

Notice of OPTN Policy Changes

Clarify Multi-Organ Allocation Policy

Sponsoring Committee:	Organ Procurement Organization Committee
Policies Affected:	<i>5.10.C: Allocation of Kidney-Pancreas</i> <i>5.10.D: Allocation of Liver-Intestines</i> <i>5.10.E: Other Multi-Organ Combinations</i> <i>8.7: Kidney Allocation in Multi-Organ Combinations</i> <i>9.9: Liver-Kidney Allocation</i>
Public Comment:	January 21, 2021 – March 23, 2021
Board Approved:	June 14, 2021
Effective Date:	Pending implementation and notice to OPTN members

Purpose of Policy Changes

Current general multi-organ allocation policy requires a certain level of OPO interpretation that leads to inconsistencies in application and lack of transparency. The purpose of this proposal is to provide OPOs with clearer direction when offering multi-organ combinations by establishing criteria for when OPOs must offer the liver or kidney to heart or lung candidates listed for these organs.

Proposal History

OPTN Policy *5.10.C: Other Multi-Organ Combinations* was modified as part of several proposals to remove DSA from heart, lung, and liver allocation policies, creating new requirements for OPOs allocating multi-organ combinations. In June 2019, the OPTN Policy Oversight Committee developed a set of strategic priorities, including a priority to improve equity for multi-organ and single organ candidates through several phases of multi-organ policy development. The OPTN OPO Committee formed a multi-disciplinary workgroup to address multi-organ allocation policy, specifically to improve consistency, transparency, and clarity in current general multi-organ policy. The Workgroup collaborated throughout 2020 to produce a formal proposal, *Clarify Multi-Organ Allocation Policy*, for the OPTN Winter 2021 Public Comment period. The Committee considered community feedback collected during public comment to produce the final proposal for Board consideration in June 2021. The Board approved these policy changes on June 14, 2021.

Summary of Changes

This policy establishes the following criteria for when OPOs are required to offer the second required organ, if available, from the same donor to a potential transplant recipient (PTR) registered at a transplant hospital within 500 nautical miles of the donor hospital if the PTR meets the following criteria:

- Heart adult status 1, 2, 3, or any active pediatric heart status
- Lung allocation score of greater than or equal to 35, or lung candidates less than 12 years-old

This policy specifies the “second required organ” as a kidney or a liver.

Additionally, this policy increases the 250 NM mandatory share circle size for heart and lung multi-organ candidates to 500 NM, to better align with thoracic allocation policies. Finally, this proposal begins to consolidate multi-organ allocation policies with OPTN Policy.

Implementation

Transplant Hospitals

Transplant programs may be impacted by the change to 500NM for heart and lung candidates who need either a liver or kidney. In practice, transplant programs receiving offers for both organs should evaluate the logistics and work with the host OPO to facilitate placement.

OPOs

OPOs will continue allocating donor organs, including hearts and lungs, according to the appropriate match runs. OPO staff will need to be aware of the new requirements for when the liver or kidney is offered to a heart or lung potential transplant recipient.

OPTN

Programming changes will be required to implement this new policy in UNetsm.

Changes will be made to four different allocations across two organs, heart and lung, which includes heart, lung, and heart-lung match runs. This will require adding a new column to heart, lung, and heart-lung match runs to indicate multi-organ share qualifying candidates, and a new logic to determine whether a candidate has a waitlist registration for a liver or a kidney, and whether they meet the policy requirements to be offered the second organ. These changes will require testing for all organs to ensure allocation functions as described in policy.

Affected Policy Language

New language is underlined (example) and language that is deleted is struck through (~~example~~)

5.10 Allocation of Multi-Organ Combinations

5.10.C Allocation of Kidney-Pancreas

Kidney-pancreas combinations are allocated according to *Policy 11: Allocation of Pancreas, Kidney-Pancreas, and Islets.*

5.10.D Allocation of Liver-Intestines

Liver-intestine combinations are allocated according to *Policy 9: Allocation of Livers and Liver-Intestines.*

5.10.E Other Multi-Organ Combinations

When multi-organ candidates are registered on the heart, lung, or liver waiting list, the second required organ will be allocated to the multi-organ candidate from the same donor according to *Table 5-4.*

Table 5-4: Allocation of Multi-Organ Combinations

Organ	Candidate is registered at a transplant hospital that is at or within the following this distance of the donor hospital
Heart	-250NM
Liver	-150NM
Lung	-250NM

If the multi-organ candidate is on a waiting list outside the geographical areas listed above, it is permissible to allocate the second organ to the multi-organ candidate receiving the first organ.

When an OPO is offering a heart or lung, and a liver or kidney is also available from the same deceased donor, PTRs who meet the criteria in *Table 5-4* must be offered the second organ.

Table 5-4 Second Organ for Heart or Lung PTRs

<u>If the OPO is offering the following organ:</u>	<u>And a PTR is also registered for one of the following organs:</u>	<u>The OPO must offer the second organ if the PTR is registered at a transplant hospital at or within 500 NM of the donor hospital and meets the following criteria:</u>
Heart	Liver or Kidney	Heart Adult Status 1, 2, 3 or any active pediatric status

<u>If the OPO is offering the following organ:</u>	<u>And a PTR is also registered for one of the following organs:</u>	<u>The OPO must offer the second organ if the PTR is registered at a transplant hospital at or within 500 NM of the donor hospital and meets the following criteria:</u>
Lung	Liver or Kidney	Lung allocation score of greater than or equal to 35 or candidates less than 12 years old

When the OPO is offering a heart or lung and two PTRs meet the criteria in *Table 5-4*, the OPO has the discretion to offer the second organ to either PTR.

It is permissible for the OPO to offer the second organ to other multi-organ PTRs that do not meet the criteria above.

8.7.C Kidney Allocation in Multi-Organ Combinations

If a host OPO procures a kidney along with other organs, the host OPO must first offer the kidney according to one of the following policies before allocating the kidney to kidney alone candidates according to *Policy 8: Allocation of Kidneys*:

- *Policy 5.10.E: Other Multi-Organ Combinations*
- *Policy 9.9: Liver-Kidney Allocation*
- *Policy 11.4.A: Kidney-Pancreas Allocation Order*

9.9 Liver-Kidney Allocation

~~If a host OPO procures a kidney along with other organs, the host OPO must first offer the kidney according to one of the following policies before allocating the kidney to kidney alone candidates according to *Policy 8: Allocation of Kidneys*:~~

- ~~• *Policy 5.10.C: Other Multi-Organ Combinations*~~
- ~~• *Policy 9.9: Liver-Kidney Allocation*~~
- ~~• *Policy 11.4.A: Kidney-Pancreas Allocation Order*~~

If a host OPO is offering a kidney and a liver from the same deceased donor, then before allocating the kidney to kidney alone candidates, the host OPO must offer the kidney with the liver to candidates who meet eligibility according to *Table 9-17: Medical Eligibility Criteria for Liver-Kidney Allocation* and are one of the following:

- a. Within 150 nautical miles of the donor hospital and have a MELD or PELD of 15 or higher
- b. Within 250 nautical miles of the donor hospital and have a MELD or PELD of at least 29
- c. Within 250 nautical miles of the donor hospital and status 1A or 1B.

The host OPO may then do either of the following:

- a. Offer the kidney and liver to any candidates who meet eligibility in *Table 9-17: Medical Eligibility Criteria for Liver-Kidney Allocation*.
- b. Offer the liver to liver alone candidates according to *Policy 9: Allocation of Livers and Liver-Intestines* and offer the kidney to kidney alone candidates according to *Policy 8: Allocation of Kidneys*.

#