

OPTN Living Donor Committee Decision Data Workgroup

Meeting Summary

February 20th, 2025

Conference Call

Aneesha Shetty, MD, Chair

Introduction

The OPTN Living Donor Committee Decision Data Workgroup (“Workgroup”) met via Cisco WebEx teleconference on 2/20/2025 to discuss the following agenda items:

- Continue Review and Discuss Mockup: Form B

The following is a summary of the Subcommittee’s discussions:

Announcements

Workgroup meetings will occur two times a month in February, March, and April. The in person Living Donor Committee meets on April 23rd in Detroit.

1. Continue Review and Discuss Mockup: Form B

Please see the decisions below.

Summary of discussion:

Substance Use / Tobacco Use

1. Data Element: Alcohol consumption

Decision: One question about alcohol consumption per week (all organs) with four options: 0, 1-7, 8-14,< 14

Reasoning: Considered - Liver (frequency and drinks per week, with a range to select), All organs (more basic –Alcohol use – yes/no/unknown. If “yes” for heavy use for liver, drinks per day question should appear. There will be three options: 1-7, 8-14,< 14.

Nice to get all the detailed information, but this is often difficult to get this. This is more relevant for liver donors. The field could potentially be for liver only, not all donors. Measuring this has been a gray area for a long time. Uncertain if the program will have granular information on consumption. Important to ask all potential donors, but more granularity is needed for liver. Acceptable drinks per week is different for men or women, so selecting a range would make sense. This can be easily analyzed statistically, too. Fourteen drinks per week is the cutoff. The concern is heavy drinking. National Institutes of Health criteria can be used to guide this. The ranges can be 0, 1-7, 8-14,< 14. Easier to just do this for all organs.

Next steps: Staff to ask if the questions can be created in the system, as proposed. Group members will follow up/revisit appropriate ranges for the option for liver.

2. Data Element: History of smoking

Decision: Nicotine/Tobacco Use (yes/no/unknown), if yes, current or past?), then type - (cigarettes, cigar, vape, marijuana, oral tobacco); also separate cannabis use questions (yes/no/unknown) – if yes, multiselect (inhaled/edible) – if the person has done both, multiselect should be possible.

Reasoning: The workgroup reviewed the current lung public comment proposal to review a model for options. It might be more detail than what this group wants to collect, but it is helpful to review. The lung proposal includes these questions for all donors. It should be pared down for this project. Oral tobacco use should be captured. Smoking and tobacco could be combined in one question. Chewing tobacco details is important to get for living donors. Marijuana and nicotine smoking could be captured in the same question. There is not a place to capture oral tobacco use, either. This is especially important to get from living donors. Covering all use in one question could ensure nothing is lost, especially different age groups. Some people smoke cannabis and nicotine in the same joint. For cannabis, it can be smoked or edibles, so this needs to be a separate question. Not as much detail as lung proposal is needed. Does it matter long ago someone quit smoking? No, the person will be ruled out because of a disease captured in the donation decision data. No more info needed.

3. Data Element: Other drug use

Decision: Should be on donation decision data.

Reasoning: Not needed in clinical section because most centers would not allow someone to move forward with donation if using illicit drugs. It can be captured in donation decision data.

Donor Decision Data:

Data Element:

Decision:

Reasoning:

Lab Data Follow Up Clarifications

1. Are dates needed for labs data?

Decision: Most recent

Discussion: Most recent labs is important, and this will be at evaluation for most candidates. Numerical date is not necessarily important. Can it be auto populated? If a potential living donor completed A1 already, the hope is that any data in the form B can be auto populated. This would be a lot of information to enter by hand.

2. Should hematocrit to be included?

Decision: No, not needed

3. How should field name look for Creatinine Clearance/Measured GFR

Decision: Yes, this is the correct way to phrase it and is the common term.

Discussion: Are we reporting raw or standard? This is important for paired exchange. In help documentation, specify measured GFR available and specify raw. Is there value in reporting standard and raw? Standard, calculated by height and weight, could be calculated with information already collected. This is used to calculate body surface area. Raw provides all the information needed and the standard can be easily calculated. This would be good to ask for

feedback during public comment. Can standard be auto calculated? Possibly, but staff will determine this.

Decision Information

1. Should reasons be multi-select or only the top reason?

Decision: multi-select

Reasoning: This is important because it is often the case that there are multiple reasons.

Next Steps:

Staff will send out the form decisions up to date. The group should be able to get through all of Form B by the end of the next workgroup meeting.

Upcoming Meetings:

- 3/6/2025

Attendance

- **Committee Members**
 - Amy Olsen
 - Annie Doyle
 - Stevan Gonzalez
 - Trysha Galloway
 - Annesha Shetty
 - Jennifer Peattie
 - Michael Chua
 - Kate Dokus
- **SRTR Representatives**
 - Katie Siegert
 - Avery Cook
- **HRSA Representatives**
 - None
- **UNOS Staff**
 - Laura Schmidt
 - Sara Rose Wells
 - Cole Fox
 - Emily Ward
 - Lauren Mooney
 - Melissa Gilbert
 - Sam Weiss