

# SRTR Review Committee Supplemental Meeting Minutes

## Teleconference

February 09, 2021, 1:00 PM-2:30 PM CST

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**Voting Members Present:**

Roslyn Mannon, MD (Co-Chair)  
Jeffrey Orlowski, MS, CPTC (Co-Chair)  
Kiran Khush, MD  
Chris Zinner  
Richard Knight, MBA  
James Markmann, MD, PhD  
Sumit Mohan, MD, MPH  
James Pittman, RN, MSN

**Voting Members Absent:**

Brent Logan, PhD

**Ex-Officio Members:**

Shannon Dunne, JD (HRSA)  
Alexandra Glazier, JD, MPH (OPTN-POC)  
Jonah Odum, MD (NIH)  
Darren Stewart, MS (OPTN/UNOS)  
Rachel Patzer, PhD (OPTN-DAC)

**HRSA:**

Adriana Martinez  
Shannon Tait

**SRTR Staff:**

Tonya Eberhard  
Ryutaro Hirose, MD  
Larry Hunsicker, MD  
Ajay Israni, MD, MS  
Bertram Kasiske, MD, FACP  
Amy Ketterer  
Donald Musgrove, PhD  
Caitlyn Nystedt, MPH, PMP  
Nicholas Salkowski, PhD  
Jon Snyder, PhD, MS  
Andrew Wey, PhD

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## Welcome and opening remarks

Mr. Jeffrey Orlowski called the SRTR Review Committee (SRC) meeting to order at 1:00 PM CST. The committee welcomed new SRC member Kiran Khush, MD, a Stanford University transplant cardiologist, professor of medicine, and clinical investigator. Mr. Orlowski did a quick roll call. Dr. Jon Snyder reminded members to make any conflicts of interest known and proceeded with the agenda.

## COVID-19 and Program- and OPO-Specific Reports

The objective of this supplemental SRC meeting was to decide how to handle eligible death conversion rate and donor yield metrics for the July 2021 organ procurement organization (OPO)-specific reports (OSRs). These metrics were not discussed during the January meeting of the SRC due to time constraints, but a decision was needed so SRTR could plan for implementation by July 2021. Dr. Snyder reviewed the impact of continued censoring of performance metrics on March 12, 2020 on these donation metrics. Continued censoring would result in the removal of 40% of the 2-year donor yield cohort and 80% of the 1-year eligible death cohort.

Dr. Snyder briefly reviewed the decisions made during the January SRC meeting. The committee decided to continue censoring posttransplant outcomes on March 12, 2020. Waitlist mortality evaluations would also continue to be censored for kidney and lung candidates on March 12, 2020; however, other organs would return to normal reporting cohorts. For transplant rate evaluations, the first quarter of the national public health emergency, March 13 through June 12, 2020, would be excluded from evaluation. Offer acceptance rate evaluations would return to normal reporting cohorts.

Dr. Andrew Wey began with reviewing data about the impact of the pandemic on eligible death conversion, stating that the main concern was whether there was potential confounding of OPO performance metrics due to differential effects of the pandemic by geography and time. Dr. Wey reviewed national eligible death conversion rates by month before and after the start of the national emergency. He then presented maps of organ-specific donation rates for eligible deaths, highlighting the experience of the OPOs in New York City, Texas, and Wisconsin as examples of areas experiencing the pandemic during different periods. Dr. Wey concluded that eligible death donation rates for the four major organs were initially lower immediately after the emergence of COVID-19 and rebounded, but remained slightly below pre-COVID-19 levels for most organs. However, there was little geographic variability before and after the emergence of COVID-19 for donation rates. Dr. Wey noted that the eligible death models did not adjust for donated organs recovered in the noncontiguous United States, which SRTR is working to include. Dr. Wey proposed to return to normal cohorts (January 1, 2020-December 31, 2020).

Committee members discussed Dr. Wey's recommendation and expressed concern that the data were perhaps not able to capture the full effect of the pandemic. Mr. Orłowski expressed concern that the six highlighted OPOs may not represent the full experience of all OPOs. Ms. Alexandra Glazier agreed and noted that the examples were challenging to interpret because time trends were aggregate national trends, which may not reflect the experience of individual OPOs. Dr. Sumit Mohan commented that the analysis implied that the impact of the pandemic on individual OPOs smoothed out over time, but he was not convinced that was true. Dr. Roslyn Mannon agreed. Dr. Mohan added that variation may not show in the data for different reasons, in particular high rates of non-conversion due to limited COVID-19 testing for donors, which may have included some COVID-positive donors in the cohort of eligible deaths before testing was standardized and used by all OPOs. He suggested excluding the period in which adequate testing wasn't available. Dr. Khush suggested excluding the first quarter of the pandemic, from March 13 to June 12, 2020. Mr. James Pittman agreed. Mr. Orłowski called for a vote. The decision to exclude the first quarter of the pandemic was unanimous.

Dr. Wey moved on to the donor yield metrics. Kidney and lung yields were lower during the first month of the national emergency, but rebounded within one month. Kidney yield exhibited little geographic variability, while lung yield continued to show variability; however, the variability did not clearly follow the course of the pandemic. After presenting on all organs, Dr. Wey concluded that the organs with the most statistical power suggested minimal risk of potential confounding, while other organs had some evidence of potential confounding. Dr. Wey proposed two options, to return to normal cohorts (January 1, 2019-December 31, 2020) or continue with censored cohorts (January 1, 2019-March 12, 2020). Dr. Snyder suggested the additional option to carve out the first quarter of the pandemic for all organs, noting that the donor yield metric is evaluated by the Membership and Professional Standards Committee (MPSC) and that having different evaluation cohorts for different organs would complicate calculation of aggregate organ yield assessments.

Mr. Orłowski called for a vote. Voting members unanimously supported carving out the first quarter of the national emergency.

Dr. Snyder noted that SRTR is developing a press release to disseminate the decisions to the transplant community and asked for the committee's opinion about the type of supporting information that would be helpful in conveying the decision to the public.

Dr. Rachel Patzer expressed concern about having seemingly inconsistent decisions across different metrics, which may be difficult to explain. Mr. Orłowski noted that consistency was easier with the two OPO performance metrics versus the variety of transplant center metrics. Dr. Mannon felt that all decisions by the SRC should be left as decided and not revisited, noting that additional decisions will be forthcoming for the January 2022 reporting cycle. Dr. Mohan suggested a tiered approach to data explanations, with a simplified explanation and additional detail available for interested persons. Dr. Mannon suggested that dissemination of these decisions should involve working with the new SRC Human-Centered Design Subcommittee. Subcommittee co-chairs Mr. Chris Zinner and Dr. Cory Schaffhausen agreed and offered their assistance with developing the materials.

### **Closing business**

Hearing no other business, the meeting concluded at 2:30 PM CST. The next meeting is scheduled via teleconference for April 27, 2021, from 10 AM – 4 PM CDT.