OPTN Ad Hoc Multi-Organ Transplantation Committee
Meeting Summary
March 13, 2024
Conference Call

Lisa Stocks, RN, MSN, FNP, Chair

Introduction

The Ad Hoc Multi-Organ Transplantation (MOT) Committee, the Committee, met via WebEx teleconference on 3/13/2024 to discuss the following agenda items:

1. Public Comment and Regional Meeting Updates
2. MOT Feedback on OPTN Draft Strategic Plan
3. Draft MOT Allocation Scheme
4. Preparation for April 3rd MOT Committee Meeting

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

1. Public Comment and Regional Meeting Updates

The Chair and OPTN contractor staff provided an update on public comment feedback received via the OPTN website and at regional meetings.

Presentation summary:

In response to the Modify Effect of Acceptance Proposal, sentiment scores from regional meetings show that most stakeholders support the proposal. Narrative comments focused on the following themes:

- The proposal would help avoid last minute redirection of organs from single to multi-organ candidates
- It would support Organ Procurement Organizations (OPOs) in allocating kidneys after completing required MOT offers
- It would help improve organ allocation efficiency
- Mixed feedback on whether a timeframe should be included in policy language
- Policy should clarify the meaning of acceptance
- Policy should address backup offers

In response to the Concepts for Modifying Multi-Organ Policy Request for Feedback, narrative comments focused on the following themes:

- Policy on MOT allocation order will help promote consistency and equity
- Support for prioritizing pediatric, highly sensitized, prior living donors, and medically urgent candidates
- Mixed feedback on whether kidney-pancreas candidates should be classified as MOT candidates or as part of the kidney alone pool
- Support for objective criteria to determine priority, including waitlist mortality, post-transplant outcomes, and waiting time
- Support for one kidney to MOT and one to kidney alone (0-34% KDPI)

Summary of discussion:

The Committee did not make any decisions.

A Committee Member shared feedback from Region 2, where there was greater community support for grouping kidney-pancreas candidates with MOT candidates. In most other regions, there was support for kidney-pancreas candidates as part of the kidney alone pool. Another Committee Member speculated that regional sentiment on classifying kidney pancreas candidates may depend on regional interest in promoting pancreas transplants. Several Committee Members suggested that classifying kidney-pancreas candidates as part of the kidney alone pool would help maximize organ utilization.

A Committee Member expressed concern that classifying kidney-pancreas candidates as part of the kidney alone pool may divert kidneys away from pediatric candidates. The member suggested that this issue could be managed by classifying kidney-pancreas as part of the kidney alone pool and prioritizing pediatric candidates within this pool. Another Committee Member highlighted the complexity of the decision, noting situations in which kidney-pancreas candidates are sicker than pediatric patients. The member suggested an algorithm or special designation to address medically urgent kidney-pancreas candidates.

A Committee Member proposed collaborating with the Scientific Registry of Transplant Recipients (SRTR) to develop a medical urgency score for MOT candidates. This score would likely use waitlist mortality as a key metric to prioritize organ allocation. An SRTR representative noted that for more common MOT combinations, there is sufficient data to model waitlist mortality. However, the representative acknowledged the challenge in creating a similar model for less common MOT combinations, due to the scarcity of relevant data.

A Committee Member shared feedback from Region 2, which suggested that patients with high waitlist mortality should not necessarily be prioritized over patients who have been waiting a long time and are more likely to survive. The member noted the importance of balancing between waitlist mortality and post-transplant outcomes.

2. MOT Feedback on OPTN Draft Strategic Plan

The chair provided an overview of the OPTN Strategic Plan 2024-2027 Proposal.[1]

Presentation Summary:

The goals in the current strategic plan are:

- Increase the number of transplants
- Provide equity in access to transplants
- Improve waitlisted patient, living donor, and transplant recipient outcomes

The proposed goals in the draft 2024-2027 strategic plan are:

- **Improve Offer Acceptance Rate**: Increase opportunities for transplants for patients in need by enhancing offer acceptance.
- **Optimize Organ Use**: Maximize the use of organs for transplantation for waitlisted patients, while maintaining or improving upon past equity gains.

[1] "OPTN Strategic Plan 2024-2027," OPTN, Public Comment Proposal, available https://optn.transplant.hrsa.gov/media/nwrksrgl/exec_2024-2027-strategic-plan_pcjan24.pdf.

- **Enhance OPTN Efficiency**: Increase the efficiency of the OPTN through improvement and innovation to serve the greatest number of patients.

The Chair invited the Committee to provide feedback on the draft 2024-2027 strategic plan.

Summary of discussion:

The Committee did not make any decisions.

