OPTN

Thank you to everyone who attended the Region 9 Summer 2024 meeting. Your participation is critical to the OPTN policy development process.

Regional meeting presentations and materials

Public comment closes September 24th! Submit your comments

The sentiment and comments will be shared with the sponsoring committees and posted to the OPTN website.

Revise Conditions for Access to the OPTN Computer System

Network Operations Oversight Committee

Sentiment: 2 strongly support, 12 support, 1 neutral/abstain, 0 oppose, 0 strongly oppose
Comments: Overall, the region supports the proposal. A member requested more support for providing resources to help programs educate their teams. For example, making a slide presentation that can be downloaded by programs so they can present it to their teams, rather than programs having to recreate the slides themselves. There were several comments expressing concern that while this proposal has a worthy goal of protecting sensitive data, there needs to be more thought put into executing it in a way that does not overly burden members or make impossible requests of them. There were two attendees who requested the ability to combine multiple entities within the same institution (for example a histocompatibility laboratory and transplant center) under the same agreement. A member suggested there should be a blanket DUA for a hospital system that includes multiple entities, since a histocompatibility lab in a hospital system may not be able to execute their own DUA. An attendee requested that institutional IT departments be able to respond to system security surveys, as they have a better understanding of the system, than the assigned contact person at the transplant center or lab.

Promote Efficiency of Lung Donor Testing

Lung Transplantation Committee

Sentiment: 3 strongly support, 6 support, 4 neutral/abstain, 1 oppose, 0 strongly oppose
Comments: Overall, the region expressed support for the proposal. Several attendees expressed concern about the ability of smaller and/or rural donor hospitals to complete these tests in the required timeframes. A member also worried about the potential financial impact on OPOs to repeat the tests within the new requirements. An attendee supported the proposed guidance that states preference for imaging rather than reports, as it will be helpful for OPOs when chest x-ray readings are delayed. The member also stated support for increasing the PEEP to a range of 5-8, as typically hospitals are using a PEEP of 8 as standard.

Require Reporting of HLA Critical Discrepancies and Crossmatching Event to the OPTN

Histocompatibility Committee

Sentiment: 4 strongly support, 9 support, 1 neutral/abstain, 0 oppose, 0 strongly oppose
Comments: Overall, the region supports the proposal. A member expressed support for the proposal and for the 24 hour reporting timeframe. They requested clarification as to whether the lab who performed the typing or the lab who discovered the discrepancy would be responsible for reporting discrepancies, as they are not always the same. An attendee commented that the 24 hour timeframe is too rigid and should be expanded to 72 hours to match the transplant reporting requirements.

Update Histocompatibility Bylaws

Histocompatibility Committee

Sentiment: 3 strongly support, 9 support, 2 neutral/abstain, 0 oppose, 0 strongly oppose
Comments: Overall, the region supports the proposal to allow labs to have more than one OPTN approved Lab Director. This would allow for smoother transitions when there is a change in lab director and it would also allow easier transfer from one program to another or allow for coverage of multiple labs by a single director without duplicating certification paperwork and processes that have already been completed. In addition, there are some time sensitive elements to the certification that we could avoid having issues with if we would "certify" someone at a point in time with all of the key information documented and approved by OPTN. An attendee commented that the OPTN should consider this idea in other areas, such as with primary physicians or surgeons, as it would make personnel changes much easier.

Continuous Distribution Updates

Continuous Distribution of Hearts Update, Summer 2024

Heart Transplantation Committee

Comments: A comment was submitted online that the low prioritization of proximity efficiency in the VPE results did not seem appropriate, given the narrow travel and cold ischemic time windows for donor hearts. Another commenter stated support for the general priority of attributes, as well as the relatively low priority of the proximity efficiency attribute.

During the meeting, attendees participated in group discussions and provided the following feedback:

- The group mostly agreed with the prioritization of attributes as identified by the VPE results.
- They felt it was appropriate to prioritize medical urgency over post-transplant outcomes, as they are not well known.
- The group supported the lower relative priority for proximity efficiency.
- Those in the group with a personal connection to donation and transplant requested more information about continuous distribution that can be easily understood by the average person. A patient may not be receptive to details at the time they are listed and waiting for a transplant, but details should be available to them.

