OPTN Transplant Coordinators Committee
Meeting Summary
February 20, 2025
Conference Call

Christine Brenner, RN, BSN, CPTC, CCTC, Chair
Heather Bastardi, RN, MSN, CPNP, Vice Chair

Introduction

The OPTN Transplant Coordinators Committee (the Committee) met via Cisco WebEx teleconference on 02/20/2025 to discuss the following agenda items:

1. Welcome and updates
2. Checklist review feedback from MPSC
3. Public Comment Review: Escalation of Status for Time on Left Ventricular Assist Device (LVAD)
4. Public Comment Review: Continuous Distribution of Kidneys, Winter 2025
5. Public Comment Review: Modify Lung Donor Data Collection
6. Public Comment Discussion: Monitor Ongoing eGFR Modification Policy Requirements
7. Closing Remarks

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

1. Welcome and updates

The Committee received updates regarding the regional meeting schedule and was welcomed by leadership.

2. Checklist review feedback from MPSC

The Committee heard feedback from the Membership and Professional Standards Committee (MPSC) on the Operational Standardization Checklist that the Committee has worked on.

Summary of discussion:

No decisions made.

The MPSC feedback indicated ensuring language of the checklist highlights it is a guideline and not rigid. Members agreed as the intent is to support the process of policy development and not slow down the process.

Next steps:

The Transplant Administrators Committee will hear the project next, and the Data Advisory Committee will also be given an opportunity for input.

3. Public Comment Review: Escalation of Status for Time on Left Ventricular Assist Device (LVAD)

The Committee received a presentation from a representative from the Heart Committee on their public comment proposal *Escalation of Status for Time on Left Ventricular Assist Device (LVAD).*

Presentation summary:

The Heart Committee aims to prioritize adult candidates with LVADs on the transplant waitlist to prevent adverse events or device malfunctions. They propose increasing transplant opportunities for these candidates by making those with LVADs for six years eligible for status 3 and those with LVADs for eight years eligible for status 2. After 18 months the Committee proposes revisiting these time frames and shortening them to five and seven years, respectively.

The committee's goal is to align waitlist prioritization with mortality rates and improve post-transplant outcomes without negatively impacting overall waitlist mortality. Evidence shows that LVADs provide a stable alternative to transplant, but complications increase over time. The committee seeks feedback on the proposed changes and thoughts on the step-down provision after monitoring results.

Summary of discussion:

The Committee will develop a public comment response for the Heart Committee.

The Vice Chair expressed appreciation for the policy adjustments being based on changes in adult program practices and the impact on long-term patients. It was wondered if the 18-month reconsideration period might be better if that period were shortened to 6 or 12 months.

Next steps:

The Committee will submit feedback on this proposal.

4. Public Comment Review: Continuous Distribution of Kidneys, Winter 2025

The Committee received a presentation from a representative from the Kidney Committee on their public comment update, *Continuous Distribution of Kidneys*.

Presentation summary:

The Chair of the Kidney Committee provided an update on the continuous distribution project for kidneys. The update covered the committee's efforts to incorporate efficiency goals, expand non-use modeling capabilities, and develop policies. It also included progress on defining "hard to place" kidneys and developing a kidney expedited placement pathway in collaboration with the OPTN Expeditious Task Force.

The committee aims to address non-use, allocation out of sequence, and expedited placement as directed by the OPTN Board of Directors. They have expanded modeling capabilities to study efficiency and non-use metrics and requested the SRTR to assess incorporating these metrics into the allocation simulation model. The SRTR successfully modeled non-use alongside equity, access, and outcomes metrics, which will help optimize policies to meet equity and efficiency goals.

The committee is developing a data-driven definition of "hard to place" kidneys, using clinical criteria, allocation thresholds, and cold ischemic time. Potential criteria include a KDPI of at least 50, six hours of cold ischemia time, sequence number 100 or higher, hypertension history over five years, donor age 60 or older, diabetes for five years or more, DCD donors, glomerulosclerosis over 10%, and donor use of CRRT.

