OPTN

Thank you to everyone who attended the Region 1 Winter 2023 meeting. It was great being back in person and still having an option for you to join virtually. We plan to continue providing both options.

Regional meeting presentations and materials

Public comment closes March 15! Submit your comments

The sentiment and comments will be shared with the sponsoring committees and posted to the OPTN website.

Non-Discussion Agenda

Modify Heart Policy for Intended Incompatible Blood Type (ABOi) Offers to Pediatric Candidates, *OPTN Heart Transplantation Committee*

- Sentiment: 1 strongly support, 5 support, 4 neutral/abstain, 0 oppose, 0 strongly oppose
- Comments: Region 1 supported this proposal with no comments.

Improve Deceased Donor Evaluation for Endemic Diseases, *OPTN Ad Hoc Disease Transmission Advisory Committee*

- Sentiment: 3 strongly support, 4 support, 1 neutral/abstain, 1 oppose, 0 strongly oppose
- Comments: Region 1 supported this proposal. This was not discussed during the meeting, but OPTN representatives were able to submit comments with their sentiment. A member commented that requiring testing on all potential donors will add substantial costs and time and is not sufficiently justified by the data. The member suggested it would be better to test where indicated based on donor factors.

Align OPTN Kidney Paired Donation Blood Type Matching Policy and Establish Donor Re-Evaluation Requirements, *OPTN Kidney Transplantation Committee*

- Sentiment: 0 strongly support, 7 support, 3 neutral/abstain, 0 oppose, 0 strongly oppose
- Comments: Region 1 supported the proposal with no comments.

Discussion Agenda

Require Human Leukocyte Antigen (HLA) Confirmatory Typing for Deceased Donors, *OPTN Histocompatibility Committee*

- Sentiment: 0 strongly support, 1 support, 1 neutral/abstain, 7 oppose, 3 strongly oppose
- Comments: Region 1 generally did not support this proposal. Many attendees expressed serious concern about the cost of this proposal and the potential increase in cold ischemic time, should it become policy. One member said they did support the proposal, but still were concerned

about the cost. A member commented that with virtual crossmatching, this policy is unnecessary. Several attendees expressed that the number of errors was extremely small to warrant this response. Some members commented that the reason for these errors has not yet been identified, so it would be best to do that before proposing a solution. A member remarked that the focus should be on the resolution of the typing.

Ethical Evaluation of Multiple Listings, *OPTN Ethics Committee*

- Sentiment: 2 strongly support, 3 support, 1 neutral/abstain, 4 oppose, 1 strongly oppose
- Comments: Region 1 had mixed feedback on this paper. Several members commented that continuous distribution will probably impact this, so the committee should revisit this analysis once it is implemented. Some also added that while the analysis was good, the recommendations may not be appropriate due to the implementation of continuous distribution and the impact of broader sharing. A member remarked that rather than limiting multiple listing, if it is found to be a benefit to patients, we should instead be working on ways to make it accessible to everyone. An attendee stated that their institution strongly supports reducing differences in access to transplantation. Another member said that to respect patient autonomy, every patient should have the opportunity to multiple list. An attendee commented that the benefit of multiple listing is finding a center with a shorter time to transplant, so patients with the ability to travel will still be able to make that choice even if multi-listing is not an option anymore. A member was surprised that the difference in multi-listing was not bigger in payors and education. Another attendee remarked that the analysis does not include differences in center practices, which can impact whether a candidate receives offers. An attendee commented that distance is the single most important thing and as long as the committee keeps that in mind, their recommendations may hold weight. A member stated that multi-listing probably exacerbates disparities in access to transplant, and that many patients barely have the means to get to one center, having to also find means to get to an additional center is unthinkable.

National Liver Review Board (NLRB) Guidance for Multivisceral Transplant Candidates, *OPTN Liver and Intestinal Organ Transplantation Committee*

- Sentiment: 1 strongly support, 7 support, 2 neutral/abstain, 1 oppose, 1 strongly oppose
- Comments: Region 1 generally supported this proposal . Many members commented that it is important to consider the poorer post-transplant survival of multivisceral candidates in comparison to the better post-transplant survival of liver alone candidates because transplant is not a zero sum game. A member also remarked that it's important to consider the decreased survival of the single organ candidates who do not get a transplant when one multivisceral candidate is transplanted.

Update on Continuous Distribution of Livers and Intestines, *OPTN Liver and Intestinal Organ Transplantation Committee*

- Comments: An attendee commented that this is an important step forward in improving liver allocation in a patient-centered methodology, and we will need to remain open and flexible as we adjust components and their values going forward. A member remarked that while the idea is great, the key is to how weights are assigned to each factor and that it should be data driven and not based on community sentiment. Another member stated that they believe the cost and complexity of broader distribution rises much more quickly than any survival benefit of broader sharing. An attendee complimented on the committees moving this project forward and asked that they ensure efficiency factors are supported with clearly articulated rationale and do not result in inequitable outcomes.

Continuous Distribution of Kidneys and Pancreata, *OPTN Kidney Transplantation Committee and Pancreatic Transplantation Committee*

- Comments: During the discussion, an attendee shared concerns about unintended consequences and that sometimes kidney-pancreas are used to draw organs, but sometimes the pancreas ends up not being used, and the committees should consider what happens to the kidney in these situations. A member remarked that they would like the committees to consider consequences for late turndowns and to think through provisional yes and have it carry more weight. An attendee commented that setting the parameters to mimic current system makes sense. An attendees suggested emphasizing factors such as decreasing distance to the transplant center to minimize cold ischemic time to help expedite placement of hard to place kidneys. A member commented that the work of the committees is going well and in the right direction. Another member favored no policy changes until after the transition into continuous distribution.

