

## **OPTN Pediatric Transplantation Committee**

### **Meeting Summary**

**June 15, 2022**

**Conference Call**

**Evelyn Hsu, MD, Chair**

**Emily Perito, MD, Vice Chair**

### **Introduction**

The Pediatric Transplantation Committee (the Committee) met via Citrix GoTo teleconference on 6/15/2022 to discuss the following agenda items:

1. Multi-Organ Transplantation (MOT) Committee Update
2. OPTN Operations & Safety Committee (OSC) Offer Filters Project Update/Demo
3. Ongoing Pediatric Efforts/Updates
4. Recognition of Members Rolling Off of the Committee

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

#### **1. Multi-Organ Transplantation (MOT) Committee Update**

The Committee received an update on current discussions from the Multi-Organ Transplantation (MOT) Committee. The MOT Committee has discussed the following suggestions for modifying prioritization between kidney-pancreas (KP) and pediatric kidney-alone candidates:

- Give pediatric priority on a sliding scale, rather than as a binary attribute, based on impact on physical and cognitive growth
- Improve efficiency of KP offers (OPTN Pancreas Transplantation Committee is looking at this)
- Reduce priority for KP to candidates who are more medically urgent (e.g., consider type of diabetes, hypoglycemia unawareness)

#### Summary of discussion:

The Chair emphasized the importance of comparing the characteristics, such as medical urgency, of KP candidates to candidates in vulnerable populations.

A member agreed that that is something that should be carefully considered. The member stated they were not able to gauge the MOT Committee members' support for further dividing pediatric candidates by age.

The Chair stated that the Committee has been strongly against separating pediatric candidates into different age groups because, legally, the definition of a child stays the same.

There was no further discussion.

#### **2. OPTN Operations & Safety Committee (OSC) Offer Filters Project Update/Demo**

The Committee received an update on the progress of the OPTN Operations & Safety Committee's (OSC) Optimizing Usage of Offer Filters project and viewed a demonstration on how to use the kidney offer filters.

The purpose of the Optimizing Usage of Offer Filters project is to mandate usage of offer filters based on identified criteria in policy. The OPTN OSC's project approach is to review the monitoring report of the nationwide rollout of kidney offer filters and their initial efforts will address mandatory kidney offer filters. Based on sequencing, all other organs will be subsequently addressed.

The following is the progress to date:

- Kidney Voluntary Offer Filters (January 27, 2022)
  - The Workgroup has been monitoring usage – the six-month monitoring report is forthcoming
- Workgroup discussions included:
  - Communication/Awareness strategies for voluntary offer filters tool
  - Offer filter options
- A concept paper summarizing the project's progress to date and Workgroup discussions will be going out for Public Comment August 2022

#### Summary of discussion:

The Chair inquired if there are criteria members must meet for the UNet site administrator at their institution to grant them access to the offer filters. Staff explained that there are not criteria that is required by OPTN policy; however, the security administrator for UNet at a member's institution may have policies regarding who can be granted access.

A member inquired if the offer filters are filtering at the center level or the candidate level. Staff explained that the offer filters currently can only filter at the program level, but the OPTN OSC is considering adding a filter at the candidate level. However, candidates can be excluded based on certain candidate criteria.

A member stated that they didn't see candidate age as a potential exclusion criterion. The member noted that this could be problematic since a lot of pediatric programs share center codes with adult programs and the type of offer filter that might be appropriate for adult centers might not apply to the smaller pediatric center. Staff explained that there is candidate exclusion based on "candidate age less than X".

A member explained that they think the filters would need to be different for a pediatric patient and argued that there should be a "candidate age greater than X" filter, which would allow specific filters to be created for pediatric programs. The member stated that even acceptable kidney donor profile index (KDPI) and blood type filters will be different for pediatric candidates. Staff explained that currently filters can be made based on age.

A member stated that they have heard surgeons are frustrated with the increased number of offer calls, specifically for livers, that they have received since the transition to concentric circles. The member inquired if offer filters will be created for other organs. Staff explained that that is being considered, however they do not currently know what that timeline would be.

A member noted that, at time of listing, programs enter criteria for each candidate and inquired if that will be going away. Staff explained that that is the donor minimum acceptance criteria in Waitlist and that they aren't aware of specific plans to take that away at this point. Staff stated that the use of these offer filters will be evaluated, and that data would be used to improve the offer filters process, so there would need to be research and gathering feedback before a possible removal of donor acceptance criteria.

