

**OPTN Board Policy Group  
Meeting Summary  
May 14, 2024**

**Michael Kwan, Group Leader**

**Introduction**

The Board Policy Group met via Webex on 05/14/2024 to discuss the following agenda items:

1. Welcome and Announcements
2. Refit Kidney Donor Profile Index without Race and Hepatitis C Virus (Minority Affairs Committee)
3. National Liver Review board (NLRB) Updates Related to Transplant Oncology (Liver & Intestinal Organ Transplantation Committee)
4. Update on Continuous Distribution of Hearts (Heart Transplantation Committee)
5. Promote Efficiency of Lung Allocation (Lung Transplantation Committee)

**1. Welcome and Announcements**

Board Members gathered to discuss select items from Winter 2024 Public Comment cycle to prepare for the June Board of Directors meeting. The following is a summary of the group's discussions.

Contractor staff presented the purpose of Board Policy Groups and explained what the next steps are ahead of the June Board Meeting in Richmond. Board Policy Group members will be asked to vote on the agenda placement for proposal items for the discussion or consent agenda.

**2. Refit Kidney Donor Profile Index without Race and Hepatitis C Virus**

Oscar Serrano, Vice Chair of the Minority Affairs Committee (MAC), presented the proposal to Refit Kidney Donor Profile Index without Race and Hepatitis C Virus. Dr. Serrano shared that the proposal is to refit the Kidney Donor Risk Index (KDRI) model without race and HCV and remap KDRI to the Kidney Donor Profile Index (KDPI). He explained that this change would better reflect the likelihood of graft failure for kidneys from African American and Black and HCV-positive deceased donors.

Dr. Serrano noted that race and HCV variables equivocally increase the KDPI of kidneys from African American and Black and HCV-positive deceased donors, making these kidneys appear less suitable for transplant. He explained that race is a social construct and including race in KDRI falsely inflates the KDPI in African Americans and can make these organs harder to place. Dr. Serrano shared that drugs to treat HCV have been successful recently and since 2015, HCV-positive organs that have been transplanted into HCV-negative patients have been successful 12-months post-transplant.

Dr. Serrano noted that during public comment, the proposal received broad support for the removal of race and HCV, mixed feedback regarding the SRTR modeling approach, concerns regarding the potential impact on the pediatric population, and support for substituting APOL1 testing for race. Dr. Serrano shared the implementation considerations for the policy for members and the OPTN.

Summary of discussion:

The Board Policy Group discussed feedback received from the pediatric community about their hesitation in supporting the proposal, noting that some are worried the proposal could limit the number of kidney donors for pediatrics. Dr. Serrano explained that they met with the Pediatric Committee to

discuss the proposal. He noted that once the policy is implemented, the committee will monitor how pediatric patients have access to kidney transplants specifically from African American and HCV donors to ensure that there is not a significant reduction in the number of available organs.

Vote:

The Board Policy Group voted on agenda placement for the proposal and the results were 0 consent agenda and 5 discussion agenda.

**3. National Liver Review Board (NLRB) Updates Related to Transplant Oncology**

Shimul Shah, Vice-Chair of the Liver and Intestinal Organ Transplantation Committee, presented the policy proposal and guidance document for National Liver Review Board (NLRB) Updates Related to Transplant Oncology. Dr. Shah shared that the proposal for the Board's consideration would broaden the scope of Adult Hepatocellular (HCC) Review Board to become Adult Transplant Oncology Review Board, create NLRB guidance for colorectal liver metastases and intrahepatic cholangiocarcinoma, and would update Policy 9.5.A: *Requirements for Cholangiocarcinoma (CCA) MELD or PELD Score Exceptions* for clarity on diagnosis type, submission, and approval of protocols for patient care.

Dr. Shah shared that during public comment the proposal saw broad support for the proposed modifications, while some members opposed the creation of guidance for colorectal liver metastases. Dr. Shah shared the key themes seen during public comment and shared the post-public comment changes the committee made. These changes included:

- Modifying "MMaT score" to "exception score" for use of accurate and consistent terminology
- Separating two criteria within the intrahepatic cholangiocarcinoma guidance to become distinct criterion
- Providing clarity around the criterion related to tumor stability for the intrahepatic cholangiocarcinoma guidance

Dr. Shah shared the implementation considerations for members and the OPTN.

