

OPTN Ad Hoc International Relations Committee

Meeting Summary

June 27, 2023

Conference Call

Pramod Bonde, MD, Chair

Peter Stock, MD, Vice Chair

Introduction

The OPTN Ad Hoc International Relations Committee (the Committee) met via Citrix GoToMeeting teleconference on 06/27/2023 to discuss the following agenda items:

1. Welcome and Announcements
2. Review: Sukhman vs. Committee work
3. Breakout Sessions & Project Update

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

1. Review: Shukhman vs. Committee Work

Staff highlighted similarities and differences between the *Evaluation and Care of International Living Kidney Donor Candidates: Strategies for Addressing Common Considerations and Challenges* by Shukhman et al. and the Committees' project work. Since the two projects overlap in some areas, the goal is to consider how the Committees' project will differ from the Shukhman literature. Additionally, staff provided an overview of recommendations for the Committee's project.

Similarities

The literature and the Committees work both consider the following as barriers when evaluating international living donors:

- Communication barriers
- Logistics barriers
- donor follow-up barriers
- coercion barriers

Differences

The article by Shukhman et al. focuses on the following recommendations to address the barriers:

- Establishing guidelines for candidate evaluation and selection
- Initial screening process
- Logistics planning
- Comprehensive evaluation
- Planning for post-donor follow-up

In addition to the barriers listed, the Committees' project will also focus on undocumented Non-U. S Citizens/Non-U.S Residents.

Recommendations for the Committee's project:

- Recommendation to include an appendix with resources to help address barriers.
- Recommendation that the guidance document could be an extension of the Shukhmans' publication.
- Recommendation to clarify any relevant OPTN Policies.
- Recommendation by Shukhman et al. to develop and assess strategies to support compliance with post-donation follow-up.
- Recommendation to develop strategies to facilitate access to transplantation of undocumented residents.

Summary of discussion:

The Vice-Chair suggested that the Committee review the *Evaluation and Care of International Living Kidney Donor Candidates: Strategies for Addressing Common Considerations and Challenges* and discuss how the Committee plans to address their project.

2. Breakout Sessions & Project Update

The Committee used this time to break into their assigned groups to further discuss their section. Each group then gave a project update to the full Committee.

Summary of discussion:

Logistics Group

The group identified three logistical barriers to evaluating international living donors: travel expenses, access to obtaining a visa, and paired exchange. The group noted that it's essential to complete the donor screening and evaluation as much as possible before the potential living donor travels to the U.S. to minimize travel expenses. To address some logistical barriers, the group also noted that obtaining medical records and routine screenings would be helpful before the potential donor comes to the U.S. The group inquired if centers would accept blood samples or lab results from non-U.S. centers and laboratories. The group suggested that lab work completed internationally should require verification to ensure labs are certified by international or national standards. The group also inquired about the time constraint to ship international blood samples to the U.S. before it is not helpful for analysis. The group also inquired if a Non-U.S. Citizen/Non-U.S. Resident (NCNR) was approved to be a living donor in the U.S., could the NCNR complete further donor evaluation and undergo transplant donation in one trip to optimize reducing expenses.

The group agreed with the recommendation in the Shukhman article, *Evaluation and Care of International Living Kidney Donor Candidates: Strategies for Addressing Common Considerations and Challenges*, that transplant programs could provide a letter of intent for the potential international donor, which provides a rationale for the donors trip to the U.S. to help expedite the B-2 visa this process. Additionally, the group inquired if international living donors receive the same priority as U.S. living donors if the international living donor needs a transplant later in life. A group member emphasized that international living donors are not a homogenous group. She explained that some individuals can drive to a U.S. center in minutes, while others need to take lengthy international flights, and some have tenure B-2 visas already while others may not have a visa. Therefore, it is essential to acknowledge that while there is an attempt to guide programs, this guidance should be individualized because each potential international donor's situation varies.

