OPTN

Thank you to everyone who attended the Region 7 Winter 2023 meeting. It was great being back in person and still having an option for you to join virtually. We plan to continue providing both options.

Regional meeting presentations and materials

Public comment closes March 15! Submit your comments
The sentiment and comments will be shared with the sponsoring committees and posted to the OPTN website.

Non-Discussion Agenda

Modify Heart Policy for Intended Incompatible Blood Type (ABOi) Offers to Pediatric Candidates *OPTN Heart Transplantation Committee*

Sentiment: 4 strongly support, 7 support, 2 neutral/abstain, 1 oppose, 0 strongly oppose
Comment: A member commented that this is fair and sensible and if it will decrease infant mortality, it should move forward with close monitoring.

Improve Deceased Donor Evaluation for Endemic Diseases, OPTN Ad Hoc Disease *Transmission Advisory Committee*

Sentiment: 4 strongly support, 6 support, 1 neutral/abstain, 3 oppose, 0 strongly oppose
Comments: An attendee, in support of the proposal, recommended the proposal could allow an informed decision to use known infected organs with decreased probability of problems for the recipient. There were several comments that this would increase cost, add logistical challenges that could potentially result in loss of donation opportunities.

Align OPTN Kidney Paired Donation Blood Type Matching Policy and Establish Donor Re-Evaluation Requirements, *OPTN Kidney Transplantation Committee*

Sentiment: 3 strongly support, 10 support, 2 neutral/abstain, 0 oppose, 0 strongly oppose
Comments: A member commented that administrative requirements are kept to a minimum for potential donors as the more intrusive the requirements are, the more likely it might be that those volunteering become disconnected over time, especially if they are a non-directed donor.

Discussion Agenda

Require Human Leukocyte Antigen (HLA) Confirmatory Typing for Deceased Donors, *OPTN Histocompatibility Committee*

Sentiment: 2 strongly support, 3 support, 2 neutral/abstain, 3 oppose, 5 strongly oppose
Comments: The region was generally not supportive of this proposal. There was significant discussion that the increased cost and workload is out of proportion to the problem and that more data and root cause analysis is needed. Members expressed concern that confirmatory testing will not get to the root of the problem and may not prevent or solve the problem of switched samples. There was agreement that safety is important, however, members commented that there could be unintended consequences. One attendee raised the question of what should be done when there are discrepant results in the typing. Another member commented that when continuing to add requirements to OPOs and transplant

hospitals, we need to keep in mind the overall collective work requirements and continuously manage the process to prevent organ loss due to administrative processing times. A member in support of the proposal commented that the positive outcomes outweigh the requirements for implementation and highlighted content from the proposal.

Ethical Evaluation of Multiple Listings, *OPTN Ethics Committee*

Sentiment: 4 strongly support, 4 support, 1 neutral/abstain, 5 oppose, 1 strongly oppose
Comments: Members expressed concern that this restricts access without presenting a plausible solution; someone well connected could still game the system by being classified as medically complex so still does not level for socioeconomic status. Several members commented that it is important to reduce socioeconomic disparities in access to transplant, but restricting multi-listing and patient autonomy may not accomplish that as more advantaged patients will still be able to have multiple evaluations and travel to a center more likely to transplant them. Geographic disparities, access to organs, and behavior differences across centers impact the likelihood of transplant. A member commented that for a patient who is challenging to transplant, such as a highly sensitized patient, finding a center that will take the risk to transplant them is more important than multi-listing; allocation changes to prioritize the highest PRA patients has addressed some of the geographic advantages. A member suggested there should be a mechanism to allow people to quickly cancel their listing at one center and list at another as they learn more how individual centers approach their circumstance. Another member commented that it is important to keep the patient as top priority as the patient, transplant program, and insurer work together and keep autonomy for multiple evaluations.

A member commented from an OPO perspective that addressing disparities in socioeconomic status would improve trust in the system, resolve concern that their loved one's organs will not be fairly allocated, and hopefully impact willingness to consent to donation. One member stated that they are appreciative of the work and thinks the best solution is to find a way to best connect a patient to the best program for them from the start; transparent selection criteria may help patients identify the best center and avoid the need for multiple evaluations.

Members commented that all patients should have equal access to transplant, especially pediatric patients and a request to include data on pediatric multi-listing was made and that the white paper accomplishes the purpose of generating thought and critical discussion.

National Liver Review Board (NLRB) Guidance for Multivisceral Transplant Candidates, *OPTN Liver and Intestinal Organ Transplantation Committee*

Sentiment: 0 strongly support, 10 support, 1 neutral/abstain, 3 oppose, 0 strongly oppose
Comments: Members commented that exception points should be capped and that the prioritization amount should be revisited to avoid a cost to patients that are not multivisceral candidates

Another member agrees with the proposed guidance to increase the opportunity for more severely ill patients to receive a multivisceral transplant. A member commented that the number of people on the waitlist has steadily decreased since the implementation of acuity circles and evidence that it is working. Increased multivisceral candidate mortality is an unfortunate unintended consequence for a relatively small group that has very specific and restrictive transplantation requirements. They support

implementing this proposal with continuous review to ensure that it working to reduce MV waitlist time and removal due to death and that it does not have its own unintended consequences after implementation. Most important is to track the effect to the liver-alone candidates given that the needs of MV require complex circumstance with high quality organs for transplant. This does need to be closely watched if implemented, to track the consequences. It is a very small group, so the consequences may be minimal.

