

OPTN/UNOS Transplant Coordinators Committee
Live Meeting
Interim Report
November 23, 2010

The *purpose* of this Live Meeting was to provide work group updates and an update on the Tiedi Documentation Project and; review and vote on the proposed policy modifications (with the exception of the MPSC proposals) currently out for public comment

Old Business

Working Group Updates -

The folks on the Kidney Paired Donation working group will be conferencing after each match run is complete. It was also noted that www.MSNBC.com has a story about this system under the health section.

Tiedi Documentation Project –

It was noted that the committee needed to regroup and a smaller group identify and review the fields on Transplant Recipient Registration form that impact survival calculations. We anticipate a call in January and folks are asked to volunteer for the group.

It was noted that the Post Transplant Follow Up forms in Tiedi contain good definitions in the help documentation. It was suggested that there be a tutorial on how to access the help documentation on next call. This will be given by Stacey Burson.

New Business

A. Presentation of proposals: [please refer to power point slides]

Discussion ensued for each corresponding proposal:

1. Living Donor Proposal –

Q: What happens if you go to a local hospital that is not an OPTN member and a surgeon takes your kidney, how will they know it's not allowed to work up donors at these hospitals?

A: They will know if they are an OPTN member; it is up to the recipient center to make sure they only accept an organ from an OPTN member.

Voted in Support 10:0:0

2. Thoracic Proposals –

The proposal to *clarify adult heart status 1A language to enable consistent interpretation of policy and reflect current programming in UNet* will be reviewed again for a vote.

There was some confusion that this proposal was already passed by the Board of Directors in November.

The proposal passed by the Board of Directors this past November “*a candidate with a total artificial heart who has been discharged from the listing hospital may be listed as Status 1A for 30 days at any point in time after the discharge*” is the same proposal as what is out for public comment currently. Since there were patients being discharged and sent home for a total artificial heart trial, there needed to be an expeditious ruling from the Board to allow these patients to keep their 1A Status and not downgrading them to 1B. This policy will expire on December 1, 2011 and be reconsidered by the Board of Directors in November 2011.

The proposal to *require collection of human leukocyte antigen (HLA) type for thoracic organs was reviewed*. There were no comments and the committee **Voted in Support – 11:0:0**.

3. Operations and Patient Safety Proposal –

Comments:

This proposal is prohibiting the storage of Hep C Antibody positive and Hepatitis B Surface Antigen Positive Extra Vessels when they are not transplanted into the intended recipient for whom the organ and extra vessels were procured.

There was discussion regarding a bullet stating the policy:

- **Removes requirement for implanting TXC to provide detailed explanation to OPTN when hepatitis positive extra vessels are transplanted into a secondary recipient.**

It was noted that if you can't store the positive vessels, you cannot transplant into a secondary recipient obviating the need for documentation. This is correct!

Q: Is there any circumstance in real time that vessels would be needed urgently before stored to be transplanted in a secondary recipient? It was noted that it is possible with two transplants going on at same time in the same hospital but this is a rare circumstance. It was also noted that this rare circumstance would be self reported to MPSC as a unique event.

The disposal of vessels is not addressed in this policy proposal and is addressed in a different section of policy.

Voted in Support: 10:0:1

B. Other

It was suggested that the TCC begin addressing follow-up issues such as length of time it is necessary to follow people after transplant and not being categorized immediately so they don't have to be followed; it's a huge amount of work for the larger centers. A formal request will be prepared for consideration.

A new initiative for Patient Information Sharing was requested by Charlie Alexander, OPTN/UNOS President. As such a Task Force will be created including members from various OPTN/UNOS Committees and outside organizations such as: AOPO, NATCO, NKF, and Donate Life America to address the sharing of information between donors and recipients. The TCC has been asked to coordinate this Task Force.

Please refer to an example of the letter attached.