forms are comprehensive and user-friendly.

Next Steps:

Staff will send out the form decisions up to date. The group should be able to get through all of Form B and existing forms (A1,A2,A3) by the end of the next workgroup meeting.

**Upcoming Meetings:**

- 3/20/2025

## Attendance

- **Committee Members**
  - Amy Olsen
  - Trysha Galloway
  - Annesha Shetty
  - Jennifer Peattie
  - Kate Dokus
  - Michael Chua
  - Obi Ekwenna
  - Tiffany Caza
- **SRTR Representatives**
  - Katie Siegert
- **HRSA Representatives**
  - None
- **UNOS Staff**
  - Cole Fox
  - Sara Langham
  - Emily Ward
  - Lauren Mooney
  - Melissa Gilbert
  - Sam Weiss