

OPTN Transplant Coordinators Committee

Meeting Summary

September 22, 2021

Conference Call

Stacy McKean, RN, Chair

Natalie Santiago-Blackwell, RN, MSN, Vice Chair

Introduction

The Transplant Coordinators Committee met via Citrix GoToMeeting teleconference on 09/22/2021 to discuss the following agenda items:

- 1. Public Comment Presentation:** OPTN Kidney & Pancreas Transplantation Committees – Update on Continuous Distribution of Kidneys and Pancreata
- 2. Public Comment Presentation:** OPTN Minority Affairs & Kidney Transplantation Committees – Reassess Inclusion of Race in Estimated Glomerular Filtration Rate (eGFR) Equation
- 3. Public Comment Presentation:** OPTN Operations & Safety Committee – Data Collection to Evaluation Organ Logistics and Allocation
- 4. Public Comment Feedback:** OPTN Ethics Committee – Ethical Considerations of Continuous Distribution in Organ Allocation
- 5. Public Comment Feedback:** OPTN Lung Transplantation Committee – Establish Continuous Distribution of Lungs
- 6. Brainstorming:** Future TCC initiatives

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

1. Public Comment Presentation: OPTN Kidney & Pancreas Transplantation Committees – Update on Continuous Distribution of Kidneys and Pancreata

Joann White, the UNOS support lead for the OPTN Pancreas Transplantation Committee, presented the cosponsored public comment item *Update on Continuous Distribution of Kidneys and Pancreata*.

Summary of discussion:

A member suggested including DR matching within candidate biology. A member cautioned that adding too many sliding scale points could potentially impede equal access and emphasized the necessity to balance equity with quality of life. A member highlighted the importance to ensure that pediatric candidates are not receiving offers for kidneys with a high KDPI.

A member expressed concern that placement efficiency points would disadvantage recipients in less populated areas and suggested considering population density in this attribute. A member questioned the role in standardization for placement efficiency across organ systems especially in terms of its impact on multi-organ candidates. A member emphasized the importance of widespread education on this policy change for both transplant staff and patients. A member suggested developing an interactive visual tool where transplant center staff can enter a patient’s various attributes to educate them and do informed consent.

Next steps:

UNOS staff will compile the feedback from today's conversation to develop the official public comment. If members have additional questions or comments on the proposal, please reach out to UNOS staff.

2. Public Comment Presentation: OPTN Minority Affairs & Kidney Transplantation Committees – Reassess Inclusion of Race in Estimated Glomerular Filtration Rate (eGFR) Equation

Dr. Alejandro Diez, Vice Chair of the OPTN Minority Affairs Committee, presented the cosponsored public comment item *Reassess Inclusion of Race in Estimated Glomerular Filtration Rate (eGFR) Equation*.

Summary of discussion:

A member commented that race is not quantifiable and should not disadvantage transplant recipients. They identified that disparity that the inclusion of race is causing in access and suggested utilizing a race neutral formula. The presenter also noted the lack of clarity on whether race is self-reported or determined by someone else.

A member inquired on the OPTN's process for auditing source documentation upon implementation. The presenter responded that the full policy is not been developed yet but a thorough post-implementation monitoring plan will be included to address this. A member inquired if the Committee had considered addressing or removing the race coefficient in Kidney Donor Profile Index (KDPI). Ultimately, members do not want race to impact a patient's ability to access transplant and want all patients to have the same advantages.

A member noted the discrepancies in formulas used for pediatric and adult transplant candidates. Since race is not used in pediatric formulas, when pediatric candidates turn 18 years old their eGFR changes significantly due to the formula being used.

Currently, centers have the choice to use a race neutral formula and are not required to use a race-based formula, a member noted that there needs to be a large education effort on this within the community. A member suggested gathering data from centers who have transitioned to a race neutral formula to gain a better understanding of any potential impacts and guide the development of this policy. Overall, the TCC is supportive of requiring a race neutral eGFR formula and will urge their centers and peers to use a race neutral formula in the interim.

Next steps:

UNOS staff will compile the feedback from today's conversation to develop the official public comment. If members have additional questions or comments on the proposal, please reach out to UNOS staff.

3. Public Comment Presentation: OPTN Operations & Safety Committee – Data Collection to Evaluation Organ Logistics and Allocation

Christopher Curran, the Chair of the OPTN Operations and Safety Committee, presented the public comment item *Data Collection to Evaluation Organ Logistics and Allocation*.

Summary of discussion:

Members discussed preference of putting the organ check in time in wait list or TIEDI. A pediatric transplant coordinator preferred using this data point in waitlist because it would only add one more step of removing the patient from the waitlist. Alternatively, others suggested that the Transplant Recipient Registration (TRR) form would be more appropriate as to not delay waitlist removal and sometimes the individual doing the removal may not have access the check in time. Another member noted that since it is not time sensitive information it may be better to enter it on TRR to ensure that it

is entered correctly. While there was varied feedback, most coordinators felt it would be easiest if the organ check in data point were housed in TIEDI with the caveat that centers have different practices and work flows.

