

**OPTN/UNOS Ad Hoc Geography Committee
Meeting Minutes
August 28, 2018
Conference Call**

Kevin J. O'Connor, Chair

Introduction

The Geography Committee met via teleconference on 08/28/2018 to discuss the following agenda items:

1. Modeling Updates
2. Geographically Isolated Hospitals
3. Policies and Bylaws that Mention DSA, Local, Region or Regional

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

1. Modeling Updates

Data summary:

- Thoracic update: work on replacing DSA continues in preparation for submitting to SRTR.
- Kidney/Pancreas update: discussions began regarding the circle size possibilities and modeling requests.
- VCA update: no modeling.

2. Geographically Isolated Hospitals

Data summary:

The issue is distribution of organs to and from geographically located hospitals, namely Puerto Rico, Hawaii, and Alaska.

There are four options for addressing the remote locations:

- Do nothing different than what is being done in the continental United States (no preferences or exceptions).
- Assume the three states are closer to the continental U.S. (ex. Alaska is right next to Seattle).
- Circles large enough to cover the three states, but smaller than national.
- Circles large enough to cover the three states, but only be used for organs to or from those states.

All options except doing nothing would encompass an additional cost for programming. Advantages and disadvantages of each option are available to Committee members via Basecamp.

Summary of discussion:

For clarification, the difference between the third and fourth options is that for the fourth option, for example, before going to national, there would be a 3,000 mile circle. It would be easier to conceptualize organs coming from the three states and more difficult identifying match runs that have the potential to send an organ to the three states.

It is more likely that a kidney or pancreas could be allocated from the three states to the continental U.S. than a heart or lung. Screening criteria for liver were changed to allow for liver offers, which might be viewed as an advantage for doing nothing. Another possibility would be making the circles around those three states larger for kidney and then smaller for other organs.

One Committee member felt this was a peripheral issue. The three areas should be considered exceptions because they are so different and the continental just the United States will be subject to the new allocation system. Data regarding organs that were transplanted coming out of the three areas is available on the AOPO site and show relatively small numbers, but not completely insignificant. The numbers are even larger for Puerto Rico than they are for Hawaii. The Committee should find a solution that makes the most sense and then have it tailored by each organ-specific committee in the way that's appropriate for that organ.

Currently the three states are attached to a region in terms of allocation. An organ recovered in Alaska (unless share for highly sensitized) would be distributed within the DSA and would be treated the same as an organ in a hospital in Seattle. The hope is that, for example, a liver coming from Alaska would go to Seattle before going to Miami. If the change would allow kidneys from Alaska to fly further than other kidneys that would demonstrate a weakness in the circles used for flying kidneys in the continental U.S. With the new distribution system, there should be changes in practices on the hospital side in terms of how they're screening and reviewing offers to make this more efficient. The Liver Committee's planned model is that the largest circle would be 500 miles and then move to national, thereby relying on the program to set their own criteria about whether they wanted to receive those offers or not.

Current ongoing discussions are only to decide on the framework of the modeling request which will be sent to SRTR. Several Committee members expressed which of the four options they preferred and why. Following the discussion, there was some confusion around specifics of four options and hesitancy to decide on a final option without more data. To ensure all Committee members could be heard, each member was given the opportunity enter a verbal vote on one of the four options (assuming it would be for all organ types).

Results were as follows: 12 A; 3 B; 0 C; 1 D.

3. Policies and Bylaws that Mention DSA, Local, Region or Regional

Data summary:

There is additional policy that mentions DSA, local, region or regional and minor amendment will need to be made to make policies operational once DSA is removed from allocation algorithms. Regions will remain in bylaws, as will review boards for some organs. Therefore, all mentions of region or DSA will not necessarily need to be changed. One instance is of variances, which currently refer to a local list within the DSA and which members need to sign off on those. One policy talks about the order of allocation and when the organ center gets involved in making offers. That policy primarily talks about going beyond the region. Also, multi-organs contain rules based on offered that are local, outside of local, and regional.

Upcoming Meetings

- September 25, 2018, 2 p.m. EDT