

**OPTN Living Donor Committee  
Meeting Summary  
December 13, 2023  
Conference Call**

**Nahel Elias, MD, Chair  
Stevan Gonzalez, MD, Vice Chair**

## **Introduction**

The OPTN Living Donor Committee (LDC), the Committee, met via WebEx teleconference on 12/13/2023 to discuss the following agenda items:

1. Announcement and Welcome
2. One Year Living Donor Exclusion Criteria Monitoring Report
3. Open Forum Introduction

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

### **1. Announcement and Welcome**

The Chair of the Committee welcomed the group and informed members that the meeting was being livestreamed. He also reminded the Committee that their in-person meeting will take place in Houston, TX on February 9, 2023.

The Chair also provided a brief overview of the recent Board of Directors meeting. He shared updates on the upcoming contract bid and Board separation. In addition, he mentioned that the OPTN Expeditious Taskforce plans to focus on improving efficiency and reducing organ non-use in the system. Relevant to the Living Donor Committee, the OPTN may also work to increase the numbers of living donors across the country.

#### Summary of discussion:

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

A member highlighted the potential for creating opportunities to ensure access and resources for individuals willing to be living donors. The suggestion involves providing the necessary support and resources to those who choose to come forward, with the aim of theoretically increasing the number of living donations. This approach not only addresses the immediate needs of potential donors but also has an indirect positive impact on supporting safety and efficiency efforts.

### **2. One Year Living Donor Exclusion Criteria Monitoring Report**

An OPTN contractor staff member reviewed the Living Donor Exclusion Criteria One Year Monitoring Report.<sup>1</sup>

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<sup>1</sup> Living Donor Exclusion Criteria One Year Monitoring Report, OPTN Living Donor Committee, 2023

### Presentation summary:

#### Background:

- Policy goal: to ensure the relevancy of living donor exclusion criteria
  - Maintain living donor and recipient safety
  - Transplant centers may use additional restrictions
- The policy is also intended to expand opportunities for donors with well controlled cancer or well controlled diabetes

#### Conclusions:

- There was a slight increase in living donors following implementation of the policy
  - The change is unlikely to be driven primarily by the Exclusion Criteria policy
- There are ongoing challenges in collecting diabetes information in the living donor registry
  - This can be addressed in a data collection project
- There was a small increase in the number of living liver donors with a history of malignancy
  - The sample sizes are too small to draw conclusions

### Summary of discussion:

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

A member expressed concerns regarding the data being captured in the post-policy implementation era, particularly focusing on the evaluation period for living donors, which can span months and be quite extensive. The member pointed out that many donors would have undergone evaluation prior to the policy change, raising questions about the adequacy of the current data being collected. In response, an OPTN contractor staff acknowledged the validity of the concern, stating that a two-year monitoring report is likely to be produced. Furthermore, the staff clarified that the Committee has the authority to request an extension of monitoring data, addressing the need for more comprehensive and representative post-policy implementation data.

The Chair of the Committee acknowledged the members concern regarding the post-era data and emphasized that the current data primarily reflects short-term outcomes. The Chair expressed the Committee's aspiration to gather and analyze long-term data and follow-up information to enable a future reassessment of the policy's appropriateness. Although the OPTN does not capture the donor evaluation date, the OPTN contractor staff suggested exploring methods that appropriately exclude donors who were evaluated in the pre-era but donated in the post-era.

A member pointed out that the information on diabetes may not be sufficiently captured due to a potential lack of mandatory testing for diabetes at transplant centers. The member emphasized that not all patients with diabetes might be included in the data set, leading to potential inaccuracies in the analysis. To address this, the member suggested the implementation of more stringent guidelines for screening for diabetes. She expressed doubt about the current adequacy of testing practices and advocated for a more comprehensive approach to ensure accurate and inclusive data.

Several members concurred on the necessity for long-term data, emphasizing that the information provided in the monitoring report is only preliminary. One member stressed the need to ascertain detailed data on donors with diabetes or cancer. For example, this clinician highlighted the importance of obtaining detailed information such as the duration of the cancer and its staging. In response, the OPTN contractor staff acknowledged these concerns and will consider them for the next report.

During the discussion, a member raised a question about whether there is a mechanism, such as surveys, for gathering feedback on how policy changes impact the processes or management of living donor programs for transplant centers. In response, the OPTN contractor staff acknowledged the importance of exploring and potentially incorporating them into the data-gathering process.

Next steps:

OPTN contractor staff will take the Committee's suggestions into consideration as they produce the two-year monitoring report.

**3. Open Forum Introduction**

OPTN contractor staff introduced the recent open forum changes for Committee meetings.

Presentation summary:

- OPTN meetings are open to the public unless the meeting meets the definition of a closed session
- To promote transparency, at least five minutes of each meeting will be reserved for Open Forum
- Open Forum allows the public to address the committee directly
- Leadership may respond, or direct a member to respond
- Committee members should listen to the guest and not respond unless asked by Committee leadership

Summary of discussion:

During the discussion, a member inquired about the availability of the agenda for public access before the meeting. In response, the staff mentioned that this is still a matter under consideration and will be addressed in the future.

Additionally, a member asked whether there would be legal representation or guidance for open forum speakers or other events involving difficult questions. OPTN contractor staff acknowledged potential challenging queries from the public and emphasized that the goal of the open forum is not necessarily to answer questions on the spot. Instead, they may be addressed later if they fall outside the scope of the OPTN or the Committee, or if there is a more suitable person to provide answers.

**Upcoming Meeting(s)**

- January 10, 2024

## Attendance

- **Committee Members**
  - Danielle Reuss
  - Anita Patel
  - Tyler Baldes
  - Annie Doyle
  - Stevan Gonzalez
  - Dylan Adamson
  - Nancy Marlin
  - Nahel Elias
  - Henkie Tan
  - Camille Rockett
  - Ashtar Chami
  - Kelley Kitchman
  - Karen Ormiston
- **HRSA Representatives**
  - Jim Bowman
  - Mesmin Germain
  - Vanessa Arriola
  - Arjun Naik
- **SRTR Staff**
  - Katie Siegert
- **UNOS Staff**
  - Sam Weiss
  - Meghan McDermott
  - Kieran McMahan
  - Sara Langham
  - Cole Fox
  - Jen Wainwright
  - Jenna Reformina
  - Emily Howell