

**OPTN Policy Oversight Committee  
Meeting Summary  
October 10, 2024  
Teleconference  
Jennifer Prinz, BSN, MPH, Chair  
Erika Lease, MD, Vice Chair**

## **Introduction**

The OPTN Policy Oversight Committee (POC) met via teleconference on 10/10/2024 to discuss the following agenda items:

1. New Project: Review of Donation After Circulatory Death (DCD) Policies
2. Continuous Distribution Sequencing Discussion

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

### **1. New Project: Review of Donation After Circulatory Death (DCD) Policies**

The Committee reviewed the following project: *Review of Donation After Circulatory Death (DCD) Policies*.

#### Presentation Summary:

With the increased use of organs from donation after circulatory dead (DCD) donors, the Organ Procurement Organization (OPO) Committee determined the need to review DCD policies to ensure they align with current DCD practices. OPTN Policy 2.16: *Requirements for Controlled Donation after Circulatory Death (DCD) Protocols* has been in effect since March 1, 2014.

#### Summary of Discussion:

A member spoke about the project being overdue and suggested that they didn't foresee any risks or unintended consequences with pursuing the project. Another member agreed that the project was timely. A member suggested including the patient family perspective as part of the project's development. The presenter commented the OPO Committee plans to involve the Ethics Committee in the project.

#### Vote:

Does the Committee recommend approval of the new project to Executive Committee?

11 yes, 0 no, 0 abstain

#### Next Steps:

The project will be reviewed by the Executive Committee for approval.

### **2. Continuous Distribution Sequencing Discussion**

The Committee reviewed a summary of the Continuous Distribution Project Sequencing.

### Presentation Summary:

In terms of simulation modeling, the Scientific Registry of Transplant Recipients (SRTR) can either continue developing the liver Organ Allocation Simulation Model (OASIM) or start developing the thoracic (lung and heart) OASIM. SRTR can explore different policy scenarios for the kidney and pancreas while working on OASIM for the liver or thoracic. Finally, lung allocation is currently under continuous distribution and are contemplating a project to revise the candidate biology rating scale.

### Summary of Discussion:

The POC discussed the Heart and Liver Committee's progress and current status on their continuous distribution projects. The Lung, Heart, and Liver Committee representatives all indicated they would be ready to complete optimization and modeling work when those resources are available. Both the Heart and Liver Committee representatives expressed concern for losing momentum within their committees if their respective projects were delayed. The Heart Committee representative also commented recent heart projects have been contingent on continuous distribution being implemented to measure the success of those projects.

A member of the Heart Committee asked if it was no longer possible to model on the old system. SRTR staff advised that while there was a change in the software tool, the fundamental process and much of the work involved remained consistent. They were confident that this transition to a new modeling system would lead to improved modeling outcomes without causing significant disruption to the workflow or timeline.

A member of the Heart Committee inquired about a six-month delay. SRTR staff explained that the new methodology might take more time upfront but was designed to provide more reliable and trustworthy results. The thorough validation process aims to give the organ allocation committees greater confidence in the simulation outcomes used to make important policy decisions.

The Chair invited other committees to share lessons learned throughout the continuous distribution process. A member of the Lung Committee highlighted the importance of considering biological factors and making data-driven corrections to improve equity in organ allocation. The Chair emphasized a thoughtful, measured approach to implementing significant changes in organ allocation systems.

A member asked if there was any global data on patient survival and death on the waitlist in the liver thoracic area that would push the community to prioritize certain cases. Staff advised that it would be difficult to compare across organs in a consistent way. The Vice Chair asked if there were discussions about alternative ways to address biological disadvantages other than modeling with the OASIM. A member of the Lung Committee explained that the SRTR presented various options, and the committee found simulation to be the best approach for addressing issues of access and equity.

The Chair proposed taking a summary of the POC's discussion to the Executive Committee to address simulation resources.

### Next Steps:

The Continuous Distribution Project Sequencing discussion will be reviewed by the Executive Committee.

### **Upcoming Meeting(s)**

- November 7, 2024 Teleconference

## Attendance

- **Committee Members**
  - Erika Lease
  - Lorrinda Gray-Davis
  - Dennis Lyu
  - Cynthia Foreland
  - Heather Bastardi
  - Jason Huff
  - Kelley Hitchman
  - Jennifer Prinz
  - Lori Markham
  - Lisa Stocks
  - Neha Bansal
  - Rachel Miller
  - Scott Lindberg
  - Hannah Copeland
  - Steven Potter
- **HRSA Representatives**
  - Shelley Grant
- **SRTR Staff**
  - Allyson Hart
  - Nick Wood
- **UNOS Staff**
  - Lindsay Larkin
  - Cole Fox
  - Kaitlin Swanner
  - Kimberly Uccellini
  - Darby Harris
  - Eric Messick
  - Kelley Poff
  - Rebecca Goff
  - Roger Brown
  - Susan Tlusty
  - Emily Ward
  - Houlder Hudgins
  - James Alcorn
- **Guests**
  - Jondavid Menteer
  - Scott Biggins