

OPTN Living Donor Committee

Meeting Summary

March 9, 2022

Conference Call

Heather Hunt, JD, Chair

Nahel Elias, MD, Vice Chair

Introduction

The OPTN Living Donor Committee (the Committee) met via Citrix GoTo Meeting teleconference on 03/09/2022 to discuss the following agenda items:

1. Announcements
2. Kidney Paired Donation Workgroup Update
3. Feedback on Exclusion Criteria Proposal
4. Living Donor Data Collection

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

1. Announcements

The Committee received announcements.

Summary of discussion:

The living donors on the Committee are invited to join the OPTN Patient Affairs Committee's scheduled focus group to review the results of the values prioritization exercise for the continuous distribution of kidneys and pancreata.

The Committee reviewed preparatory information for the upcoming meeting in Chicago, Illinois.

2. Kidney Paired Donation Workgroup Update

The Committee received an update on the OPTN Kidney Paired Donation (KPD) Workgroup.

Summary of discussion:

The KPD Workgroup is currently reviewing existing OPTN policy to ensure alignment with other OPTN policies, identify areas in need of clarification, and identify potential items for future Workgroup projects.

The Committee reviewed the definition of *Bridge Donor* as it appears in OPTN Policy 1.1 Definitions. Currently, *Bridge Donor* is defined as "A KPD donor who does not have a match identified during the same match run as the donor's paired candidate and continues a chain in a future match run".

The Vice Chair stated that the majority of the community likely understands the definition of a bridge donor, however, for clarity, the modifications proposed by the focus group may be beneficial.

The Committee reviewed a section of the informed consent in OPTN KPD policy related to potential financial risks. Current OPTN KPD policy states that donors must be informed of "the possibility that the matched candidate's insurance might not cover travel costs if the paired donor travels to the matched recipient transplant hospital". The Workgroup recommended aligning language with OPTN living donor

policy by modifying language to state “personal expenses of travel, housing, child care costs, and lost wages related to donation might not be reimbursed; however, resources might be available to defray some donation-related costs”.

Members agreed with the alignment of language. The Committee considered clarifying the role the matched candidate’s insurance plays in reimbursement but ultimately decided the broadness provided by the language alignment is sufficient.

The Vice Chair suggested that the KPD Workgroup should further evaluate the OPTN KPD policy regarding non-directed donors.

There were no additional comments or questions.

Next steps:

The Committee’s feedback will be relayed to the KPD Workgroup as they develop a policy proposal.

3. Feedback on the Exclusion Criteria Proposal

The Committee reviewed feedback received thus far on its *Modify Living Donor Exclusion Criteria* proposal.

Summary of discussion:

The feedback received to date on the proposal has been supportive. The Committee specifically discussed recent feedback from a regional meeting which suggested that type 1 and type 2 diabetes should be rephrased to state dependence on insulin versus use of oral agents for diabetes management.

A member stated that current diabetes literature differentiates on the basis of type 1 and type 2 and to alter language to specify insulin dependence and oral agent usage would require additional literature review to ensure that language would remain applicable to the proposed modifications. The member added that changing the language may not have much of a benefit because the purpose of the modifications is to allow individualized decision within transplant programs.

Another member agreed and emphasized that these are exclusionary criteria of who should not be considered as a living donor. A member stated that if a transplant program is having difficulty determining whether an individual has type 1 or type 2 diabetes, then that individual is not the type of individual who should be allowable to be a living donor. Another member agreed and added that specifying insulin dependent or noninsulin dependent creates further restrictions which is not the intent of the proposed policy modifications.

Next steps:

The Committee will continue to review public comments on the *Modify Living Donor Exclusion Criteria* proposal.

4. Living Donor Data Collection

The Committee received an update on the Living Donor Data Collection Workgroup. The Committee will have further discussion during their next meeting, April 4, 2022.

Upcoming Meetings

- April 4, 2022 (Chicago, Illinois)
- April 13, 2022 (teleconference)

Attendance

- **Committee Members**
 - Aneesha Shetty
 - Angie Nishio Lucar
 - Doug Penrod
 - Katey Hellickson
 - Mark Payson
 - Mary Beth Stephens
 - Nahel Elias
 - Stevan Gonzalez
 - Tyler Baldes
 - Vineeta Kumar
 - Yee Lee Cheah
- **SRTR Staff**
 - Bert Kasiske
 - Christian Folken
 - Krista Lentine
- **HRSA Staff**
 - Adriana Martinez
 - Raelene Skerda
 - Vanessa Arriola
- **UNOS Staff**
 - Anne McPherson
 - Jennifer Wainright
 - Kayla Temple
 - Lauren Motley
 - Leah Slife
 - Lindsay Larkin
 - Meghan McDermott
 - Nicole Benjamin
 - Ruthanne Leishman
 - Samantha Weiss
- **Other Attendees**
 - Brad Kornfeld