

Thank you to everyone who attended the Region 11 Summer 2024 meeting. Your participation is critical to the OPTN policy development process.

Regional meeting [presentations and materials](#)

Public comment closes September 24th! [Submit your comments](#)

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

[Revise Conditions for Access to the OPTN Computer System](#)

Network Operations Oversight Committee

- **Sentiment: 4 strongly support, 6 support, 0 neutral/abstain, 0 oppose, 0 strongly oppose**
- **Comments:** Overall, Region 11 supports this proposal. A virtual attendee said the proposal is logical and necessary in an environment full of cyber attacks.

[Promote Efficiency of Lung Donor Testing](#)

Lung Transplantation Committee

- **Sentiment: 2 strongly support, 2 support, 4 neutral/abstain, 1 oppose, 1 strongly oppose**
- **Comments:** Members of the region expressed mixed views on the proposal, with concerns about efficiency and practicality balanced against the need for thorough organ evaluation. There was significant discussion about the proposed testing requirements, which some attendees felt were excessive and potentially burdensome. OPO representatives raised concerns about the feasibility of meeting all the proposed requirements, particularly in smaller or rural hospitals with limited resources. Several attendees suggested that the policy language should be more flexible, allowing for variations in testing based on donor type (DCD vs. brain-dead) and hospital capabilities. The frequency of certain tests, such as the proposed every 4-hour ABGs, was seen as potentially unmanageable given current hospital staffing limitations. Concerns were also raised about the extended case times that additional testing might cause, impacting both donor families and OPO staffing. One attendee shared a personal account of a patient who died from donor-derived cancer, emphasizing the potential life-saving importance of thorough testing. There were also comments about the need for better communication and accountability between OPOs and transplant centers. Some attendees noted that OPOs sometimes fail to provide required testing information, leading to conflicts with transplant centers. The burden on transplant centers was also discussed, with suggestions to limit the number of centers involved in each case to streamline the process. Additionally, there were questions about how disagreements between OPOs and transplant centers would be adjudicated under the new policy.

[Require Reporting of HLA Critical Discrepancies and Crossmatching Event to the OPTN](#)

Histocompatibility Committee

- **Sentiment: 4 strongly support, 5 support, 1 neutral/abstain, 0 oppose, 0 strongly oppose**

- *Comments:* Overall, Region 11 supports this proposal. A virtual attendee commented: “We need to move from ‘zero’ mismatch to an HLA identical organ for better placement.”

Update Histocompatibility Bylaws

Histocompatibility Committee

- *Sentiment:* **3 strongly support, 6 support, 1 neutral/abstain, 0 oppose, 0 strongly oppose**
- *Comments:* No Comments were provided.

Continuous Distribution Updates

Continuous Distribution of Hearts Update, Summer 2024

Heart Transplantation Committee

Comments: An in-person attendee expressed surprise at the high priority given to prior living donors, suggesting it shouldn't exceed 5 points. They also emphasized the need to incorporate long-term outcomes into the formula and supported high points for pediatric candidates. The attendee questioned whether younger adults should be considered separately as well. A virtual attendee agreed that long-term post-transplant outcomes should be given higher priority, especially for donor families, to ensure the gift provides the longest benefit. Another virtual participant supported the idea that various factors, not just distance, should affect placement. Regarding proximity efficiency, one virtual attendee disagreed with its low prioritization, citing difficulties in reaching their center and having to pass on organs due to travel logistics.

Continuous Distribution of Kidneys Update, Summer 2024

Kidney Transplantation Committee

Comments: Participants suggested that allocation thresholds could be based on the number of declines or the number of programs declining for all their candidates, with some proposing specific numbers like 200 candidate declines or 5 centers declining as potential indicators. Specific anatomical characteristics were identified as factors that could make a kidney hard to place, including DCD with WIT greater than 30 minutes, multiple ureters, en bloc kidneys, anatomical damage, sclerosis, high percentage of glomerulosclerosis on biopsy, and inadequate vessel or ureter length. While cold ischemic time alone was not considered sufficient to define a kidney as hard to place, it was suggested that it could be used as a trigger for expedited placement. Participants emphasized the need for a more comprehensive approach that considers multiple factors beyond just cold time. There was general agreement on the need for allocation thresholds and a recognition that the new allocation system has significantly increased the number of organ offers, necessitating a way to reach acceptance more quickly.