A member inquired about how to best map this through APIs for the most efficient process. A member suggested having very clear and discrete definitions for what 'check out time' and 'check in time' is for consistent data collection. This clarification is exceptionally important if the organ is intentionally delayed to be pumped before reaching the final location. However, unintentional delays, like weather and traffic, are inevitable and should not negatively affect a center. Ultimately, there will be a lot of variability in this information and it will be beneficial to see how it can be improved down the road.

Next steps:

UNOS staff will compile the feedback from today's conversation to develop the official public comment. If members have additional questions or comments on the proposal, please reach out to UNOS staff.

4. Public Comment: OPTN Ethics Committee – Ethical Considerations of Continuous Distribution in Organ Allocation

The TCC did not receive a formal presentation from the Ethics Committee, but instead assigned members to review the paper and discuss with the group.

Summary of discussion:

Members felt that this guidance is well intentioned. The white paper has value in promoting equity and transparency but does not provide clear-cut ways to accomplish those goals. It is also important to balance equity with the financial impacts and having the resources necessary to manage changes. Overall, the TCC is supportive of the white paper.

Next steps:

UNOS staff will compile the feedback from today's conversation to develop the official public comment. If members have additional questions or comments on the proposal, please reach out to UNOS staff.

5. Public Comment: OPTN Lung Transplantation Committee – Establish Continuous Distribution of Lungs

The TCC did not receive a formal presentation from the Lung Transplantation Committee, but instead assigned members to review the paper and discuss with the group.

Summary of discussion:

A member suggested implementing a sliding scale for pediatric candidates since there are no biological differences between a 17 and 18-year-old patient. The TCC is supportive of reducing review board times. A member commented that it is challenging to accurately predict post-transplant outcomes so perhaps that weighting should be adjusted. A member noted that it is difficult to answer, as a community, what each attribute weighs and ultimately determine the balance between equity and utility in organ allocation.

In terms of multi-organ transplant, a member stated that organ procurement organizations (OPOs) would rather have more clear-cut directions of how to allocate than the discretion to determine how. A member noted that lungs tend to drive care more than hearts so it is interesting that the heart match run will be completed before the lungs. Overall, the TCC is supportive of developing a continuous distribution framework for lung allocation.

Next steps:

UNOS staff will compile the feedback from today's conversation to develop the official public comment. If members have additional questions or comments on the proposal, please reach out to UNOS staff.

6. Brainstorming: Future TCC initiatives

Committee leadership provided a brief overview of the TCC's past projects and identified a few potential projects for the Committee to pursue.

Data summary:

- Operationalizing Organ Offer Management
 - With recent allocation changes organ offer numbers have increased
 - How are transplant centers managing the increased workload?
 - How are OPOs coping with the increase in offers?
- Evaluate various offer structures of triaging protocols programs are using to manage organ offers
- Opportunity to provide guidance to transplant programs and OPOs with organ offer best practices
- Possible collaboration with Transplant Administrators and Ops & Safety Committees

Summary of discussion:

Members expressed a lot of interest in working on organ offers. Members are seeing that as organ offers increase centers are using the provisional yes as a place holder, which can negatively impact placement efficiency. Members also discussed the variability across the coordinator position and the medical background of individuals accepting organ offers amongst centers. Since there is no standard across centers, members were very interested in sharing best practices to promote efficient operations. Members suggested including questions about the coordinator role in the UNOS staffing survey.

Next steps:

The Vice Chair proposed having members share best practices during the next meeting and use that as a building block for steps forward on a project.

Upcoming Meetings

- October 20, 2021
- November 17, 2021
- December 15, 2021
- January 19, 2022

Attendance

- **Committee Members**
 - Angele Lacks
 - Brenda Durand
 - Donna Campbell
 - Heather Miller-Webb
 - Jaime Myers
 - Jill Campbell
 - JoAnn Morey
 - Kelsey McCauley
 - Lindsay Fessler
 - Lisa Gallagher
 - Maria Casarella
 - Natalie Blackwell
 - Rachel White
 - Sergio Manzano
 - Sharon Klarman
 - Stacy McKean
 - Stacy Sexton
- **HRSA Representatives**
 - Raelene Skerda
- **UNOS Staff**
 - Elizabeth Miller
 - Joann White
 - Kelley Poff
 - Laura Schmitt
 - Matt Prentice
 - Ross Walton
 - Susan Tlusty
- **Other Attendees**
 - Alejandro Diez
 - Christopher Curran