

**OPTN Organ Procurement Organization Committee  
Meeting Summary  
February 15, 2024  
Teleconference**

**PJ Geraghty, MBA, CPTC, Chair  
Lori Markham, RN, MSN, CPTC, CCRN, Vice Chair**

## Introduction

The OPTN Organ Procurement Organization (OPO) Committee met via WebEx teleconference on 2/15/2024 to discuss the following agenda items:

1. Pronouncement of Death Proposal – Public Comment Update
2. Modify Effect of Acceptance
3. Concepts for Modifying Multi-Organ Policies
4. Standardize the Patient Safety Contact and Reduce Duplicate Reporting

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

### 1. Pronouncement of Death Proposal – Public Comment Update

OPTN contractor staff provided a group with updates regarding the OPO Committee’s public comment proposal to *Clarify Requirements for Pronouncement of Death*.<sup>1</sup>

#### Presentation Summary:

An anonymous commentor commented on 1/30/2024, “With transplant stigmas being that the doctors will not save you if you are an organ donor it may be a good foundation to have cut and dry requirements to check off.”

#### Summary of discussion:

**The Committee did not make any decisions.**

### 2. Modify Effect of Acceptance

The Chair of the Multi-Organ Transplantation (MOT) Committee presented the *Modify Effect of Acceptance Policy* proposal that is currently out for public comment.<sup>2</sup>

#### Presentation Summary:

#### Purpose:

- The purpose of the proposed policy is to clarify when a single organ offer acceptance takes priority over a required MOT share

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<sup>1</sup> “Clarify Requirements for Pronouncement of Death,” OPTN, Public Comment Proposal, available [https://optn.transplant.hrsa.gov/media/e5up1wpg/opo\\_pronouncement-of-death\\_pc-proposal\\_winter-2024.pdf](https://optn.transplant.hrsa.gov/media/e5up1wpg/opo_pronouncement-of-death_pc-proposal_winter-2024.pdf).

<sup>2</sup> “Modify Effect of Acceptance,” OPTN, Public Comment Proposal, available [https://optn.transplant.hrsa.gov/media/vnvlezd1/mot\\_modify-policy-effect-of-acceptance\\_pcjan24.pdf](https://optn.transplant.hrsa.gov/media/vnvlezd1/mot_modify-policy-effect-of-acceptance_pcjan24.pdf).

Proposal:

- This proposal will clarify that when a primary single organ is declined after an organ has been accepted, the OPO is not required to allocate to required MOT shares since a second organ is no longer available

#### 5.6.D Effect of Acceptance

When a transplant hospital accepts and OPO's organ offer without conditions, this acceptance binds the transplant hospital and OPO unless they mutually agree on an alternative allocation of the organ.

If an organ has been accepted by a transplant program, that organ is no longer available for subsequent offers, including those according to *Policy 5.10: Allocation of Multi-Organ Combinations*.

Summary of discussion:

**The Committee did not make any decisions.**

A member raised a question concerning the protocol for allocation and organ acceptance if a situation arises where an initial acceptance falls through early in the process, leaving the organ technically available for other multi-organ transplantation (MOT) allocations. She wondered if, in these cases, the OPO would have to go back to allocating to a candidate on the MOT list or if they could continue allocating to single organ lists.

In response, the presenter clarified that as long as the second organ had not been placed, organ procurement organizations were permitted to continue moving forward with allocation. Emphasizing the rationale behind this policy change, the presenter highlighted the importance of avoiding delays in organ allocation and ensuring that organs are not held unnecessarily or that the allocation process is restarted in such circumstances.

A group member offered a cautionary perspective regarding the inclusion of specific time frames within the policy. She expressed concern that setting rigid time frames, such as enacting the policy only after the operating room (OR) has been scheduled, could potentially hinder the process by introducing unnecessary delays. She was supportive of the policy and its absence of a specified timeframe and hoped that would remain in the future.

Next steps:

OPTN contractor staff and Committee leadership will compile the group's feedback to submit a public comment on the proposal on behalf of the OPO Committee.

### **3. Concepts for Modifying Multi-Organ Policies**

The Chair of the MOT Committee presented a request for feedback project on *Concepts for Modifying Multi-Organ Policies* that is currently out for public comment.<sup>3</sup>

Presentation Summary:

Purpose of Request for Feedback:

- Request feedback from the community to inform future policy proposals
- Committee's goal is to establish an updated framework for kidney MOT allocation

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<sup>3</sup> "Concepts for Modifying Multi-Organ Policies," OPTN, Request for Feedback, available [https://optn.transplant.hrsa.gov/media/vnvlezd1/mot\\_modify-policy-effect-of-acceptance\\_pcjan24.pdf](https://optn.transplant.hrsa.gov/media/vnvlezd1/mot_modify-policy-effect-of-acceptance_pcjan24.pdf).

Summary of discussion:

**The Committee did not make any decisions.**

In response to a question concerning the course of action when only one viable kidney is available for transplantation from a donor, a member highlighted the prevalence of instances where kidneys sustain surgical damage, a scenario more common than generally perceived. Addressing the dilemma of determining which patient receives the compromised kidney, the member emphasized the necessity for guidance in such situations. She underscored the importance of having clear protocols or guidelines to navigate these circumstances effectively, facilitating fair decision-making processes.

