

OPTN Ad Hoc Disease Transmission Advisory Committee

Meeting Summary

April 4, 2023

Conference Call

Lara Danziger-Isakov, MD, Chair

Stephanie Pouch, MD, Vice Chair

Introduction

The OPTN Ad Hoc Disease Transmission Advisory Committee (the Committee) met via Citrix GoToMeeting teleconference on 04/04/2023 to discuss the following agenda items:

1. *Improve Deceased Donor Evaluation of Endemic Disease Policy Language Vote*
2. MPSC Referral Prioritization
3. Sick Recipient Follow-Up Template

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

1. Improve Deceased Donor Evaluation of Endemic Disease Policy Language Vote

The Committee reviewed and voted on Strongyloides policy language for *Improve Deceased Donor Evaluation of Endemic Diseases*.

Summary of discussion:

Does the Disease Transmission Advisory Committee approve sending the Strongyloides policy language to the Board of Directors in June 2023?

Vote: Support: 11 Abstain: 0 Oppose: 0

2. MPSC Referral Prioritization

The Committee heard an overview of the OPTN Membership Professional Standards Committee (MPSC) referral prioritization. The MPSC asked the Committee to standardize the patient safety contact requirements in [OPTN Policy 15.1](#) due to the inefficient process of event reporting from OPOs to centers. These contacts are often outdated and are not audited on a regular basis.

The MPSC also asked the Committee to reevaluate the policy prohibition on storage of Hepatitis C Virus (HCV) positive vessels, which leads to a lack of available deceased donor vessels for use in transplant recipients who received an HCV-positive organ and need post-transplant vessel reconstruction.

Additionally, The MPSC asked the Committee to clarify the organisms that should be reported and the timeframe after transplantation at which these diseases should be reported. The MPSC emphasized that this is specifically needed in the context of lung transplantation.

Summary of discussion:

A member stated that the storage of vessels referral should be addressed second to the patient safety contact referral. Another member disagreed and explained that the storage of vessels is not a life-saving process and should be addressed last. He continued that the other two referrals are more urgent because of the risk to the recipients. The member replied that the storage of HCV is lifesaving. He explained it's a problem when the HCV vessels get thrown away and then a couple of days later, a

surgeon realizes that the HCV vessel could have been used for a vessel reconstruction. If this could be prioritized it would help save lives. The reporting requirements referral is not an immediate issue and cannot save a life tomorrow.

Staff asked how often HCV vessels that have already been thrown away are needed. HCV vessels can be life-saving. The member stated it is not reasonable to throw away HCV vessels, especially if they are only antibody positive and they could have been used in an immediacy, life-saving event, such as a vessel reconstruction.

Another member commented that although the storage of HCV vessels is an issue, it would not be an immediate fix and would require additional time to address this referral. He stated that it would be interesting to review the 2022 STAR files to evaluate the complications of HCV vessels that were recorded, and establish the magnitude of the occurrence of the use of HCV vessels. Meanwhile, the number of case reports that the Committee receives is increasing dramatically, and the cultures from donor swaps in the operating room (OR) in lung recipients is a grey area on what should be reported. He added that [OPTN Policy 15. 2](#) can be misinterpreted and could lead to a significant number of reports and unnecessary reporting. Due to this, it is important to declutter the system and focus on the cases that are more impactful. Therefore, reporting requirements should be the Committee's second priority to the patient safety contact project. The Chair noted the Committee can work on multiple projects; the Committee does not have to wait until one project is completed to begin on the next project.

Another member commented that a process for storing vessels currently exists, and Hepatitis C would need to be added to this process, therefore it could be an easier fix. The Chair argued that it's probably not that simple because if the Committee addressed the storage of HCV vessels, then the Committee would need to amend the [PHS guidelines](#). This would not be a simple fix.

Staff asked for clarification on vessel storage cases. Staff replied that prohibited vessel storage cases relate to when vessels were being stored against OPTN policy. The Chair also clarified that it's not only storage related to hepatitis C but also related to the duration of storage and any reason why the vessel was stored out of compliance with OPTN policy. Members disagreed about what is considered a policy violation as it relates to the storage of vessels.

A member shared that their center accounts for less than 10% of total transplants for HCV indications. 40% was when they had a lot of HCV transplants, but it has been declining. The Chair noted that the rationale for prioritizing reporting requirements ahead of storage of HCV vessels was due to the scope of the impact. She explained that centers and Organ Procurement Organizations (OPO) are already asked to report a significant amount of information, and the lack of clarity on what information needs to be reported and in what timeline is problematic. Prioritizing the reporting requirement referral will help unclog the system so that we can pay better attention to the more sentinel events that need to be addressed more effectively and require additional policy changes.

While the Committee has split interest in prioritizing both reporting requirements and the storage of the HCV vessels, the Committee plans to stagger the work of both projects so that both projects are pursued simultaneously.

Next Steps:

The Committee will respond to the MPSC about how the Committee will prioritize the referrals and when the Committee aims to address them.

3. Sick Recipient Follow-Up Template

The Committee reviewed the sick recipient follow-up questions. These questions are presented from MPSC to the recipient program to better understand how each of the recipients are doing in relation to each case. The Committee provided feedback on any questions to add or remove from the sick recipient follow-up questions list.

Summary of discussion:

The Chair stated that a question that could be added is whether there were any residual donor specimens tested as a result of this report. She explained that having this information about whether the donor residual specimen was re-tested for cytomegalovirus (CMV) will help the adjudication process, especially if CMV was found in the specimen. Another member noted that there is a lack of information answered by the program that needs clarity. She inquired if there is a way to obtain the data that is being asked for. Staff replied that if programs do not answer these questions, programs are being followed up with, but sometimes there is no response. There is a new process improvement initiative to try to change recipient follow-up. A member suggested a notification to alert programs that they have an outstanding Data System for Organ Procurement and Transplantation Network report. Staff agreed and stated that hopefully programs can eventually have a follow-up report in the Data System for Organ Procurement and Transplantation Network.

Upcoming Meeting

- April 24, 2023

Attendance

- **Committee Members**
 - Lara Danziger-Isakov
 - Stephanie Pouch
 - Ricardo La Hoz
 - Anil Trindade
 - Cindy Fisher
 - Emily Blumberg
 - Helen Te
 - Kelly Dunn
 - Marty Sellers
 - Patrick wood
 - Rebecca Free
 - Sarah Taimur
 - Scott Brubaker
 - Ann Woolley
- **HRSA Representatives**
 - Jim Bowman
- **SRTR Staff**
- **UNOS Staff**
 - Taylor Livelli
 - Tamika Watkins
 - Susan Tlusty
 - Laura Schmitt
 - Lee Ann Kontos
 - Logan Saxer
 - Sandy Bartal
 - Sara Langham
- **Other Attendees**