

OPTN Transplant Administrators Committee

Meeting Summary

March 11, 2022

Conference Call

Nancy Metzler, Chair

Susan Zylicz, MHA, BSN, RN, CCTC, Vice-Chair

Introduction

The Transplant Administrators Committee (the Committee) met via Citrix GoToMeeting teleconference on 03/11/2022 to discuss the following agenda items:

1. Public Comment Presentations
2. Financial Impact Advisory Group (FIG)

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

1. Public Comment Presentations

The Committee heard presentations on proposals out for public comment presented by members of the sponsoring committees. Full proposals, as well as public comment feedback, can be read on the [OPTN website](#).

Data summary:

The following proposals were presented to the Committee:

- *Establish Eligibility Criteria and Safety Net for Heart-Kidney and Lung-Kidney Allocation*
 - This proposal will designate specific clinical requirements for when a kidney should be transplanted in conjunction with a heart or lung transplant. The criteria used will mirror the eligibility criteria used for safety net kidneys in simultaneous liver-kidney transplant.
- *Establish OPTN Requirements for Race-Neutral eGFR Calculations*
 - This proposal will require programs to calculate eGFR using an equation that does not use a black race variable. The proposal does not specify a certain equation to use.
- *Pediatric Candidate Pre-Transplant HIV, HBV, HCV Testing*
 - This proposal will extend the timeline of when required Human Immunodeficiency virus (HIV), Hepatitis B virus (HBV), and Hepatitis C virus (HCV) must be performed to a 30 day window prior to transplant. This will impact candidates under the age of 11.
- *Modify Living Donor Exclusion Criteria*
 - This proposal will reassess four absolute contraindications to living donation and update existing language surrounding donor coercion and illegal exchange between donor and recipient to ensure consistency throughout OPTN policy language.

- *Improving Liver Allocation: MELD, PELD, Status 1A and Status 1B*
 - This proposal will address inequity in the current MELD calculation by adding a sex variable to provide female candidates with additional points. In addition, it will update the PELD score calculation as it has not been updated in 20 years.

Summary of discussion:

- *Establish Eligibility Criteria and Safety Net for Heart-Kidney and Lung-Kidney Allocation*

A member supported the use of 500 nautical miles for Heart-Kidney and Lung-Kidney allocation because it mirrored the eligibility criteria for Liver-Kidney. They also asked the presenter whether the estimated glomerular filtration rate (eGFR) of 30 stipulated in the proposal was the current requirement for kidney alone listing. The presenter clarified that the eGFR of 30 came from existing Liver-Kidney eligibility criteria, and that their committee had reached out to the OPTN Histocompatibility committee to ascertain whether there should be a different qualifying eGFR than what exists in Liver-Kidney policy; the Histocompatibility committee felt that a change was not justified.

- *Establish OPTN Requirements for Race-Neutral eGFR Calculations*

A member asked how this requirement would be enforced should this proposal become policy. The presenter replied that, at present, there is no punitive action planned for programs that use an eGFR calculation with a race-based variable. However, they speculated that in the future, after programs have had significant time to change practices, this could be re-evaluated. The question was also asked how the Committee would update candidate eGFRs for candidates who may have been impacted by a race-based eGFR formula. A member noted that they would not want to reassess the eGFR of a candidate who would become ineligible after changing eGFR calculations, but would want to add candidates who had been borderline before. The presenter added that they do not anticipate any wait time to be taken away from candidates because of this proposal, and it is primarily intended to increase the amount of wait time African American candidates receive. The Vice Chair contributed that they would be in favor of re-evaluating the eGFRs of candidates on their waitlist regardless of the size of that waitlist. A second member supported this, noting that their program was transitioning to a race-neutral calculation and, though it is a difficult undertaking, they were going to reassess all their candidates' eGFRs.

- *Pediatric Candidate Pre-Transplant HIV, HBV, and HCV Testing*

The presenter clarified to an inquiring member that this proposal extends the timeframe of the pre-transplant infectious disease testing, and it would not have to be repeated immediately pre-transplant. The Vice Chair noted that they supported this proposal.

- *Modify Living Donor Exclusion Criteria*

The Vice Chair supported the proposal, contributing that they felt it was important to allow for some type II diabetes patients to donate based on medical judgement. This in turn will allow greater possibility for living donation, as well as programs to be more flexible with their evaluations.

- *Improving Liver Allocation: MELD, PELD, Status 1A and Status 1B*

The Vice Chair supported the proposal, recognizing the OPTN Liver Committee's work in addressing the disadvantaging of female liver candidates. This position was supported by a number of Committee members as well.

Next steps:

The sponsoring committees will consider the Committee's public comment feedback.

2. Financial Impact Advisory Group (FIG)

Staff provided a brief introduction of the role FIG plays and requested volunteers to serve on the workgroup.

Workgroup overview:

The Financial Impact Advisory Group (FIG) evaluates projects before public comment so they can provide an estimate of the expected fiscal impact of proposals. The workgroup comprises Organ Procurement Organization (OPO) representatives, histocompatibility laboratory representatives, and transplant program representatives. The next round of meetings will begin in May, but workgroup members would join July 1 for the October FIG cycle.

Summary of discussion:

Staff clarified to a member that the meetings occur in both May and October, and throughout each month, there are a couple meetings. They added that the FIG process is flexible in order to account for proposals that significantly change their proposed fiscal impact with post-public comment changes; therefore, there is no exact number of meetings, but this occurrence is unlikely.

Next steps:

The FIG workgroup requests volunteers from the Committee.

Upcoming Meetings

- April 27, 2022
- May 25, 2022

Attendance

- **Committee Members**
 - Susan Zylicz
 - Rachel Detwiler
 - Megan Fairbank
 - Sara Geatrakas
 - Joshua Gossett
 - Jason Huff
 - Michelle James
 - Deborah Maurer
 - Laura O'Melia
 - Denise Neal
 - Brian Roe
 - Erica Seasor
- **HRSA Representatives**
 - Vanessa Arriola
 - Arjun Naik
- **UNOS Staff**
 - Rebecca Brookman
 - Angel Carroll
 - Cole Fox
 - Isaac Hager
 - Kristina Hogan
 - Lindsay Larkin
 - Krissy Laurie
 - Meghan McDermott
 - Kelley Poff
 - Kaitlin Swanner
 - Susan Tlusty
- **Other Attendees**
 - Christopher Curran
 - Emily Perito
 - James Trotter
 - Nahel Elias
 - Oscar Serrano