A member inquired about the benefit of using these offer filters compared to using the donor acceptance criteria. Staff explained that offer filters allow a center to use multiple criteria to describe an offer that they wouldn't want to accept. The donor acceptance criteria in Waitlist, while there are different criteria, they're all independent of each other. Staff continued by explaining that the donor acceptance criteria is only applied when the match run is executed, not after. However, offer filters are applied every time an organ procurement organization (OPO) sends notifications, so another benefit of offer filters is that there is more real time screening off offers.

The Chair inquired about the metrics that will be monitored to determine the success of the kidney offer filters. Staff explained that there is a weekly report that comes out with how many programs have used filters and how many offers have been filtered out. Staff mentioned that currently over two million offers have been filtered since the kidney offer filters were released in January 2022. It's helping. Staff mentioned that metrics are evaluated each week, so if the Committee wants to know specific information it can be provided.

A member inquired if there is a way see how accurate offer filters are at screening. The member stated that their center turned offer filters on and set the terminal creatinine at a specific number; however, they have still received offers above that terminal creatinine. Staff stated that they don't think there is a filter for terminal creatinine yet and that they would be happy to talk after this meeting to better see what is happening with offer filters at the member's program.

The Chair inquired if time, discards, or number of transplants is being evaluated. Staff explained that time between first notification and final acceptance has decreased and that the discard rate has decreased from 17.6 percent (pre-offer filters) to 14.7 percent (post-offer filters). Staff clarified that, while these decreases can't solely be attributed to the use of offer filters, they feel offer filters has been successful. Staff also mentioned that there is a push to get more programs to adopt offer filters.

The Chair inquired about the obstacles to adopt offer filters. Staff stated that kidney offer filters are a new tool and they have only been available for about six months, so staff believes that some programs are waiting to see the update to the recommended offer filters that will include more data. Staff also mentioned that some programs may not know about offer filters.

The Chair inquired if there is a plan for continued roll out of offer filters to the community. Staff stated that that is one of the charges of the OPTN OSC Mandatory Offer Filters Workgroup, so that Workgroup is continuing to look for educational opportunities to increase usage of offer filters.

There was no further discussion.

### **3. Ongoing Pediatric Efforts/Updates**

The Committee reviewed the statuses of the Committee's following active collaborations:

- Kidney Pancreas Continuous Distribution
  - Submitted first round of modeling request
  - Currently, discussing operational items
- Ad Hoc Multi-Organ Transplantation (MOT) Committee
  - Discussions regarding impact of kidney MOT on kidney alone candidates
- Liver Continuous Distribution
  - Finalizing attributes to include in rating scale discussions
  - Concept paper going out for Public Comment August 2022

### Summary of discussion:

The Chair inquired if there were any updates on the Pediatric Heart ABO-incompatible (ABOi) Workgroup. A member explained that the project went under a last stage review, and it was determined that there was an issue with it not adhering to the OPTN Final Rule. The member stated that the project is currently on hold as the Workgroup is trying to regroup to understand the specifics of the problem and move forward.

The Chair inquired how the project was not aligned with the OPTN Final Rule. A member stated that the project created a third tier for unconventional ABOi transplantation and there was no science upon which that is based, so it was felt that those high-risk patients should perhaps be with the conventional ABOi tier. The member mentioned that they still don't fully understand how this doesn't align with the OPTN Final Rule, but they will update the Committee when they have more information.

The Chair thanked the Committee members for all their time and effort that is put into the Committee's collaborations.

There was no further discussion.

#### **4. Recognition of Members Rolling Off of the Committee**

The Committee recognized those members rolling off the Committee and thanked them for all of their contributions.

The meeting was adjourned.

#### **Upcoming Meeting**

- July 13, 2022

## Attendance

- **Committee Members**
  - Evelyn Hsu
  - Abigail Martin
  - Brian Feingold
  - Caitlin Peterson
  - Caitlin Shearer
  - Daniel Ranch
  - Gonzalo Wallis
  - Johanna Mishra
  - Kara Ventura
  - Meelie DebRoy
  - Namrata Jain
  - Neha Bansal
  - Rachel Engen
  - Warren Zuckerman
  - William Dreyer
- **HRSA Representatives**
  - Jim Bowman
  - Marilyn Levi
- **SRTR Staff**
  - Bryn Thompson
- **UNOS Staff**
  - Rebecca Brookman
  - Matt Cafarella
  - Betsy Gans
  - Joann White
  - Kerrie Masten
  - Kristin Cuff
  - Lauren Guerra
  - Samantha Weiss