OPTN

Thank you to everyone who attended the Region 3 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: 1 strongly support, 8 support, 2 neutral/abstain, 1 oppose, 0 strongly oppose
Comments: Region 3 generally supported this proposal. During the discussion, one attendee commented that some third-party companies are sending in their equipment, and in some cases their own recovery teams. They added that when these teams cause damage to other organs, there is no way to hold them accountable, which is an issue that needs to be addressed. Other attendees recommended that the timing requirement for an organization to update the account of users no longer associated with the member should be one business day rather than 12 hours. Another attendee agreed that controlling who has access to critical data and PHI is essential as more contracted entities join the transplant system. They added that it is essential to have accurate knowledge of who has access to the system and how they are using the information.

Promote Efficiency of Lung Donor Testing

Lung Transplantation Committee

Sentiment: 0 strongly support, 4 support, 2 neutral/abstain, 4 oppose, 2 strongly oppose
Comments: During the discussion, some of the OPO representatives in attendance commented that the proposed policy changes need careful evaluation, as they place unnecessary burdens on Organ Procurement Organizations (OPOs) and donor hospitals, particularly smaller hospitals. They added that this proposal has the potential to reduce organ recovery in ideal and young donors. Some attendees commented that the requirement for fungal cultures should be removed because all lung recipients are already on antifungal treatment, and following these cultures creates undue delays, especially when the donor may not even be a lung donor. Several attendees raised concerns that while some of the requirements are currently in guidance, often guidance is interpreted as required when in the middle of allocation. There was also feedback that flexibility in policy is needed to accommodate hospitals that may be uncomfortable performing certain procedures on DCD (donation after circulatory death) patients. One attendee commented that an ECHO should remain in the guidance document. There were also comments that the policy should focus on clear requirements rather than optional testing. One attendee commented that these policies are requiring things of donor hospitals rather than OPOs and OPOs don't have the authority to make donor hospitals comply with the requirements. They added that the proposal creates greater inefficiency on the donor side because the additional requirements will add

more time to the allocation process. Another attendee added that changes in allocation can also lead to increased costs for the transplant programs due to travel time and cold ischemic time. One attendee commented that another solution to promote efficiency in lung allocation would be to review the impact of offer filters and consider making some filters mandatory.

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

Histocompatibility Committee

Sentiment: 3 strongly support, 7 support, 0 neutral/abstain, 1 oppose, 0 strongly oppose
Comments: Region 3 generally supported the proposal. One attendee commented that they would support the proposal if the reporting timeframe was changed to 72 hours. Another attendee commented that any effort to increase patient safety should be adapted and considered the primary goal.

Update Histocompatibility Bylaws

Histocompatibility Committee

Sentiment: 1 strongly support, 11 support, 0 neutral/abstain, 0 oppose, 0 strongly oppose
Comments: No comments

Continuous Distribution Updates

Continuous Distribution of Hearts Update, Summer 2024

Heart Transplantation Committee

Comments: During the meeting, in-person attendees participated in group discussions. The Heart group had mixed response regarding the VPE (Values Prioritization Exercise) results. There was general concern that patients with implanted VADs (Ventricular Assist Devices) who end up waiting a long time won't get transplanted, and that this situation is not addressed in the CD (Continuous Distribution) framework. There was also feedback that the Heart Committee should give more consideration to including post-transplant outcomes as an attribute in the first iteration of Heart CD given the available data. The group also commented that the Committee should give more weight to the proximity efficiency attribute than it does the waiting time attribute. They added that giving priority to closer proximity (250 NM), makes sense given increased cold ischemic times, cost of transportation and devices.

Virtual attendees also provided feedback on key questions. One attendee commented that medical urgency should continue to be a high priority. They also commented that with new procurement technology, distance should be less of a priority. Another attendee responded that they agreed with the general priority of the attributes as identified by the VPE results.

Continuous Distribution of Kidneys Update, Summer 2024

Kidney Transplantation Committee

Comments: During the meeting, in-person attendees participated in group discussions. The Kidney group commented that CIT (cold ischemic time) should not be the only threshold used to define hard-to-

place kidneys until the CIT exceeded 8 hours. The group also commented that kidneys with increased glomerular sclerosis, anatomical injuries making the kidneys unsuitable for pumping, older donors and high KDPI should be included in the definition of "hard to place" or a kidney at increased risk of non-use. The group also commented that using the number of candidates with declines rather than the number of programs who have declined the kidney should be used to determine if a kidney is harder to place or at risk of non-use.

Virtual attendees also provided feedback on key questions. One attendee commented that there are multiple factors that should be considered for a kidney to be at increased risk of non-use and a cold ischemic time threshold alone should not be used. They went on to comment that KDPI, biopsy findings and location of the donor/transplant centers all play a role. There was also feedback on specific anatomy characteristics that should be included in a definition of a "hard to place" kidney. Suggestions included: ureter length and size mismatch, ureter injury and whether the kidneys are placed as dual organs or en bloc. Another question focused on the number of candidate or program declines at which an organ could be considered harder to place or at risk of non-use. One attendee commented that they supported candidate declines over program declines. They added that consideration for each candidate takes some time and delays transplantation, increasing risk of overall non-use. Another attendee commented that sequence number is more important than program threshold, particularly in areas where there are fewer programs.

Continuous Distribution of Livers and Intestines Update, Summer 2024

Liver and Intestinal Organ Transplantation Committee

Comments: During the meeting, in-person attendees participated in group discussions. The liver and intestine group commented that determining when teams drive verses fly for organ recovery is complex and depends on many factors including donor management and availability of surgeons to recover on-site. Regarding the Utilization Efficiency attribute, the group commented that it should include split livers for adults and pediatric candidates and standardized DCD donor definitions. They added that those willing to accept splits should be awarded more points as it would benefit both adult and peds candidates. The group also provided feedback on how to incorporate exceptions into the continuous distribution framework commenting that candidates who are less stable should be prioritized and pediatric domino donors should receive additional points.

Continuous Distribution of Pancreata Update, Summer 2024

Pancreas Transplantation Committee

Comments: During the meeting, in-person attendees participated in group discussions. The pancreas group noted that some programs are recovering pancreas for research only. They also commented that there is a need for more experienced pancreas recovery surgeons, adding that having experience requirements by the OPTN would impact their readiness to participate in organ procurement procedures. The group also commented that it would be impractical for OPOs to have pancreas only recovery teams. The group agreed that there should be dedicated pancreas surgical and medical directors.

Updates

Councillor Update

- **Comments:** Following the update, several attendees shared their personal connections to transplant and donation.

OPTN Patient Affairs Committee Update

- **Comments:** No comments

OPTN Executive Committee Update

- **Comments:** No comments

Update from the Expeditious Task Force

- **Comments:** No comments

HRSA Update

- **Comments:** Following the presentation, one attendee commented that the implementation of data collection will require careful planning, especially with regard to lead time. Transplant programs will need additional resources and infrastructure to meet the demands for increased data reporting. Another attendee commented that the ventilated patient form is seen as a tool to improve the effectiveness of Organ Procurement Organizations (OPOs) in donor referral and authorization processes. It also presents an opportunity to assess how well organ recovery is maximized once authorization is obtained. OPOs may already collect additional information that can contribute to optimizing donor availability. One attendee added that donor hospitals, being key stakeholders in this process, play an important role. A question remains whether there have been discussions with HRSA or OTAG regarding further data collection from these hospitals.