Continuous Distribution of Livers and Intestines Update, Summer 2024

Liver and Intestinal Organ Transplantation Committee

Comments: Regarding a question about when a center begins to fly, rather than drive, for organ procurement a virtual attendee noted that most kidneys are driven to their center due to limited direct flights at their airport, while surgeons fly to procure hearts. The in-person attendee group highlighted

that practices for flying versus driving differ among centers, with some using a 2-3 hour driving time threshold. However, other factors like weather conditions and the use of machine perfusion also influence the decision. Regarding medically complex liver offers, the in-person attendees suggested that DCD and age 70 were considered minimum criteria, and proposed awarding points to candidates willing to accept such offers, emphasizing the need for thorough patient education. The attendee also acknowledged the complexity of exception discussions and stressed the importance of prioritizing multi-organ transplant candidates.

[Continuous Distribution of Pancreata Update, Summer 2024](#)

Pancreas Transplantation Committee

Comments: The in-person attendee group emphasized the need for ASTS to offer a pancreas procurement workshop to enhance surgeon training. The in person attendee group also advocated for dedicated pancreas transplant directors, separate from kidney directors, noting improved efficiency in identifying suitable pancreas candidates when these roles were separated at their center. The importance of balancing pancreas and intestine allocation was also highlighted. Virtual attendees suggested profiling pancreas transplant success stories to cultivate interest, and emphasized the importance of vascular and trauma surgery skills for organ procurement. The in-person attendee group also discussed the potential impact of OPOs having procurement teams for all abdominal organs, with some suggesting it could increase usage but noting potential financial challenges. Opinions varied on the influence of dedicated pancreas directors, with one virtual attendee doubting significant impact, while another suggested it could improve focus on surgical nuances and post-transplant complication monitoring.

Updates

Councillor Update

- Comments:
 - No comments were provided.

OPTN Patient Affairs Committee Update

- Comments:
 - No comments were provided.

OPTN Executive Update

- Comments: Attendees at the meeting expressed a mix of anxiety and excitement about the ongoing changes in the organ transplant system. Concerns were voiced about the potential underestimation of volunteer time and effort, particularly with the introduction of new contractors who may lack experience. One attendee reported being vocal with HRSA, emphasizing that community participation should be enhanced rather than minimized. Issues of transparency were highlighted, with mentions of removed ATC data presentations and worries about potential censorship. The announcement of new technology was met with enthusiasm, though some cautioned that fear of change should not impede progress. There was support for the OPTN taking interest in pre-waitlist data, as this could help address overlooked populations. Some attendees stressed the need for caution, citing recent errors in lung allocation and ABO

matching. The importance of maintaining the public-private partnership model was emphasized, with one attendee noting the success of the current U.S. organ donation system. An attendee acknowledged HRSA's willingness to listen to the Board and saw the changes as an opportunity for self-reflection within the transplant community.

Update from the Expeditious Task Force

- **Comments:** Attendees raised concerns about integrating the Expeditious Task Force with other organ committees and balancing the goals of organ utilization with outcome metrics. There was acknowledgment of the conflict between increasing organ use and maintaining good outcomes, with a call for improved risk adjustment models. Questions were raised about the use of medically complex kidneys, particularly those declined due to biopsy results, and whether there's evidence supporting good outcomes for these organs. Biopsy practices in Europe were used as an example of what could be done in the future in the U.S. The importance of transparency with patients regarding potentially marginal organs was emphasized. An attendee highlighted the emotional impact on donor families when organs are not used, underscoring the significance of efforts to improve the process. The discussion also touched on workforce challenges, with a virtual attendee inquiring about plans to increase staffing to handle the anticipated rise in workload.

HRSA Update

- **Comments:** An attendee inquired about a presentation slide regarding family approach, specifically if it pertained to how to approach families about organ donation. The presenter clarified that it related to a new ventilated patient form intended to collect baseline information from OPOs about current practices to help identify best practices. Another attendee emphasized the importance of the approach, noting the difficulty of questions families face after agreeing to donation, and asked when the form was last reviewed. The presenter encouraged providing such feedback to the Federal Register, as this was a new form for the OPTN. There was a discussion about the pause on some MPSC work, with an attendee seeking clarification on decision-making processes once the pause is lifted. The presenter explained that while the Board of Directors would still make decisions, HRSA would have more direct oversight over contractors supporting these efforts. An online attendee expressed concern that new data reporting requirements for referrals might lead to fewer referrals, contrary to current mandates for patients with end-stage organ failure. Another attendee advocated for greater transparency regarding recipient status and expressed concerns about HRSA potentially directing the OPTN Board. Questions were raised about the special election of board directors, with the presenter explaining that a process would be developed to review the entire board. Some attendees expressed concerns about potential complete board turnover and its impact on consistency and institutional knowledge. Finally, an attendee suggested considering broader issues, such as insurance coverage for potential donor cases that do not result in organ yield.