Continuous Distribution of Kidneys Update, Summer 2024

Kidney Transplantation Committee

Comments: Two comments were submitted online supporting the use of a cold ischemic time (CIT) threshold to define a kidney as "hard to place". Three online comments were made opposing the use of a (CIT) threshold to define "hard to place". An attendee noted that CIT is often not the driving factor for whether a program chooses to accept a kidney. A member stated that anatomy and biopsy results should be included in the "hard to place" kidney definition. Another attendee suggested including surgical damage during the donor operation in the "hard to place" definition. A member supported including type and severity of aortic and arterial plaques, as well as other factors identified by the OPTN Contractor in an abstract submitted to the American Transplant Congress. There were suggestions of allocation thresholds of sequence 200 or 500 being options for triggers for rescue allocation. Another attendee stated ideally it would be data-driven, but that Europe has experience with rescue allocation being triggered by declines from 5 centers, so it would be worth considering a threshold.

During the meeting, attendees participated in group discussions and provided the following feedback:

- A cold ischemic time threshold alone to define "hard to place" would not work.
- Specific anatomic considerations are hard to objectively define.
- It might make sense to combine the sequence number with other factors to create a definition of "hard to place".

Continuous Distribution of Livers and Intestines Update, Summer 2024

Liver and Intestinal Organ Transplantation Committee

Comments: An online comment stated that typically their program will drive within a 60 mile radius. Regarding utilization efficiency, a member remarked that this would allow for utilization of last minute offers, but that it will require better communication and coordination between the transplant center and the OPO about how likely it is for the patient to become primary on the offer. An attendee commented that patients with smaller tumors should not be given more points, but patients with larger tumors that grow beyond policy criteria should be prioritized. They continued to say that HCC patients should not be prioritized over patients with a lab MELD over 28, as those patients have a real risk of death if they are not transplanted quickly. A member thought that the risk of drop out for HCC patients could be aligned to the risk of mortality for non-exception patients, with points aligned accordingly.

During the meeting, attendees participated in group discussions and provided the following feedback:

- Deciding when to fly versus when to drive is dependent on where you are in the country, but no matter the distance, medically urgent patients require more travel and the medical urgency attribute will outweigh proximity.
- When awarding points for medically complex livers, it may be hard to include biopsy as there is no standardization.
- HCC is different enough that it might warrant a separate scoring system.
- Pediatric candidates should be highly prioritized, and the group suggested targeting quality livers to be split for these candidates.

Continuous Distribution of Pancreata Update, Summer 2024

Pancreas Transplantation Committee

Comments: An online comment expressed concern that encouraging OPOs to have procurement teams for all abdominal organs, including pancreas, would delay procurements even more than they are now. Another member noted that currently good quality kidneys are being separated from pancreata due to multi-visceral transplants.

During the meeting, attendees participated in group discussions and provided the following feedback:

- Pancreas transplants are limited, so utilizing virtual trainings and refresher courses would help increase awareness and experience.
- The group stated having reliable relationships with OPOs is also key.
- Having outreach with the endocrinology community would help with having more dedicated pancreas transplant directors.

Updates

Councillor Update

- Comments: No comments.

OPTN Patient Affairs Committee Update

- Comments: No comments.

OPTN Executive Committee Update

- Comments: A member suggested that NRP donors be added to organ offer filters, and that the SRTR should consider eliminating race from risk adjustment models. Attendees had questions about the contracts and the future role of the current OPTN contractor, some expressed concern for the potential loss of institutional knowledge and experience. It was clarified that HRSA will be ultimately selecting the contractors, but that the OPTN Board can give their input. A member hoped that there might be provisions being made in the future to allow for federal funding for machine perfusion so there would be more equitable access to machine-perfused organs. An attendee was concerned about recent significant delays with kidneys and inquired whether there is any talk of prioritizing flights with organs on board for take off and landing. It was clarified that currently flights with an organ on board qualify for medevac priority, but the problem is that the flight crew are not always aware there is an organ present. An attendee shared that some OPOs have built relationships with airlines to help with transportation issues and encouraged transplant centers and OPOs to complain about the cost more vocally.

Update from the Expeditious Task Force

- Comments: An attendee suggested more collaboration between the Task Force and the OPTN Kidney Transplantation Committee, as they are working on similar projects.

HRSA Update

- Comments: An attendee encouraged HRSA to make sure to include existing OPTN volunteers when engaging a new contractor who will be considering changes to the policymaking process. It was clarified that for the Pre-Waitlist: Referral and Evaluation Registration Forms (RERF), “referral” means an official referral for transplant.