

OPTN Organ Procurement Organization Committee

Meeting Summary

September 19, 2024

Conference Call

PJ Geraghty, MBA, CPTC, Chair

Lori Markham, RN, MSN, CPTC, CCRN, Vice Chair

Introduction

The OPTN Organ Procurement Organization Committee ("Committee,") met via WebEx teleconference on 09/19/2024 to discuss the following agenda items:

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

1. Pancreas Continuous Distribution Update
2. Liver Continuous Distribution
3. Heart Continuous Distribution

1. Lung Efficiency: Lung Donor Testing

The Committee did not make any decisions.

Summary of Presentation:

Inform the community on progress to date on Continuous Distribution of Pancreata and share updates on the Committee's work in efficiency.

- Describes progress on medical urgency discussions
- Provides updates on the Scientific Registry of Transplant Recipients (SRTR) data request
- Outlines conversations on promoting efficiency in procurement and allocation of pancreata

Summary of Discussion:

A member suggested encouraging separate directors for kidney and pancreas transplant programs. The rationale behind this suggestion is to have a "champion" for pancreas transplants in each program. Having a dedicated director might encourage growth in programs currently doing a small volume of pancreas transplants.

There are concerns about potential staffing problems due to the limited number of qualified individuals for such positions.

There was a distinction made between OPTN (Organ Procurement and Transplantation Network) requirements and program-specific roles:

- OPTN has requirements for a "primary pancreas" position but not for a "director" position.
- The director role is often seen as someone who drives program growth and serves as a champion for the specific transplant type (in this case, pancreas).

A member suggested clarifying that the proposed director position is distinct from the OPTN-required primary surgeon or physician roles. There's also a brief mention of potential credential barriers for these positions, though the specific requirements aren't discussed in detail.

Next steps:

None

2. Liver Continuous Distribution

The Committee did not make any decisions.

Presentation Summary:

The rationale is to provide a more equitable approach to matching liver and intestine candidates and donors. Additionally, the goal is to remove hard boundaries that prevent liver and intestine candidates from being prioritized further on the match run.

The Committee considered multiple candidate attributes all at once through a composite allocation score instead of within categories by sequence to establish a system that is flexible enough to work for each organ type.

The Committee has gone through the process of determining the purpose and metrics of success for each attribute and developed initial rating scales for most attributes.

Summary of Discussion:

Members were interested in identifying patients or centers willing to travel farther or use different devices (like NRP - Normothermic Regional Perfusion). However, challenges exist in matching donors across different regions with varying resources.

Members advised caution when factoring in proximity points, as it might give an advantage to patients who are not as sick but are closer to the donor. Members noted the importance of balancing multiple factors in allocation, with medical acuity being the most critical.

Members spoke of changes in allocation that have made it challenging to coordinate split liver transplants between centers.

Next Steps:

None were discussed.

3. Heart Continuous Distribution

The Committee did not make any decisions.

Presentation Summary:

The rationale is to establish a more equitable approach to matching heart donors and candidates while providing a better balance impact of criteria used in matching organs. The Committee has considered multiple candidate attributes simultaneously through a composite allocation score rather than within categories to establish an allocation system flexible enough to address all organs.

Summary of Discussion:

The Vice Chair expressed surprise at the low scoring of proximity points, emphasizing the real-world challenges of organ transportation, especially for hearts and lungs, with a suggestion to give proximity

more weight in the allocation system. The Heart Committee Chair replied that the committee does share awareness of the need to balance various factors, such as: avoiding unnecessary cross-country travel, prioritizing pediatric patients vs. travel distance, and considering medical urgency vs. travel distance. The Chair raised concerns about disparities between larger and smaller programs, particularly regarding access to perfusion technologies. This disparity could potentially exacerbate inequalities in transplant opportunities for patients. The Heart Committee is grappling with how to account for new preservation technologies in allocation decisions. One proposed approach is to have equal sharing up to 500 miles, then decreasing points beyond that distance. The Committee has considered factors like driving vs. flying distances but found complexities in implementing such distinctions. Another member pointed out that many organ procurement organizations (OPOs) are acquiring their own perfusion devices. This adds another layer of complexity to allocation, as it affects the OPO's ability to transport organs over longer distances and incurs additional costs.

Next Steps:

None

Upcoming Meeting

- September 30, 2024

Attendance

- **Committee Members**
 - Clint Hostetler
 - Ann Rayburn
 - Daniel DiSante
 - Greg Veenendaal
 - Lori Markham
 - Micah Davis
 - PJ Geraghty
 - Shane Oakley
 - Sharyn Sawczak
 - Stephen Gray
 - Theresa Daly
- **HRSA Representatives**
 - Adriana Alvarez
- **SRTR Staff**
 - Jon Miller
 - Katie Audette
- **UNOS Staff**
 - Robert Hunter
 - Viktoria Filatova
 - Kevin Daub
 - Eric Messick
 - Houlder Hudgins
 - Kaitlin Swanner
 - Stryker-Ann Vosteen
 - Susan Tlusty
- **Other Attendees**
 - Rocky Daly
 - Shimul Shah
 - Oyedolamu Olaitan