

OPTN Pediatric Transplantation Committee
Meeting Summary
September 17, 2024
Richmond, VA
Rachel Engen, MD, Chair
Neha Bansal, MD, Vice Chair

Introduction

The Pediatric Transplantation Committee met in Richmond, Virginia on 09/17/2024 to discuss the following agenda items:

1. Expeditious Task force/Variance Protocol Update
2. Request for Feedback: Multi-Organ Transplantation (MOT) Update
3. Review of Committee feedback on Summer 2024 Public Comment items
4. Continuous Distribution (CD) of Pancreata Update
5. Continuous Distribution (CD) of Kidneys Update
6. Project Idea: Loss to Follow-up

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

1. Expeditious Task force/Variance Protocol Update

The Committee received an update on the Expeditious Task force (Task force) and Expedited Placement Variance protocol.

Summary of discussion:

No decisions were made.

Members discussed Task force work and shared experiences and opinions from the transplant program, OPO, and patient and donor family perspectives.

2. Request for Feedback: Multi-Organ Transplantation (MOT) Update

The Committee received an update on the current project sponsored by the MOT Committee.

Summary of discussion:

No decisions were made.

The Committee reviewed draft MOT allocation and were asked to provide feedback. The Chair, who is involved in the MOT workgroup for this project, noted the draft algorithm for DBD donors age 18-69 KDPI 0-34% reflects significant improvements in allocation priority for pediatric candidates. Members were pleased to know highly sensitized kidney alone candidates would be prioritized higher in the match runs.

There was discussion around the fact that hearts pull the liver in current MOT allocation. The Chair asked for feedback on whether this is problematic. A member commented that the liver should pull the heart in cases where the liver is more medically urgent than the heart. The

member commented that pediatric donors should be prioritized to pediatric candidates. Another member agreed, especially for candidates with Fontane-associated liver disease.

Members discussed considerations for pediatric liver-intestine candidates. There was a suggestion to prioritize pediatric candidates for DBD donors less than age 11 by mirroring more closely the categorization for DBD 11-17. It was noted that there are few (20-30) pediatric liver-intestine candidates annually. A member suggested considering an exception pathway for these candidates instead.

3. Review of Committee feedback on Summer 2024 Public Comment items

The Committee reviewed public comments capturing Committee feedback on CD of Hearts and CD of Livers & Intestines Updates, available for community feedback in Summer 2024.

Summary of discussion:

The Committee approved both draft public comments summarizing their feedback on these public comment items.

The Chair welcomed feedback on the draft comments. No concerns were raised.

Next steps:

The Committee will submit their feedback to be posted on the OPTN website.

4. Continuous Distribution (CD) of Pancreata Update

The Committee received a presentation on CD of Pancreata Update, available for Summer 2024 Public Comment. The presentation highlighted pediatric specific considerations for developing CD of Pancreata.

Summary of discussion:

No decisions were made.

To enhance fellowship training and cultivate interest in pancreas transplantation, one of our members suggested requiring fellows to assist their local organ procurement organizations with procurement. Some members supported including medical criteria in the future pancreas allocation system.

Next steps:

The Committee will submit their feedback to be posted on the OPTN website.

5. Continuous Distribution (CD) of Kidneys Update

The Committee received a presentation on CD of Kidneys Update, available for Summer 2024 Public Comment. The presentation highlighted pediatric specific considerations for developing CD of Kidneys.

Summary of discussion:

No decisions were made.

The Committee provided the following feedback.

On defining “hard to place”: Allocation thresholds based on number of programs having responded with a total center decline, or sequence number, seem arbitrary. The Committee suggested instead using factors such as KDPI, anatomy, surgical damage, cold ischemic time to define “hard to place” kidneys.

On mathematical optimization for pediatric travel distance: The Committee remains supportive of allowing programs the flexibility to apply offer filters as needed to manage offer volume under a continuous distribution framework. Members did not support decreasing pediatric prioritization to address travel distance issues.

On Kidney Expedited Placement: The Committee recommended generally excluding pediatric donor organs from expedited placement protocols. Instances of bypassing pediatric candidates should be minimized to the greatest extent possible.

Next steps:

The Committee will submit their feedback to be posted on the OPTN website.

6. Project Idea: Pediatric Loss to Follow-up

The Committee has discussed the topic of loss to follow-up (LTF) since December 2023. In June of 2024, the Committee considered pursuing a project to address issues related to LTF and transfers of care, but members wondered whether an analysis of the issue could be helpful. Members were asked to review OPTN Guidance on Pediatric Transitions and Transfers, developed by the Committee and published in 2018. The document provides background on the issue, incorporated community feedback, and provided recommendations for supporting successful transition/transfer to adult care.

Summary of discussion:

The Committee was supportive of pursuing a project related to LTF that may involve defining recipient LTF and other data collection changes.
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The Committee reviewed discussions to date. The Committee discussed the opportunity to capture reasons for LTF. Members considered potential options to include and decided “maximum age reached” would not be an appropriate response, as it’s not reflective of most transplant hospital practices nor is it one the Committee would want to encourage.

There was some interest in exploring the impact of data burden on transplant hospital decision-making surrounding LTF designation. There were concerns about reporting of academic progress/cognitive development on follow-up forms.

Next steps:

The Committee will continue to discuss this project idea at upcoming meetings.

7. Open Forum

There were no open forum speakers.

Upcoming Meetings

- October 24, 2024, 4 PM ET, teleconference

Attendance

- **Committee Members**
 - Rachel Engen
 - Neha Bansal
 - Melissa Mcqueen
 - Woodlhey Ambroise
 - Jill McCardel
 - Carol Wittlieb-W
 - Gonzalo Wallis
 - Jennifer Lau (visiting board member)
 - Jennifer Vittorio
 - Jill McCardel
 - JoAnn Morey
 - Katrina Fields
 - Meelie DebRoy
 - Namrata Jain
 - Reem Raafat
 - Ryan Fischer
 - Shawn West
 - Sonya Kirmani
 - Aaron Wightman
 - Emily Perito
- **HRSA Representatives**
 - Marilyn Levi
- **SRTR Staff**
 - Avery Cook
- **UNOS Staff**
 - Leah Nunez
 - Susan Tlusty
 - Kaitlin Swanner
 - Sarah Roache
 - Kayla Temple
 - Stryker-Ann Vosteen
 - Laura Schmitt
 - Dzhuliyana Handarova
 - Betsy Gans
- **Other Attendees**
 - Zoey Stewart-Lewis
 - Jim Kim
 - Neeraj Singh