In a separate contribution, another member underscored the need for guidance specifically regarding the allocation of kidneys to MOT candidates. They pointed out the current lack of clear direction or standardization in this aspect of organ allocation. Highlighting the significance of establishing guidelines to ensure equitable allocation practices, the member emphasized the potential benefits of providing clarity and consistency in the allocation process for MOT candidates.

The presenter questioned what the group thought about the allocation of two kidneys from donors with a Kidney Donor Profile Index (KDPI) of 0-34%. She wondered whether the Committee thought one kidney should be allocated to the MOT list while the other is allocated to the kidney alone list. The Chair of the Committee weighed in, expressing concerns about potential drawbacks to such a scheme, particularly for MOT candidates requiring kidney-pancreas (KP) transplantation. He emphasized that such an allocation strategy might disadvantage KP candidates the most, citing the rarity of OPOs being able to place a pancreas with the kidney. This limitation, he argued, could hinder OPOs from placing pancreases due to the restriction of only one kidney being allocated to the MOT list. Several Committee members echoed his concerns, acknowledging the challenges faced by KP candidates under this allocation approach.

In response to these concerns, a participant proposed that kidney-pancreas candidates might necessitate their own distinct allocation group. She reasoned that given the difficulty in finding recipients willing to accept a pancreas without the accompanying kidney, prioritizing KP candidates appropriately would be essential to maximize organ utilization.

Next steps:

OPTN contractor staff and Committee leadership will compile the group's feedback to submit a public comment on the proposal on behalf of the OPO Committee.

**4. Standardize the Patient Safety Contact and Reduce Duplicate Reporting – DTAC**

The Vice Chair of the Disease Transmission Advisory Committee (DTAC) presented their *Standardize the Patient Safety Contact and Duplicate Reporting* proposal.<sup>4</sup>

Presentation Summary:

Purpose of Proposal:

- Improve the functionality of the Patient Safety Contact (PSC) and infectious disease reporting processes

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<sup>4</sup> "Standardize the Patient Safety Contact and Reduce Duplicate Reporting," OPTN, Public Comment Proposal, available [https://optn.transplant.hrsa.gov/media/1g5jpn0p/dtac\\_patient-safety-contact\\_jan24pc.pdf](https://optn.transplant.hrsa.gov/media/1g5jpn0p/dtac_patient-safety-contact_jan24pc.pdf).

- Eliminate duplicate reporting of recipient illness to the OPTN Improving Patient Portal

**Proposal:**

- Require a listed secondary contact
- Require the PSC work at the institution for which they are listed
- Require a self-audit for OPOs and transplant programs to verify PSC is up to date in the OPTN Computer System every six months
- Require notification of deceased donor potential disease transmissions through system enhancement
  - Transplant program will have to confirm receipt through enhancement
  - Establishes a 24-hour timeframe for confirmation or receipt
- Eliminate the need for OPOs to report recipient illness to the OPTN
  - Will still need to report to other affected transplant programs

**Summary of discussion:**

**The Committee did not make any decisions.**

A participant noted the frequent involvement of third-party organ offer companies in transplantation processes. Expressing support for the idea, she emphasized the importance of conducting PSC work within the designated facility.

In response to a question regarding the potential consequences of eliminating the need for OPOs to report recipient illness to the OPTN, a member acknowledged the possibility of missed reporting. However, she pointed out that OPOs typically report information based on what they have been informed by transplant centers. As a result, she argued that there should be accountability for the individuals directly aware of the events, suggesting that the responsibility should lie with the transplant centers rather than the OPOs. Consequently, she expressed agreement with the idea of eliminating the requirement for OPOs to report to the OPTN.

Another member added to the discussion, highlighting the existence of a policy mandating OPOs to report any new information to the OPTN within 24 hours. This policy, she suggested, ensures that critical information is still promptly communicated to the OPTN despite the potential elimination of the broader reporting requirement.

**Next steps:**

OPTN contractor staff and Committee leadership will compile the group's feedback to submit a public comment on the proposal on behalf of the OPO Committee.

**Upcoming Meeting(s)**

- March 14, 2024
- March 27, 2024

## Attendance

- **Committee Members**
  - PJ Geraghty
  - Lori Markham
  - Doug Butler
  - Valerie Chipman
  - Theresa Daly
  - Micah Davis
  - Sam Endicott
  - Erin Halpin
  - Kevin Koomalsingh
  - Leslie McCloy
  - Sharyn Sawczak
  - Kurt Shutterfly
  - Greg Veenendaal
- **HRSA Representatives**
  - Jim Bowman
  - Mesmin Germain
- **SRTR Staff**
  - Jon Miller
- **UNOS Staff**
  - Kayla Balfour
  - Kevin Daub
  - Alina Martinez
  - Sarah Roache
  - Katilin Swanner
  - Kayla Temple
  - Tamika Watkins
- **Other Attendees**
  - Stephanie Pouch
  - Lisa Stocks