Establish Member System Access, Security Framework, and Incident Management and Reporting Requirements, *OPTN Network Operations Oversight Committee*

- Sentiment: 1 strongly support, 6 support, 1 neutral/abstain, 2 oppose, 1 strongly oppose
- Comments: Overall, Region 1 generally supported this proposal. An attendee commented that access isn't donor specific for subcontractors, and this is an important consideration. A member stated this proposal seems unnecessarily cumbersome and labor-intensive. Another member suggested these policy changes need to be based in on the ground reality and in close collaboration with OPTN member institutions. An attendee expressed support for the need for consistent compliance across all members with national security standards, but also commented that an appropriate timeline for implementation needs to be considered since some member institutions are small and do not have large IT resources to address this. Another attendee encouraged the use of available systems to minimize resources spent on this.

Optimizing Usage of Offer Filters, *OPTN Operations & Safety Committee*

- Sentiment: 6 strongly support, 4 support, 1 neutral/abstain, 0 oppose, 0 strongly oppose
- Comments: Region 1 supported this proposal. An attendee suggested that if the committee considers minimum acceptance criteria to be different from offer filters, maybe they could integrate the two. A member suggested that six months would be a more appropriate evaluation timeframe. A couple attendees said that this is an important project and should be applied to other organs as well. A member stated making the filters "opt-out" is a great idea that has the potential to get programs who are not serious about an offer out of the way, so a program who really wants the organ can get it to their candidate faster. Another member commented that the filter options need to be more specific and have more specific execptions, for example, filter out for factor X plus KDPI > 85 except if HCV +. An attendee asked that the committee consider making the filters mandatory instead of opt-out, to fulfill their promise to deliver a more efficient system.

Identify Priority Shares in Kidney Multi-Organ Allocation, *OPTN Ad Hoc Multi-Organ Transplantation*

- Comments: During the discussion, an attendee stated that this is an issue that has been acknowledged and ignored since 2008, so this is the community's opportunity to address it. Several attendees stated they were glad to see this topic being discussed. A member commented that often multi-organ allocation tends to include higher quality kidneys, which often times are treated poorly in an effort to protect the survival of the heart or the lung, for example, and if the transplanted kidney ends up failing due to that, it should not be allowed. The member continued on to say that most multi-organ patients do not need a kidney more than a patient listed for kidney alone, including those patients who have been waiting longer. Finally, the member pointed out that multi-organ transplant outcomes are not followed as closely as single organ transplants. Another member stated that it makes sense to give priority to certain kidney-alone candidates, such as pediatric candidates, highly sensitized candidates, and medically urgent candidates. An attendee agreed that 99-100% sensitized patients should get priority for kidney-alone transplants. Some attendees remarked that not all multi-organ candidates are alike, and some should come ahead of kidney-alone, but not all of them. One attendee suggested considering who is sicker versus who can wait longer, as well as which organ is driving the transplant because with kidney-pancreas transplants, usually the kidney is needed. The attendee added that for some multi-organ candidates, the safety net should be considered. A member remarked that whatever is decided, it needs to be clearly stated in policy and incorporated in the OPTN Computer System, so that members can easily understand it.

Expand Required Simultaneous Liver-Kidney Allocation, *OPTN Ad Hoc Multi-Organ Transplantation*

- Sentiment: 3 strongly support, 4 support, 3 neutral/abstain, 1 oppose, 0 strongly oppose
- Comments: Region 1 generally supported this proposal. There were no comments.

Updates

OPTN Predictive Analytics

- Comments: During the discussion, an attendee commented that a higher KDPI cutoff may be helpful to help evaluate higher risk offers, since they often are seeing organs closer to 50 KDPI. Another attendee remarked that the predictive analytics need to incorporate data from offers using offer filters. An attendee suggested that it might be helpful to add uncertainty to the estimate of mortality, as it reminds us that the number is uncertain. A member suggested that when pediatric patient offer modeling is done, it would be helpful to incorporate time to offer with a certain degree of HLA mismatch, as mortality on the list for pediatric patients is negligible and many patients are pre-emptively listed, so they can often afford to wait for a better offer. An attendee also suggested creating informative dashboards that are available to the general public on this information.

OPTN Patient Affairs Committee Update

- Comments: A couple of attendees shared that they have a personal connection to transplant.

OPTN Membership and Professional Standards Committee Update

- Comments: During the discussion, a member shared that while working on an OPTN OPO Committee project on late declines, the data they received shows that when an OPO goes to the operating room, it's a coin toss as to whether the organ gets placed. The member added that their backup is often an out of sequence allocation to avoid organ loss, and they encouraged work on real solutions to this problem. An attendee suggested that the MPSC develop a white paper to document the data for people to see the reality of out of sequence allocations. A member commented that OPOs are working to make decisions to ensure that organs get used, and that they are asking if they can use objective donor-related data to decide when to allocate out of sequence. The member expressed frustration with having to offer organs to transplant centers they know will not accept a particular organ, increasing cold ischemic time and risking non-utilization of the organ. An attendee remarked that their OPO is reporting late declines that result in non-utilization to the OPTN and encourages the OPTN to require this and make the data publicly available.

OPTN Executive Committee Update

- Comments: An attendee shared that they have discussed the new eGFR waiting time modification policy with members of their community and there is excitement for it.