Update on Continuous Distribution of Livers and Intestines, *OPTN Liver and Intestinal Organ Transplantation Committee*

Feedback only, no sentiment count
Comments: Several members commented that more information was needed for the split liver attribute including how center practices affect allocation. Several members stated that post-transplant outcomes should be included in the attributes. A member commented that points for women, size, and race should be included. A member asked that priority be given to important attributes and commented that waiting time is not the best way to allocate livers as patients can be listed without a need for transplant just to start gaining time.

Continuous Distribution of Kidneys and Pancreata, *OPTN Kidney Transplantation Committee and Pancreatic Transplantation Committee*

Feedback only, no sentiment count
Comments: A member commented that they appreciate the consideration for modeling complex situations and considering special exception requests.

Establish Member System Access, Security Framework, and Incident Management and Reporting Requirements, *OPTN Network Operations Oversight Committee*

Sentiment: 2 strongly support, 8 support, 2 neutral/abstain, 1 oppose, 1 strongly oppose
Comments: A member commented that they support the framework and although it seems like an additional burden, people should already be doing it. A member commented that personal devices should be included if they are used for patient data processing. A member commented that notifications should be required for security breaches and there should be levels of severity for types of contact where an incident is documented all the way to a serious breach where there is immediate notification.

Optimizing Usage of Offer Filters*, OPTN Operations & Safety Committee*

Sentiment: 7 strongly support, 5 support, 0 neutral/abstain, 2 oppose, 0 strongly oppose
Comments: Several members commented that it is important for patients to have an understanding of the filters and how transplant hospitals use them. One attendee added that this is the type of thing that would be helpful when comparing hospitals or considering multi-listing. Another recommended that patients be involved in the creation of educational offerings, which need to be more robust than a brochure. Several attendees commented on the three month timeframe and there was not agreement if it was the right cadence. There were comments that three months is too soon and resetting would be a burden, especially on a small center. Others commented that three months is too long and does not support optimizing organ utilization and changes to practice. A member recommended that OPOs should have access to this information, especially the offer explorer. Several members voiced support for the use of offer filters to improve efficiency and reduce cold ischemic time and are interested in

learning more, including how it can impact their organ acceptance rate. One member commented that this is a good warm up to mandatory filters and supports mandatory filters as long as there is an option to apply for a change in the case of personnel changes.

Identify Priority Shares in Kidney Multi-Organ Allocation, *OPTN Ad Hoc Multi-Organ Transplantation*

Feedback only, no sentiment count

Comments: Many members commented that more guidance and efficiency is needed around Multi-organ allocation. Some of the impacts discussed include setting O.R. time, not being able to offer kidneys earlier, which multi-organ combinations should get priority or offered first, and late turndowns. Several members brought up the impact that this has on patients from the standpoint of knowing when to call a kidney candidate in for an offer and then when they are called in, having to tell them that the kidney is no longer available. Members recommended that a time limit (4 hours and 6 hours prior to O.R. were suggested) should be implemented for when a kidney has to be released to the kidney list. A member recommended that all organ combinations with kidney carry equal weight and we should look into waiting time or another attribute to be the tiebreaker. Several members suggested that one kidney from a donor be allocated to the kidney list and the other can be allocated with a multi-organ offer. Members commented that priority should be given to candidates that will benefit the most from the transplant; a multi-organ candidate should be healthy enough for a high probability of success or the kidney should go to a kidney alone candidate. A member commented that the safety net should be emphasized; it is important to consider acute vs chronic disease. Members shared feedback that pediatric, highly sensitized (>99%), and medically urgent kidney alone candidates should receive priority over multi-organ candidates and prior living donors should receive priority when they are medically competitive for transplantation with other candidates to help encourage more donations and to follow through on what potential living donors are told.

Expand Required Simultaneous Liver-Kidney Allocation*, OPTN Ad Hoc Multi-Organ Transplantation*

Sentiment: 0 strongly support, 10 support, 2 neutral/abstain, 2 oppose, 0 strongly oppose

Comments: A member commented that multi-organ allocation is already challenging and having to offer up to 500NM could prolong allocation of other organs and could potentially increase non-utilization. Another member commented that this will further disadvantage kidney candidates and utilization. Another member supports the increase to 500NM as long as it is closely monitored for negative consequences.

Updates

OPTN Predictive Analytics

Comments: A member commented that patients should be a part of decision making but the pathway to be aware of the offers that they are getting and the offers that their doctors are declining is difficult. Another member commented that human behavior is a factor that is going to be different from the control group. They also stated that KDPIU changes throughout allocation process, and that many factors impact organ usage such as cold ischemic time or organ damage. Another member

recommended providing access to OPOs to promote collaboration between OPOs and transplant programs.

OPTN Membership and Professional Standards Committee Update

Comments: A member commented that organs allocated out of sequence are usually done to prevent non-utilization. Another member commented on recent negative press and would like to see more communication on how to preserve faith in the transplant system. Members discussed that there needs to be a definition for late turndowns to improve accountability.

OPTN Executive Committee Update

Comments: A member encouraged the expansion of offer filters to other organs. Another member suggested that committees conduct an evaluation of waitlist efficiency.