A Committee Member expressed preference for the previous strategic plan, citing its broader approach and stronger alignment with the OPTN's overarching objectives. The member noted that the draft strategic plan goals are akin to action items rather than comprehensive goals. Another Committee Member noted that the draft strategic plan is narrow in scope and that the proposed goals don't clearly align with important ongoing work, including MOT projects and continuous distribution. Another member expressed concern that the draft strategic plan lacks granularity and called for more details to support effective implementation. The Chair noted that there may be limited community support for proposed goal 1: improve offer acceptance rate, because offer acceptance is guided by patient needs. Committee Members suggested that the draft strategic plan incorporate greater focus on equity and living donation. They also suggested that the draft strategic plan recognize that system improvements and innovations help build a sustainable environment for providers, in addition to serving patients.

Next steps:

Based on the Committee's feedback, the Chair will approve a public comment for submission on behalf of the committee.

3. Draft MOT Allocation Scheme

The Committee continued previous discussions regarding development of the draft MOT allocation scheme.

Presentation summary:

The purpose is to develop a ranked list in policy for OPOs to follow when there are multiple candidates that qualify for required MOT shares on different match runs. The draft scheme assumes that the donor is a 30-year-old brain dead donor with all organs available, and a KDPI of 0-20%. Allocation order varies for some organs by donor characteristics and the Committee can work through those details after agreeing to a general approach.

Changes discussed by the Committee at February meeting:

- Place liver candidates with MELD/PELD of 37, perhaps 35, above status 1 intestine candidates
- Place KP/pancreas classification 4 just below kidney classification 4; or
- Move KP/pancreas classification 4 above the point at which offering multi-organ combinations becomes optional (i.e. requiring this of OPOs)

The Chair displayed the draft MOT allocation scheme to facilitate Committee deliberations. The recommendation is to begin with status 1 and 2 heart candidates, followed by lung candidates down to a specified point on the match run, followed by status 1A and 1B liver candidates, followed by status 1 intestine candidates, followed by liver candidates with MELD/PELD of at least 37; followed by kidney-pancreas candidates with 0-ABDR mismatch and/or high CPRA; followed by priority kidney candidates (0-ABDR mismatch, high CPRA, prior living donors, pediatric candidates, and medically urgent candidates).

Summary of discussion:

The Committee did not make any decisions.

Upon reviewing the draft allocation scheme, a Committee Member highlighted that intestines are typically transplanted along with another organ, including pancreata. Several members called for the Committee to consider where to include multi-visceral candidates in the MOT allocation scheme.

A Committee Member suggested that medically urgent kidney candidates and individuals with high calculated panel reactive antibody (CPRA) levels should receive priority over liver MOT classifications with a Model for End-Stage Liver Disease (MELD) or Pediatric End-Stage Liver Disease (PELD) score of at least 37. He called for further Committee discussion on prioritizing these kidney candidates.

A Committee Member raised the issue of kidneys from donors with KDPI >35% and how they will be incorporated into the draft MOT allocation scheme. The Chair agreed that this should be discussed further.

Next steps:

OPTN contractor staff will gather questions, comments, and ideas from Committee members concerning the draft MOT allocation scheme. These inputs will be collated to facilitate further discussion during the extended meeting on April 3rd.

4. Preparation for April 3rd MOT Committee Meeting

The chair provided updates about the Committee Meeting scheduled for April 3rd, and provided an overview of the draft agenda.

Presentation Summary:

Draft Agenda:

- Public comment review and next steps
  - Modify Effect of Acceptance Policy: Public comment feedback and potential changes
  - Concepts for Modifying Multi-Organ Policies: Public comment feedback and next steps
    - Draft MOT allocation scheme
    - Identify priority shares in kidney multi-organ policies
- Further information to inform MOT policy development
  - Data review/requests
  - Values prioritization exercise

Summary of discussion:

The Committee did not make any decisions.

Upcoming Meeting

- April 3, 2024

Attendance

- **Committee Members**
  - Lisa Stocks
  - Sandra Amaral
  - Marie Budev
  - Vincent Casingal
  - Chris Curran
  - Alden Doyle
  - Rachel Engen
  - Jonathan Fridell
  - Shelley Hall
  - Heather Miller Webb
  - Oyedolamu Olaitan
  - Jennifer Prinz
  - Nicole Turgeon
- **HRSA Representatives**
  - Jim Bowman
  - Marilyn Levi
- **SRTR Staff**
  - Katie Audette
  - Jon Miller
  - Jon Snyder
- **UNOS Staff**
  - Rebecca Fitz Marino
  - Jessica Higgins
  - Jenna Reformina
  - Sarah Roache
  - Laura Schmitt
  - Kaitlin Swanner
  - Ben Wolford
- **Other Attendees**
  - Erika Lease