

Thank you to everyone who attended the Region 4 Summer 2024 meeting. Your participation is critical to the OPTN policy development process.

Regional meeting [presentations and materials](#)

Public comment closes September 24th! [Submit your comments](#)

The sentiment and comments will be shared with the sponsoring committees and posted to the OPTN website.

[Revise Conditions for Access to the OPTN Computer System](#)

Network Operations Oversight Committee

- **Sentiment:** 7 strongly support, 11 support, 1 neutral/abstain, 0 oppose, 0 strongly oppose
- **Comments:** Region 4 supported the proposal with several attendees commenting that there should be a standardized template for members to use and a standardized process. Attendees also commented that the OPTN should hold business members accountable. Some attendees agreed that cybersecurity is a threat and we have to take measures to keep our systems secure.

[Promote Efficiency of Lung Donor Testing](#)

Lung Transplantation Committee

- **Sentiment:** 4 strongly support, 11 support, 2 neutral/abstain, 2 oppose, 0 strongly oppose
- **Comments:** During the discussion several attendees raised concerns about the ability of OPOs (Organ Procurement Organizations) to meet the requirements, as they often rely on donor hospitals that may not have the necessary capabilities. While providing thorough results, images, and standardized tests was deemed reasonable, the timing demands were considered an undue burden. Attendees suggested that HRSA or CMS should require donor hospitals to complete evaluations within 3 hours and provide a physician to write orders for DCD (donation after circulatory death) donors.

There was also a recommendation that catheterization requests should take into account factors such as drug use, age, and medical history. Another attendee emphasized the need for echo images to be accessible, as smaller hospitals might struggle with interpreting conditions like pulmonary hypertension or right ventricular involvement. Reviewing these images could help mitigate such challenges.

Additionally, attendees commented that the requirements for echo and right heart catheterization (RHC) should not apply to all patients, as access to these procedures could cause delays, making it inefficient to perform RHC on every patient. There was also a call for a better balance of representation between transplant and OPO members within the committee, as the current ratio (2 out of 20 members representing OPOs) may not adequately reflect OPO perspectives.

Require Reporting of HLA Critical Discrepancies and Crossmatching Event to the OPTN

Histocompatibility Committee

- **Sentiment:** 3 strongly support, 9 support, 4 neutral/abstain, 3 oppose, 0 strongly oppose
- **Comments:** During the discussion, attendees raised a concern that 24 hours is too tight of a timeframe for reporting and recommended changing it to at least 72 hours. Another attendee added that if the 24 timeframe is not extended, there should be a change to the timeline in other policies that require retyping and reporting.

Update Histocompatibility Bylaws

Histocompatibility Committee

- **Sentiment:** 2 strongly support, 6 support, 5 neutral/abstain, 4 oppose, 2 strongly oppose
- **Comments:** During the discussion, concerns were raised about the potential adoption of CLIA requirements by the OPTN. One attendee warned that this could lead to pathologists without experience or HLA training signing off on HLA reports, a situation currently prevented by OPTN policy, which they argued is vital for patient care. They also expressed concern about the possibility of allowing multiple lab directors and recommended that OPTN policy explicitly define the role of "Lab Director." Another attendee agreed, noting that the term "Histo Lab Director" is not consistently defined, as in some labs, this role overlaps with the CLIA lab director, while in others, it does not. They highlighted the challenges posed when the CLIA lab director specializes in another field, especially regarding clinical consultant roles. The attendee suggested that the requirements for lab directors should align more closely with technical supervisor standards and emphasized that the policy needs substantial revisions before it can be approved. One attendee opposed CLIA oversight as CLIA does not provide HLA training or expertise in the field of HLA.

Continuous Distribution Updates

Continuous Distribution of Hearts Update, Summer 2024

Heart Transplantation Committee

- **Comments:** The heart group discussed the results of the VPE and agreed that medical urgency should be the primary factor in score. One attendee strongly advocated for giving priority to prior living donors noting that over the past 25 years, the number of prior living donors who are listed for transplant is very low but has a high impact on promoting trust in the system and is important for how the transplant community connects with the community at large. It was noted that for patients with high medical urgency, their points would be so substantial that even if a lower-status patient accumulated additional points from other categories, it would be nearly impossible to surpass the medically urgent patient. Another key discussion focused on the impact of continuous distribution on multi-organ candidates, with concerns raised from an OPO perspective about the challenges of matching organs and the potential for non-compliance with policy.

