

## **OPTN Organ Procurement Organization Committee**

### **Meeting Summary**

**May 22, 2025**

**Conference Call**

**PJ Geraghty, MBA, CPTC, Chair**

**Lori Markham, RN, MSN, CCRN, Vice Chair**

### **Introduction**

The OPTN Organ Procurement Organization Committee (the Committee) met via WebEx teleconference on 05/22/2025 to discuss the following agenda items:

1. Welcome
2. Review and Vote: Machine Perfusion/Normothermic Regional Perfusion Data Collection Proposal
3. Review and Vote: Donation After Circulatory Death Policy Review
4. Open Forum

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

#### **1. Welcome**

The Chair welcomed the members to the meeting and reviewed the agenda.

#### **2. Review and Vote: Machine Perfusion/Normothermic Regional Perfusion Data Collection Proposal**

The Chair presented the proposed data collection regarding machine perfusion and normothermic regional perfusion (NRP), associated changes to OPTN policy, and additional topics on which to request public comment feedback.

##### Summary of discussion:

**Decision #1:** The Committee voted to approve sending the proposal out for public comment (11-yes, 0-no, 0-abstain).

The Chair noted that the proposed data collection on who performed NRP may benefit from additional public comment feedback. The Vice Chair noted that where the perfusion was initiated was one of the data fields and asked if that should be made clearer. The Chair agreed with that change.

The Committee discussed the proposed changes to the definition of warm ischemic time. The Workgroup had discussed removing the references to the systolic pressure thresholds in the definition of warm ischemic time. The Committee noted that the definition still needs to include a start time for warm ischemic time, particularly since this data field is used in kidney offer filters. The Committee discussed requesting public comment feedback on whether time of withdrawal of life sustaining therapies or time of cardiac arrest could be used as the start time for calculating warm ischemic time. The Vice Chair said that the existing data field on warm ischemic time has lost its value and may not be suitable as an offer filter in its present state. The Chair recommended replacing "initiation of core cooling" with "initiation of cold flush or normothermic regional perfusion." The Committee supported sending these concepts out for public comment for additional feedback. OPTN contractor staff noted

that core cooling is referenced in other data definitions, so the Chair recommended keeping “core cooling” in the definition for now.

The Committee will request additional public comment feedback on the following:

- Requiring reporting of clinical information, such as Glucose, ABGs, AST, ALT, during the NRP process
- Changing cross clamp time:
  - Option 1: Keep cross clamp time and add secondary cross clamp time for certain NRP scenarios
  - Option 2: Remove cross clamp time and use flush times (pending implementation)
    - Rationale – A single cross clamp time does not work in certain NRP scenarios. Specific flush times are more accurate and would allow for more precise calculation of ischemic time
      - Abdominal aorta flush time (in situ)
      - Portal vein flush time (in situ)
      - Thoracic aorta flush time (in situ)
      - Pulmonary artery flush time (in situ)

The Committee voted to approve sending the proposal out for public comment (10-yes, 0-no, 0-abstain).

### **3. Review and Vote: DCD Policy Review**

The Vice Chair presented the proposed changes to OPTN policy regarding Donation After Circulatory Death (DCD).

#### Summary of discussion:

**Decision #2:** The Committee voted to approve sending the proposal out for public comment (11-yes, 0-no, 0-abstain).

A member asked if references to the deceased donor’s agent need to be modified to address situations in which living patients can authorize their own donation. The Vice Chair said the Workgroup considered that, which is why the policy accounts for first person authorization as well as the deceased donor agent for donors who cannot give first person authorization, and there is still a separate policy for consent to account for procedures prior to DCD. A member said that a local hospital tends to have questions about first person authorization prior to the donor’s death. OPTN contractor staff asked if referring to the “potential deceased donor agent” would be clearer. The Committee agreed to leave the language as is for now for public comment feedback.

The Committee voted to approve sending the proposal out for public comment (11-yes, 0-no, 0-abstain).

### **Upcoming Meeting**

- June 12, 2025

## Attendance

- **Committee Members**
  - PJ Geraghty, Chair
  - Lori Markham, Vice Chair
  - Theresa Daly
  - Stephen Gray
  - Rachel Markowski
  - Lee Nolen
  - Shane Oakley
  - Ann Rayburn
  - Sharyn Sawczak
  - Judy Storfjell
  - Greg Veenendaal
  - Kerri Jones
- **SRTR Staff**
  - Jon Miller
  - Katie Siegert
- **UNOS Staff**
  - Kevin Daub
  - Houlder Hudgins
  - Alina Martinez
  - Ethan Studenic
  - Kaitlin Swanner
  - Susan Tlusty
  - Ross Walton