The Kidney Expedited Placement Workgroup is pursuing a national kidney expedited placement policy, which will operate within the current allocation framework and can be modified for continuous distribution. The committee seeks community feedback on the proposed criteria for "hard to place" kidneys, the use of historical organ offer acceptance patterns for expedited placement, and other changes to promote efficiency in continuous distribution.

Summary of discussion:

The Committee will develop a public comment response for the Kidney Committee.

A member expressed support for the possibility of a "hard to place" list or group of centers that are more aggressive and willing to accept these organs to prevent non-use. Another member expressed their support as well, asking whether there would be "opt-in" option for a list or group as their center, while not originally as aggressive, has seen this change with the hiring of new surgical staff. They expressed some concern that should prevent their center or similar centers from receiving offers of "hard to place" kidneys if the list or grouping is static. The Chair of the Kidney Committee added that this might something to consider as a key feature of the program, and it could aid in helping OPOs identify which programs will accept certain donors. They highlighted that incorporating offer filters will also be critical.

A member asked whether there is a definition or a plan to define what qualifies a transplant program as aggressive or meeting the expectations for expedited placement. They highlighted that some centers might deem themselves aggressive, but OPO staff may see more variability from their perspective. The Kidney Committee Chair offered that though this is not to be currently incorporated into policy, there is opportunity for centers to redefine themselves as needed and the expectation is also that centers will utilize offer filters to the fullest.

Next steps:

The Committee will submit feedback on this proposal.

5. Public Comment Review: Modify Lung Donor Data Collection

The OPTN Lung Transplantation Committee presented their public comment proposal *Modify Lung Donor Data Collection*.

Presentation summary:

The proposed changes are to the OPTN donor data and matching system, aiming to enhance data collection and improve efficiency. Suggested additions to data collection include: peak inspiratory pressure, cigarette smoking history, marijuana smoking history, and vaping use history. Peak inspiratory pressure would be reported alongside ventilator settings, and cigarette smoking history would include detailed information such as frequency and years smoked, allowing automatic calculation of pack years. The proposed smoking history data collection differs from the current Donor Risk Assessment Interview (DRAI) by providing more specific information.

Modifications to diagnostic testing would enable OPOs to indicate the status of tests like bronchoscopy or CT scans and select reasons for incomplete tests, streamlining communication and supporting documentation requirements.

Changes to the OPTN waiting list and offer filters were also proposed, including removing the criterion of cigarette use greater than 20 pack years and adding acceptable donor predicted total lung capacity (TLC) range. This allows transplant programs to screen donors based on predicted TLC, improving the accuracy of lung offers.

Additional data collection aims to provide necessary information for efficient decision-making on lung offers, requiring staff training and adjustments to workflows. The committee seeks feedback on the usefulness of the new data fields, potential challenges, and support from patients and donor families for streamlined communication.

Summary of discussion:

The Committee will develop a public comment response for the Lung Committee

A member noted that OPOs are usually already providing the necessary information based on feedback from lung centers and does not anticipate a significant impact on workload or training. They acknowledged that the proposal would improve lung allocation overall but raised a concern about the lack of alignment between the DRAI and existing questions. They inquired whether efforts would be made to align them with the OPTN questions or if OPOs would need to ask these additional questions independently.

OPTN Contractor Staff explained that modifying the DRAI would be challenging since it is owned by the American Association of Tissue Banks rather than OPTN. While changes are possible, they are not currently part of the proposal.

The member offered that the main burden would then be creating processes to integrate additional questions into the standardized form. While they did not see this as a major obstacle, they acknowledged that it could pose challenges for OPOs.

