

OPTN Ad Hoc International Relations Committee

Meeting Summary

February 28, 2023

Conference Call

Pramod Bonde, MD, Chair

Peter Stock, MD, Vice Chair

Introduction

The OPTN Committee met via Citrix GoToMeeting teleconference on 02/28/2023 to discuss the following agenda items:

1. AHIRC Project Update
2. Review draft outline: *Best Practices for Managing International Living Donors in the U.S*

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

1. AHIRC Project Update

The Committee heard a project update on *Best Practices for Managing International Living Donors in the U.S*. The project was approved by the Policy Oversight Committee and the Executive Committee.

Summary of Discussion:

There were no further discussions.

Next steps:

The Committee will continue to develop the project details during the evidence-gathering phase of the policy development cycle.

2. Review draft outline: Best Practices for Managing International Living Donors in the U.S

The Committee reviewed and provided input on the draft outline for the guidance document.

Summary of Discussion:

The Vice-chair recommended that members divide into subgroups to help volunteer for sections of the guidance document. Each subgroup could work independently by email with their partners and discuss their section during the full Committee meeting.

A member stated that including information regarding donation eligibility criteria would be important. For example, clarifying eligibility donation policies as it relates to Non-U. S Citizens/Non-U. S residents (NCNR). Another component the guidance document could address is current OPTN policies for the transplantation of Non- U.S citizens. The member further explained that there used to be a 5% rule, which may not be in policy anymore; therefore, clarifying any nuances is essential.

A member asked about the current policies for following up with living donors. The Chair of the Living Donor Committee (LDC) explained that the LDC is working on a project to expand long-term follow-up for donors. It is vital to consider when the NCNR living donor returns to their country of origin who is conducting the follow-up process with the living donor. The Vice-chair stated that it is imperative to

address donor follow-up responsibilities once the international donor returns to their country of origin and understand the barriers associated with the follow-up process.

Regarding recipients eligible for transplants, A member stated that the OPTN policy 5% guideline stated that if more than 5% of deceased donor transplants went to recipients categorized as NCNR, the Committee could review and audit the program's activity. The member further commented that centers were dissuaded from transplanting Non-U. S Citizens because they were concerned that they would be audited and that there is some confusion around the perceived 5% guideline. Therefore, clarifying current OPTN policies regarding recipient transplantation in the guidance document would be helpful. A member replied that there is no restriction on the number of how many Non-U. S Citizens who can be transplanted at a center. Previously, programs that exceeded 5% were subject to scrutiny, but this guideline was eliminated in a policy change years ago. Additionally, OPTN policies regarding donor follow-up should be referenced in the document.

Members inquired about access to visas for transplantation and how big this problem is. Health Resources and Services Administration (HRSA) staff stated that the barriers to donor follow-up include uncertainty about medical expertise, and lack of well-known referrals, physicians, and programs to work with in other countries. Moreover, telehealth is evolving and emerging in the U.S. and other countries. It may be beneficial to look at the use of telehealth technology and how it's used in hospitals in other countries.

Another member pointed out that it's essential to consider specific resources to help address each challenge. The challenges of international living donors share a lot in common; however, specific barriers will differ considerably by country and culture. For example, international living donors traveling from Mexico may have different barriers than someone traveling from Nicaragua. More specific resources that transplant centers could use would be beneficial.

A member inquired about the importance of outlining the benefits of being an international living donor. For example, depending on their ethnicity, a Non-U.S Citizen/ U.S Resident may have a poor match in the donor pool. Still, if they have a family member willing to be their living donor, the recipient may be a better match than an individual unrelated to the recipient.

Upcoming Meeting

- April 25, 2023

Attendance

- **Committee Members**
 - Peter Stock
 - Abby Ruiz
 - Chang Liu
 - Eliana Agudelo
 - Nancy Long
 - Scott Sanoff
 - Sylvia Villalon
- **HRSA Representatives**
 - Jim Bowman
 - Marilyn Levi
- **SRTR Staff**
 - Bryn Thompson
- **UNOS Staff**
 - Tamika Watkins
 - Susan Tlusty
 - Meghan McDermott
- **Other Attendees**
 - Nahel Elias