

**OPTN Executive Committee
Meeting Summary
November 1, 2024
Webex**

Richard Formica, MD, Chair

Introduction

The OPTN Executive Committee met via Webex teleconference on 11/01/2024 to discuss the following agenda item:

1. Welcome & Announcements
2. Updated Pathogens of Special Interest from DTAC*
3. Continuous Distribution Next Steps*
4. New Project from the Policy Oversight Committee (POC)*

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

1. Welcome & Announcements

Richard Formica, Chair of the Executive Committee, welcomed the committee to the meeting and presented the agenda.

2. Updated Pathogens of Special Interest from DTAC*

Stephanie Pouch, Chair of the Disease Transmission and Advisory Committee (DTAC) presented on pathogens of special interest. Dr. Pouch shared that the OPTN Pathogens of Special Interest is a list of reportable conditions developed in consultation with the Centers for Disease Control and Prevention (CDC), and that OPTN Policy 15.4 requires organ procurement organizations (OPOs) to report deceased donor post-procurement positive results for identified pathogens to the OPTN Patient Safety Reporting Portal and to all transplant hospitals with recipients from the organ donor. Dr. Pouch shared that OPTN Policy requires DTAC to review the list annually.

Dr. Pouch shared that the committee recommends adding Mollicutes and Oropouche Virus to the list, and to add a definition for Carbapenem-resistant Enterobacterales (CRE).

Summary of Discussion:

A committee member asked if Mollicutes and Oropouche Virus are routinely screened for. Dr. Pouch explained that they are not uniformly tested for and are not part of standard testing algorithms or processes, therefore they would be reported if there is a clinical suspicion for either pathogen and were then tested for. A committee member commented that these were straightforward additions to the list, and it was important to follow the CDC's recommendations for reportable diseases.

A committee member commented that because these pathogens are not typically screened for, there would have to be a request by the transplant center or an indication to test for the pathogens, and therefore they would likely know if either of these pathogens are present after transplant has occurred. The committee discussed how long it would take to test for these two pathogens.

Vote:

The committee approved the following resolution:

RESOLVED, that the updated Pathogens of Special Interest list, as set forth in the materials distributed to the Executive Committee, on 10/29/2024, is hereby approved, effective 11/1/2024.

3. Continuous Distribution Next Steps*

Contractor staff presented potential next steps on continuous distribution for the Executive Committee to determine priority between liver and thoracic (lung and heart) to build updated simulation models in support of continuous distribution policy development. Contractor staff shared the current status of each organ in the continuous distribution framework, the overall process for optimization and modeling, and the associated timelines.

Contractor staff provided background information on the sequencing of simulation modeling and shared that the SRTR can either resume developing the liver Organ Allocation Simulation model or begin developing the thoracic Organ Allocation Simulation model. They shared that the Scientific Registry of Transplant Recipients (SRTR) could run policy scenarios for kidney and pancreas while simultaneously building the simulation for liver or thoracic. Contractor staff shared considerations for the committee to contemplate before choosing which organ should receive priority for their modeling. Contractor staff shared the associated timeline for liver going next in modeling and shared the associated timeline for thoracic to go next in modeling.

Contractor staff shared the discussion and recommendation from the Policy Oversight Committee (POC) on which organ should go next, and shared that the committee was tied after voting on which organ should go first. Heart Committee Leadership and the Liver & Intestinal Organ Transplantation Committee Leadership attended the meeting and shared their recommendations with the committee.

Summary of Discussion:

The committee discussed the next two potential organs to go in the Organ Allocation Simulation model and shared their opinions on which organ they thought should go first. Committee members considered which organ going next would have the biggest impact on the community, which is most cost effective and efficient, other efforts underway by both committees and whether a delay in modeling would affect other efforts, and the effect of committee member turnover on the success and efficiency of continuous distribution.

A committee member asked if this modeling would affect multi-organ transplants or only single-organ transplants. Contractor staff explained that the SRTR is not analyzing changes in modeling for multi-organ transplants, however, it is expected that all organs will need to make updates to policy once continuous distribution is implemented.

A committee member asked why the SRTR cannot implement modeling for both liver and thoracic simultaneously. A representative from HRSA shared that there is a capacity issue for the SRTR to perform modeling at the same time and that there was no funding to perform both simultaneously. A committee member suggested HRSA communicate with the SRTR to share information on available funding and the SRTR's ability to expand their capacity and workforce to accommodate the ask to perform both simultaneously.

Vote:

The committee voted for liver to go next in the Organ Allocation Simulation model by a vote of 6 for liver and 5 for thoracic.

Next Steps:

The committee will continue conversations on the potential to have the SRTR perform the Organ Allocation Simulation model for liver and thoracic organs at the same time.

4. New Project from the Policy Oversight Committee (POC)*

Erika Lease, Vice Chair of the Policy Oversight Committee (POC), presented a new project from the Organ Procurement Organization (OPO) Committee on a Review of Donation After Circulatory Death (DCD) Policies. Dr. Lease explained that the purpose of the project is to review DCD policies to ensure that they are relevant and align with current practice. Dr. Lease presented resource estimates, strategic goal alignment, key metrics, benefit score, and expected public comment cycle for the project. Dr. Lease shared the POC's discussion points and recommendation for the project.

Dr. Formica suggested combining this proposed project from the OPO Committee with the directive to the Operations and Safety Committee (OSC) on NRP to ensure efficiency and collaboration between the two committees. The committee discussed ways that the two projects could merge with one another.

Summary of Discussion:

The committee discussed the benefit score assigned to the project and shared that the POC classified the project from the OPO Committee to be low-cost, high benefit. A committee member asked how risk is accounted for when assigning a benefit score. Contractor staff shared that the POC plans to analyze all current OPTN projects and prioritize these projects based on benefit score.

A committee member commented that analyzing NRP and DCD policies together was an efficient practice for the OPTN to ensure all the appropriate stakeholders are part of the conversation.

Vote:

The Executive Committee approved the initiation of the following project from the Policy Oversight Committee (POC):

- Review of Donation After Circulatory Death (DCD) Policies (Organ Procurement Organization Committee)

Next Steps:

Dr. Formica asked staff to develop a proposed plan on how to merge the two projects. The Executive Director stated that contractor staff would proceed with the plan to merge the two projects as a directive from the Executive Committee.

Upcoming Meetings:

- November 14, 2024
- December 12, 2024

Attendance

- **Committee Members**
 - Andrea Tietjen
 - Dianne LaPointe Rudow
 - Emily Blumberg
 - Erika Demars
 - Jen Lau
 - Jennifer Muriett
 - Lloyd Ratner
 - Luis Hidalgo
 - Macey Levan
 - Richard Formica
- **HRSA Representatives**
 - Christopher McLaughlin
 - Frank Holloman
 - Shannon Dunne
- **UNOS Staff**
 - Anna Messmer
 - Cole Fox
 - Jacqui O'Keefe
 - James Alcorn
 - Kaitlin Swanner
 - Lindsay Larkin
 - Liz Robbins Callahan
 - Maureen McBride
 - Morgan Jupe
 - Susan Tlusty
- **Other Attendees**
 - Erika Lease
 - JD Menteer
 - PJ Geraghty
 - Scott Biggins
 - Stephanie Pouch