

OPTN Living Donor Committee

Meeting Summary

March 12th, 2025

Conference Call

Stevan Gonzales, Chair

Introduction

The OPTN Living Donor Committee met via Cisco WebEx teleconference on 2/26/2025 to discuss the following agenda items:

- Announcements
- Data Collection Project Update
- Discussion: Aborted Procedure Form
- Review: Form B
- Review and Discussion: Form Names

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

1. Announcements

The formerly in-person meeting will be held virtually instead on April 23rd.

Public Comment ends March 19th. Three Committee comments were submitted on behalf of the Living Donor Committee. The comments were posted for the proposals outlining barriers for international living donors and the continuous distribution update papers (kidneys and pancreas).

2. Data Collection Project Update

Data collection should be supported by the Data Advisory Committee, be uniform, require minimal change to unique center protocol, reasonable data entry burden, supported by SRTR, likely to receive community support during Public Comment, and easy to monitor.

The Committee determined the start of data collection trigger to be the first in-person appointment with a member of the transplant team, supported by leadership and SRTR.

There are some concerns about not capturing barriers thoroughly at the first in-person appointment and the variation in evaluation processes among programs.

Next Steps:

The workgroup will finish the Form B draft by the next meeting. Additional existing forms will be reviewed after Form B.

3. Discussion: Aborted Procedure Form

General consensus is to include these cases in Form B. The Committee requests further review and refinement of Form B by the workgroup.

Summary of Discussion:

The current workflow categorizes aborted procedures into two categories:

1. Those who underwent anesthesia.
2. Those who had an organ recovered.

There was discussion on whether follow-up care is clinically different for patients who receive anesthesia but do not have an organ recovered. It was proposed to include cases where the donation procedure is aborted after anesthesia but before organ recovery in Form B. Specific categories for reasons identified during surgery should be included in Form B. Emphasis was placed on capturing detailed data to understand and prevent such occurrences. There was discussion on whether follow-up care is clinically different for patients who receive anesthesia but do not have an organ recovered.

The current workflow involves a limited living donor registration (LDR) for those who do not have an organ recovered. It was proposed to modify the workflow so that if the procedure is aborted, it triggers Form B, which includes specific categories for reasons identified during surgery.

There was discussion on the importance of follow-up care for patients who undergo anesthesia but do not have an organ recovered. It is important to monitor these cases to understand and prevent such occurrences.

A separate category should be included in Form B for reasons identified during surgery. Follow-up care and monitoring for these cases is important

4. Review Form B

Summary of Discussion:

Form B is designed to record information about potential living donors who did not proceed with donation, identify barriers to donation, and allow for follow-up. The form includes personal information, clinical information, and donation decision data. The donation decision section is unique to Form B and captures why the decision was made not to donate. It includes specific categories for reasons identified during the evaluation process. It is to be filled out by a staff member at the transplant center within 90 days of the decision not to donate. SRTR will administer long-term voluntary follow-up to understand barriers and compare with actual donors.

The clinical information section includes questions on medical history, such as diabetes, with options for current and past diagnosis, treatment types, and other relevant details. It is important to make the form easy to fill out by non-clinical staff.

The committee discussed capturing details about the intended recipient, including whether they are pediatric or adult, and whether the donor is related or unrelated. The Committee considered the complexity of defining relationships, especially for spousal or partner donations.

Next Steps:

The Committee would like the workgroup to consider adding subtypes for intended recipient to Form B.

Upcoming Meetings:

- 4/23/2025

Attendance

- **Committee Members**
 - Stevan Gonzalez
 - Trysha Galloway
 - Tiffany Caza
 - Annesha Shetty
 - Michael Chua
 - Laura Butler
 - Nathan Osbun
 - Nancy Marlin
 - Frankie McGinnis
 - Milton Mitchell
 - Trysha Galloway
 - Lisa Thomas
 - Anita Patel
- **SRTR Representatives**
 - Caitlyn Nystedt
- **HRSA Representatives**
 - Arjun Naik
- **UNOS Staff**
 - Sara Langham
 - Samantha Weiss
 - Emily Ward
 - Lauren Mooney
 - Sara Rose Wells
 - Laura Schmitt
 - Melissa Gilbert