Virtual attendees also provided feedback on key questions. Several attendees suggested that proximity should have a higher priority due to increased cold ischemic time with travel and rising travel costs, which threaten program survival. One attendee recommended that post-transplant survival be

prioritized similarly to the lung model. Another suggested prioritizing medical urgency, including patients with LVADs. There was also a recommendation for the committee to maintain ongoing communication with the community by providing regular updates.

Continuous Distribution of Kidneys Update, Summer 2024

Kidney Transplantation Committee

- **Comments:** The kidney and pancreas group commented that continuous distribution should not take away the discretion of OPOs and surgeons to place kidneys quickly and efficiently. One attendee strongly advocated for giving priority to prior living donors noting that over the past 25 years, the number of prior living donors who are listed for transplant is very low but has a high impact on promoting trust in the system and is important for how the transplant community connects with the community at large. There was also a recommendation that the committee collaborate with the Expeditious Task Force as there is much work being done to assess kidney allocation and continuous distribution will directly affect the allocation policies as they are updated.

Virtual attendees also provided feedback on key questions. Several attendees commented that cold ischemic time should not be used as the sole definition of hard-to-place kidneys. They added that there are multiple reasons behind increased cold ischemic time including anatomical issues, hypertension, age, serologies, glomerular function, en bloc, etc., that need to be considered. Specific to anatomy characteristics, attendees commented that the following kidney characteristics should be included in hard-to-place kidney definition: trauma to kidney/parenchyma or vasculature, greater than 3 arteries, dual or enbloc kidneys, cysts, surgical injury, discoloration/mottling, mass, excessive dense fat or plaque. There were also on-line comments that hard-to-place kidneys should include decline thresholds of 25 centers and 250NM.

Continuous Distribution of Livers and Intestines Update, Summer 2024

Liver and Intestinal Organ Transplantation Committee

- **Comments:** The liver and intestine group commented that they were in agreement that medical urgency should be highly prioritized with other attributes having lesser priority. When discussing travel efficiency, they agreed that when institutions decide to drive versus fly will be variable in region 4 due to the geography of the region. The group commented that medically complex livers may become easier to place with pumps. They also discussed how to include HCC stratification and thought one option would be to break this into low risk versus high risk. They agree that further discussion about this is needed. One attendee strongly advocated for giving priority to prior living donors noting that over the past 25 years, the number of prior living donors who are listed for transplant is very low but has a high impact on promoting trust in the system and is important for how the transplant community connects with the community at large.

Virtual attendees also provided feedback on key questions. Several attendees commented that transportation logistics are complex due to geography, weather and availability of planes.

Continuous Distribution of Pancreata Update, Summer 2024

Pancreas Transplantation Committee

- **Comments:** One attendee strongly advocated for giving priority to prior living donors noting that over the past 25 years, the number of prior living donors who are listed for transplant is very low but has a high impact on promoting trust in the system and is important for how the transplant community connects with the community at large.

Virtual attendees also provided feedback that education of diabetic specialists could cultivate greater interest in pancreas transplants among medical specialists. Attendees also commented that having dedicated pancreas program directors could improve outcomes and increase transplant. Some attendees commented that encouraging OPOs to have procurement teams for pancreas would be helpful for quicker coordination of procurement with family and donor hospital OR availability. It would also reduce the risk of flying for the transplant team.

Updates

Councillor Update

- **Comments:** Several patients and family attendees shared their stories.

OPTN Patient Affairs Committee Update

- **Comments:** No comments

OPTN Executive Committee Update

- **Comments:** No comments

Update from the Expeditious Task Force

- **Comments:** During the discussion one attendee commented that there is a lack of education in the general population about transplant and how to navigate the transplant system. They added that we can't address the big picture if we're not addressing the patient community. Another attendee raised concerns about the non-use of organs, adding that not every non-used organ is transplantable. They recommended that the OPTN come up with a standard definition.

HRSA Update

- **Comments:** During the discussion there was a recommendation that when doing a search for the OPTN Executive Director, HRSA ensure a balance between OPOs and Transplant Centers. There was a comment that having more cross-communication between HRSA and CMS in the modernization effort would be helpful. There was also a recommendation that any changes to policies or bylaws continue to require input and consensus among the OPTN membership.