The Vice Chair highlighted the long-term benefits of these changes, stating that improved data clarity would reduce back-and-forth communication and streamline the process over time. The Lung Committee presenter agreed, emphasizing that optimizing filters would be key to increasing efficiency. They added that while completely screening out certain filters might be the most effective solution in the long run, having the necessary data available—or at least understanding its limitations—would help expedite organ offers when they are received.

Next steps:

The Committee will submit feedback on this proposal.

6. Public Comment Discussion: Monitor Ongoing eGFR Modification Policy Requirements

The Committee discussed the Minority Affairs Committee's proposal.

Summary of discussion:

The Committee feels the proposal is clear, excluding the requirement to backdate certain notifications as of January 4, 2024.

Members expressed overall support for the clarified language and expectations outlined in the proposal, highlighting the importance of providing clear guidance to transplant programs to ensure compliance. Concerns were raised regarding the implementation timeline, particularly the requirement for programs to retroactively meet new expectations for candidates registered from January 4th, 2024, onward. Many found this unprecedented and burdensome, stating that it would be unfair to hold programs accountable for a rule that did not exist at the time.

Additionally, members emphasized the necessity of providing adequate resources before implementation, such as standardized protocols, webinars, and FAQs, to avoid the confusion that occurred during previous policy rollouts. Concerns were also raised about the withdrawal of this proposal from the Regional Meeting Discussion agenda, as it was presented as a consent agenda item rather than an open topic for debate. Members recommended a series of webinars or communications

regarding this proposal and its changes so that the whole community can be aware of them and engage in the policy development process.

A member also brought up their concern regarding how to effectively obtain and report estimated glomerular filtration rate (eGFRs) values, as they have noticed inconsistencies at their center. A particular concern was raised regarding the use of eGFRs obtained within the first few days post-transplant. It was pointed out that a patient arriving for transplant with a critically low eGFR (e.g., 8) would likely have a post-transplant eGFR below 20 in the immediate recovery period. Another member shared that they had mistakenly submitted eGFRs from a period too close to the transplant date and found that UNOS had denied them as per policy. However, another member reported that their center had submitted similar values and had them approved, raising concerns about inconsistencies in how these modifications were being reviewed. The group discussed the potential need for an explicit policy stating a minimum required time post-transplant before an eGFR could be used for modification purposes.

Another issue raised was the recalculation of eGFR values using race-based and non-race-based formulas. One member stated that some coordinators at their center had reportedly taken a non-race-based eGFR and applied race-based calculations to it in an attempt to push the value below the eligibility threshold for wait time credit. They described this practice as ethically questionable, as it could artificially inflate the amount of wait time a candidate receives. Members agreed this was a clear violation of policy and expressed frustration that these recalculated values were being approved during the review process. One member suggested that the center should rely on established tools such as those provided by the National Kidney Foundation (NKF) or the National Kidney Registry (NKR) to ensure accuracy and prevent manipulation of eGFR values.

Next steps:

The Committee feedback will be summarized and submitted for public comment.

7. Closing Remarks

None recorded.

Upcoming Meetings

- March 10, 2025
- April 17, 2025

Attendance

- **Committee Members**
  - Anne O'Boye
  - Amy Olsen
  - Ashley Cardenas
  - Ashley Hamby
  - Brandy Baldwin
  - Eve Cabatan
  - Gertrude Okelezo
  - Heather Bastardi
  - Whitney Holland
  - Karl Neumann
  - Katherine Meneses
  - Kati Robinson
  - Nancy Rodrigeuz
  - Kenny Laferriere
  - Robin Peterson-Webster
  - Stewart Jusim
  - Stacy McKean
- **UNOS Staff**
  - Viktoria Filatova
  - Stryker-Ann Vosteen
  - Houlder Hudgins
  - Kaitlin Swanner
  - Kelley Poff
  - Rebecca Murdock
  - Ross Walton
- Other attendees
  - JD Menteer (Heart Committee Chair)
  - Jim Kim (Kidney Committee Chair)
  - Matt Hartwig (Lung Committee Chair)