

OPTN Ad Hoc Multi-Organ Transplantation Committee

Meeting Summary

March 8, 2023

Conference Call

Lisa Stocks, RN, MSN, FNP, Chair

Introduction

The Ad Hoc Multi-Organ Transplantation Committee met via Citrix GoToMeeting teleconference on 03/08/2023 to discuss the following agenda items:

1. Mini Brief Update
2. MOT Public Comment Responses
3. Data Request Discussion
4. MOT and Kidney Alone Discussion

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

1. Mini Brief Update

The Committee Chair updated the Committee on the presentation of a mini brief to the Executive Committee on February 21, 2023.

Data summary:

The Committee's mini brief was approved by the Executive Committee at their meeting. This removes the membership cap on the Committee, so the Committee can be expanded to include specialties that are currently not represented. Additional members still require approval by the OPTN President or President-Elect, depending on timing. The Committee will remain active and Ad Hoc until June 30, 2026. The Committee was previously set to dissolve June 30, 2024.

Summary of discussion:

Committee members had no questions or concerns.

2. MOT Public Comment Responses

The Committee Liaison reviewed the public comment responses from the Committee on items reviewed at the last full committee meeting.

Data summary:

Drafted comment for *National Liver Review Board (NLRB) Guidance for Multivisceral Transplant Candidates:*

- The OPTN Multi-Organ Transplantation Committee appreciates the work of the Liver and Intestines Committee in forming this guidance for MVT. We are supportive of this proposal and feel that it illustrates the need for consideration of multi-organ transplantation when developing policies.

Drafted comment for *Update on Continuous Distribution of Livers and Intestines:*

- The OPTN Multi-Organ Transplantation Committee thanks the Liver and Intestines Committee for their hard work on continuous distribution. As a committee we are generally supportive of the update to continuous distribution the Liver and Intestines Committee has developed. We understand this is difficult and complex work. Some MOT Committee members feel that CMV matching should be considered as a potential attribute.

Summary of discussion:

The Chair mentioned that there was no need to take the multi-visceral project from the Liver and Intestine Transplantation Committee because it related to guidance, but that it demonstrated the need to be vigilant about committees putting forward proposals which may impact multi-organ transplantation.

Next steps:

Committee Staff will submit the comments to public comment on behalf of the Committee.

3. Data Request Discussion

The Committee Chair led the Committee in a discussion on a data request for the project *to Identify Priority Shares in Kidney Multi-Organ Allocation*, which is currently released for public comment as a concept paper.

Data summary:

The Committee reviewed a previous data request on donors where both kidneys were donated and one went to a kidney-alone recipient and the other to an MOT recipient. This data cohort was from 2017-2019, and also examined the age of the next candidate on the match run who did not receive an organ.

Three tables were reviewed from the request. The first was which organ the kidney followed when the corresponding kidney-alone recipient was either an adult or pediatric, the second was which organ the kidney followed when the corresponding kidney-alone recipient was less than 18, and the third was the age at listing for the next candidates on the kidney match run by kidney-alone recipient age.

To open the discussion, the Committee Chair asked what data should be requested for the project based on feedback received so far in public comment. The Chair also asked if there should be updated data on the analyses presented.

Summary of discussion:

Members discussed requirements for a data request, and agreed that a more recent cohort needed to be evaluated. Members discussed evaluating lower Kidney Donor Profile Index (KDPI) offers to determine how many kidneys often reserved for pediatric candidates when to Multi-Organ Transplant (MOT) recipients. Members also agreed that outcomes data for the next sequential kidney alone candidates were important, especially if candidates had to be removed from the waiting list because they were too sick to transplant. In addition, they felt it important to evaluate how many total pediatric MOT transplants were occurring.

Next steps:

Research will take the Committee's suggestion and develop a data request. This request will be submitted to the Chair for evaluation.

4. MOT and Kidney Alone Discussion

The Committee Chair led the Committee in a discussion on next steps to consider for the project *to Identify Priority Shares in Kidney Multi-Organ Allocation*, which is currently released for public comment as a concept paper.

Data summary:

The Chair opened the floor for discussion. Points to consider for the Committee included:

- For same donor kidneys, should one kidney go to an SOT recipient and one to an MOT recipient
- For MOT vs single kidney, prioritization between pediatric candidates, high CPRA candidates, and MOT candidates
- Weighting medical urgency vs post-transplant outcomes when deciding

Summary of discussion:

Members discussed the challenges around weighting medical urgency across various organs. They discussed the potential to give one kidney to an MOT recipient and one to a single organ transplant (SOT) recipient. One member mentioned that the Canadian allocation system uses this model, and may have data to evaluate. One member stated that allocating one organ to each MOT and SOT candidates would be a way to put two groups that are difficult to prioritize on an even playing field, and is a model that wouldn't be impacted by the implementation of continuous distribution. Another member agreed, stating it would allow more equitable access. Another member stated that Organ Procurement Organizations (OPOs) do not want to be put into the judgment seat, and multiple members agreed that OPOs asked for more guidance. Members also discussed that the kidney match run is already prioritized for priorities discussed in public comment, and that it would be outside of the purview of the Committee to redo kidney allocation priority for SOT candidates.

Members were unsure of how to address kidney-pancreas allocation, stating that there was public comment feedback that they should not be handled the same as other MOT combinations. Members discussed the fact that automated glucose and insulin delivery systems, the need for isolated pancreas and kidney-pancreas transplants has significantly decreased. Another member mentioned that part of the reason for prioritization is the high waiting list mortality rate of kidney-pancreas candidates. Members are tabling further discussion until after a meeting the Chair is attending on increasing pancreas transplantation.

Members discussed the need to prioritize the MOT combinations for which MOT candidate would be offered a kidney first. They discussed the potential to prioritize based on medical urgency, post-transplant outcomes, and probability of survival until they could receive a safety net organ. One member mentioned that the data on safety nets won't be available for heart or lung yet, as their safety net won't be implemented until this summer. Another member mentioned that candidates on dialysis versus not may be a more objective way to measure the need for a kidney, as it is hard to judge the comparative medical urgencies of critical heart and liver patients.

Upcoming Meetings

- April 12, 2023, 3-4 PM ET, Teleconference
- May 10, 2023, 3-4 PM ET, Teleconference

Attendance

- **Committee Members**
 - Alden Doyle
 - Alejandro Diez
 - Christopher Curran
 - Heather Miller-Webb
 - James Sharrock
 - Jennifer Prinz
 - Lisa Stocks
 - Rachel Engen
 - Sandra Amaral
 - Shelley Hall
- **HRSA Representatives**
 - Adriana Martinez
 - Jim Bowman
- **SRTR Staff**
 - Jon Snyder
 - Jonathan Miller
 - Katherine Audette
- **UNOS Staff**
 - Alex Carmack
 - Ben Wolford
 - Courtney Jett
 - Julia Foutz
 - Kaitlin Swanner
 - Laura Schmitt
 - Matt Cafarella
 - Melissa Lane
 - Paul Franklin
 - Sara Langham
 - Susan Tlusty