

OPTN / UNOS Transplant Coordinators Committee

Interim Report

April 26, 2011

New Business

The *Goal* of this Live Meeting is to have the proposed policy modifications currently out for public comment (below) presented by the appropriate committee staff liaison, and subsequently, the TCC discuss and vote on them.

1. Proposal to Require Confirmatory Subtyping of Non-A₁ and Non- A₁B Donors

- 1) It was noted that sampling blood on 2 separate occasions means 2 separate sticks; however members opined that “occasion” sounds like blood will be sampled 2 separate times or days.
- 2) It was noted that considering a timeframe after transfusion won’t be an issue because pre-transfusion blood will preclude subtyping; it was additionally noted that this scenario will be covered in the guidance document.
- 3) It was noted that if there are transfusions, revert to the patient’s primary blood type; and
- 4) It was asked if a dual signature verification will be done by the transplant center the same as the OPO does?

Vote - For 12: Against 0: Abstain 0

2. Proposal to Improve the Packaging and Shipping Requirements of Living Donor Organs, Vessels and Tissue Typing Materials.

Vote - For 11: Against 0: Abstain 0

3. Proposal to Improve Reporting of Living Donor Status

- 1) It was noted that if there are no repercussions for not submitting data and no teeth behind, people won’t be as faithful to report;
- 2) If we provide informed consent on living donation to patients, there needs to be information on serum creatinine and GFR out to 5 and 10 years to convince folks that it is the right thing to do. Kidneys are not going to fail in year 1 and 2. Idea to ask for improvement plans so all the centers won’t go in front of the MPSC.
- 3) It was noted that Region 8 accepted this proposal because it’s a step in right direction. There needs to be information about the donors for the recipients. It is better than nothing to be able to provide creatinine at 5 years than just telling people living donors are alive or dead.

Vote – For 13: Against 0: Abstain 0

4. Proposal to Encourage Organ Procurement Organizations (OPO) to Provide Computed Tomography (CT) Scan if Requested by Transplant Programs.

Vote – For 11: Against 2: Abstain 0

5. Proposal to Require Updates of Certain Clinical Factors Every 14 Days for Lung Transplant Candidates whose Lung Allocation Scores (LAS) are at Least Fifty

Vote – For 12: Against 1: Abstain 0

6. Proposal to Allow Outpatient Adult Heart Transplant Candidates Implanted with Total Artificial Hearts (TAH) Thirty Days of Status 1A Time

It was noted that this is a clinical trial setting a new standard of care for VAD patients; it is not evidence based; patients are taking a risk going home with an artificial heart and we don't know if they are safe; this policy is taking away some incentive to participate in the study. It was suggested to wait until this is safe then support a 30 day cap.

It was additionally noted that patients should maintain a 1A status whether they are in or out of the hospital until the data is released from the trial. As long as the clinical trial is active, they should maintain their 1A status.

Vote – For 9: Against 3: Abstain 1

7. Proposed Committee-Sponsored Alternative Allocation System (CAS) for Split Liver Allocation

Vote – For 13: Against 0: Abstain 0

8. Proposal to Eliminate the Requirement that Pediatric Liver Candidates Must be Located in a Hospital's Intensive Care Unit to Qualify as Status 1A or 1B

Vote – For 12: Against 0: Abstain 0

The next Live Meeting is scheduled for Tuesday, May 24th, 2011.

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