The group noted a strong need to emphasize that if an individual completes the preliminary screening of the evaluation and travels to the U.S. for donation, it is not guaranteed that the individual will be

approved to donate. The group also considered post-transplant care for the international living donor. It's essential to understand who will care for the international living donor after the donation and where they will go.

Coercion, exploitation, and inducement

A member of this group explained that exploitation and inducement should be clearly defined, and it's critical to provide specific examples of what is considered exploitation and inducement. Another member explained that the guidance document should include legal obligations for reporting exploitation. A member questioned to whom exploitation should be informed if a transplant candidate is exploited.

The group referenced the Shukhman et al. literature, *Evaluation and Care of International Living Kidney Donor Candidates: Strategies for Addressing Common Considerations and Challenges*, and noted the importance of centers identifying relationships between the potential international living donor and recipient to determine if there is any risk of exploitation or inducement. A member asked if the independent living donor advocate (ILA) could be an individual from the same country the potential living donor is traveling from. A member replied that this is a great point but unsure how feasible having an ILA from every country would be.

Undocumented Non-U. S Citizens/Non- U.S. Residents

The group brainstormed how to contextualize this section of the project. A member suggested considering living donation in the context of undocumented versus documented. Another member suggested looking at children versus adult recipients. He explained that this is important because Medicaid coverage differs for children than adults, and there is no public insurance mechanism for funding undocumented adult recipients. The group agreed that this section of the project should also focus on donors in the U.S. without documentation and donors willing to travel to the U.S. for donation and then return to their country. Members of the group also noted that transplant insurance coverage would differ depending on legal status. A member asked if all children's transplants are done under public insurance. A member replied that it varies by state. She added that there is insurance coverage under Children's Health Insurance Program (CHIP). Still, most of the coverage is for primary care, so, for example, dialysis may be funded but not necessarily transplantation.

The Chair noted that there are a lot of legally admitted non-U.S. Citizens who may have private insurance but are not yet permanent residents or citizens in the U.S. He suggested accounting for this population because there is a lot of donor growth within this population. Another member agreed and stated that legally admitted Non-U.S. citizens are a subset of the undocumented Non-U.S. citizens that should be addressed.

Donor Follow-up

A member noted that donor follow-up is a universal issue. She explained that donor follow-up in the U.S. is only about 60-65% of all donors. Therefore, additional barriers may exist when following up with an international living donor. A member asked about the challenges of following up with a donor post-donation. A member explained that the program contacts the donor; however, some donors do not get their labs done and do not attend their telehealth visits. Similarly, programs face the same challenge with international living donors because it's more complicated to follow up with them because the program cannot reach them, which can result in relying on the international living donor to seek their own care.

Another member noted that if an international living donor experiences complications after surgery related to the surgery, the program absorbs the cost of fixing the complication. Another member shared

that their program would care for donors if they are experiencing acute issues. Additionally, the group also considered long long-term complications related to follow-up.

The group also considered factors that make donor follow-up a barrier. These factors include: the distance lived from the center the donated, resources available in their country, obtaining a visa for re-entry to the U.S., time difference, and contacting the program promptly if the donor is experiencing acute issues and language and financial barriers.

Next steps:

The Committee groups will continue to work on the project.

Upcoming Meeting

- July 25, 2023

Attendance

- **Committee Members**
 - Pramod Bonde
 - Peter Stock
 - Barry Friedman
 - Scott Sanoff
 - Abby Ruiz
 - Angele Lacks
 - Carrie Thiessen
 - Chang Liu
 - Cynthia Forland
 - Ehab Saad
 - Eliana Agudelo
 - George Bayliss
 - Nancy Marlin
 - Sylvia Villalon
 - Taryn Shappell
 - Vineeta Kumar
- **HRSA Representatives**
 - Arjun Naik
 - Jim Bowman
- **SRTR Staff**
 - Bryn Tompson
- **UNOS Staff**
 - Tamika Watkins
 - Susan Tlusty
 - Laura Schmitt
 - Krissy Laurie
- **Other Attendees**