Summary of discussion:

The Board Policy Group discussed the public comment feedback the proposal received and how the committee addressed these comments. The group also discussed the points system and Dr. Shah explained how the committee arrived at their recommended points. The Board Policy Group also discussed the implementation considerations and noted that the hours allotted for implementation includes monitoring the data continuously.

Vote:

The Board Policy Group voted on agenda placement for the proposal and the results were 5 consent agenda and 0 discussion agenda.

**4. Promote Efficiency of Lung Allocation**

Contractor staff presented the proposal to Promote Efficiency of Lung Allocation from the Lung Transplantation Committee. Contractor staff shared that the proposal looks to add new data collection in the OPTN Donor Data and Matching System to assist lung transplant programs in evaluating offers and providing a timely response, and proposes system enhancements that aim to increase efficiency of the organ management process and promote organ utilization.

Contractor staff shared that during public comment the proposal saw broad support for data collected on previous sternotomies, support for collecting data on history of anaphylaxis to peanuts and tree nuts,

and support for the “Bypass Bilateral and Other Lung” button and to opt-in to offers from geographically isolated areas. Contractor staff presented the implementation considerations for members and the OPTN.

Summary of discussion:

The Board Policy Group discussed some of the feedback received from different stakeholders throughout the community. The Board Policy Group also discussed the estimated resource implementation hours for the policy.

Vote:

The Board Policy Group voted on agenda placement for the proposal and the results were 5 consent agenda and 0 discussion agenda.

**5. Update on Continuous Distribution of Hearts**

Contractor staff presented an Update on Continuous Distribution of Hearts. Contractor staff shared that during Winter 2024 Public Comment, the committee submitted a request for feedback document and opened a Values Prioritization Exercise (VPE). Contractor staff shared the attributes that are considered in a patient’s Composite Allocation Score (CAS): medical urgency, post-transplant survival, biological disadvantages, patient access, and placement efficiency.

Contractor staff shared themes seen throughout public comment were: support for giving additional priority to status 4 LVAD candidates based on waiting time, suggestions for improving proposed medical urgency rating scale, concerns about unintended consequences from the proposed placement efficiency attribute, and agreement not to include post-transplant survival initially. Contractor staff shared feedback provided during public comment saw a priority for waiting time on durable VAD, suggestions for the medical urgency attribute and rating scale, consideration for devices make prioritizing medical urgency challenging, feedback on the placement efficiency attribute, and feedback on the post-transplant survival attribute.

Contractor staff shared that 702 individuals participated in the VPE and shared what percentage each member type represented in the exercise. Contractor staff shared the attribute weights based on the VPE results and noted that a highly medically urgent candidate received the most weight, and shared that prior living donation was the third highest attribute.

Contractor staff shared that next, the committee will continue iterating on attributes, the Massachusetts Institute of Technology (MIT) will complete their mathematical optimization, and the committee will receive a modeling report from the SRTR.

Summary of discussion:

The Board Policy Group discussed the percentage of patients that participated in the VPE and wondered whether this could have impacted prior living donation being the third highest attribute. The Board Policy Group went into detail about the request for feedback and some of the feedback it received during public comment. A Board Policy Group member noted that there was a lot of detail in the document that will be important during the development and implementation of Heart Continuous Distribution, and they were pleased to see the committee had considered these.

Next Steps:

The Heart Transplantation Committee will publish an update to the community detailing the results of the VPE.

## Attendance

- **Group Members**
  - Bryan Whitson
  - George Surratt
  - Kelley Hitchman
  - Maryjane Farr
  - Melissa McQueen
  - Michael Kwan
  - Wendy Garrison
- **HRSA Representatives**
  - Adrienne Goodrich-Doctor
  - Frank Holloman
- **UNOS Staff**
  - Anna Messmer
  - Cole Fox
  - Eric Messick
  - James Alcorn
  - Kaitlin Swanner
  - Kelley Poff
  - Kimberly Uccellini
  - Meghan McDermott
  - Morgan Jupe
  - Roger Brown
  - Ross Walton
  - Susie Sprinson
- **Other Attendees**
  - Oscar Serrano
  - Shimul Shah