OPTN Ad Hoc Multi-Organ Transplantation Committee
Meeting Summary
July 12, 2023
Conference Call

Lisa Stocks, RN, MSN, FNP, Chair

Introduction

The Ad Hoc Multi-Organ Transplantation Committee, the Committee, met via Citrix GoToMeeting teleconference on 07/12/2023 to discuss the following agenda items:

1. Board Review
2. Implementation Update
3. Data Review and Discussion

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

1. Board Review

The *Expand Required Simultaneous Liver-Kidney Allocation* proposal was presented at the Board of Directors Meeting on June 26, 2023

Presentation Summary:

The Chair of the Committee shared that the *Expand Required Simultaneous Liver-Kidney Allocation* proposal had been presented to the Board. This proposal would require Organ Procurement Organizations (OPOs) to expand required liver-kidney allocation from a 250 NM radius to a 500 NM distance threshold. This proposal has been passed on the consent calendar and will be implemented in September 2023.

Summary of discussion:

The Committee did not make any decisions or have any discussion regarding this agenda item.

2. Implementation Update

The Chair reviewed and updated the Committee on the implementation of the *Establish Eligibility Criteria and Safety Net for Heart-Kidney and Lung-Kidney Allocation* policy.

Presentation Summary:

Phase 1, also known as the safety net implementation, will give some priority to prior heart or lung transplant recipients who are experiencing kidney failure following their initial transplant. Since the safety net's implementation on June 29, 2023, 10 candidates have registered to receive safety net priority.

Phase 2 will create eligibility for heart-kidney (SHK) and lung-kidney (SLuK) candidates based on the patient's current kidney function. Multi-Organ Transplantation (MOT) eligibility will expand to heart status 4 and 5 SHK candidates and will require a lung allocation composite score of 25 or higher for SLuK

candidates. Even though Phase 2 implementation will take place on September 28, 2023, data can already be entered for SHK and SLuK candidates.

The Chair discussed that data for SHK and SLuK candidates that is entered prior to implementation will show a candidate as "ineligible." However, the candidate is only "ineligible" because the policy has not yet been implemented. In actuality, the candidate will still be eligible to receive organ offers under current policy.

Summary of discussion:

Decision #1: The Committee did not make any decisions regarding implementation updates; however, they discussed concerns around the ineligibility status of candidates in the OPTN Donor Data and Matching System.

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A Committee member had mentioned that they had listed a candidate for dual organ, however, the safety net data that showed up in the OPTN Donor Data and Matching System caused confusion as it displayed that the candidate was ineligible for the safety net. This ineligibility for the safety net was confusing as it looked like the candidate had been made ineligible to receive a kidney. The commentor suggested that there may be opportunity for improvement regarding how the interface displays this information.

3. Data Review and Discussion

The Chair reviewed relevant data to support the Committee's decision-making process regarding how to advise OPOs on what sequence they should allocate kidneys to for different MOT combinations.

Data summary:

The OPTN contractor staff reviewed the data request final report titled *Examining Kidney Priority for Multi-Organ Candidates Compared to Kidney Alone Candidates*[1].

- Based on OPTN Waiting List additions by organ and age category, the most additions occurred from those who need a kidney-pancreas (KP), followed by liver-kidney (SLK), SHK, and other MOT combinations
- Deceased donor transplants, in order of most to least, are going to KPs, SLK, SHK, then other MOT combinations
- Kidney-alone candidates are receiving 53% of kidneys with a Kidney Donor Profile Index (KDPI) between 35% and 85%
- KPs are more likely to receive younger kidneys and kidneys with a KDPI from 0%-20%
- One year graft survival rates indicate graft survival was highest for KPs and lowest for SHKs between 3/15/2021 and 12/31/2022

[1] *Examining Kidney Priority for Multi-Organ Candidates Compared to Kidney Alone Candidates*. Richmond, VA: United Network for Organ Sharing, 2023.

Summary of discussion:

Decision #2: The Committee did not come to a decision regarding how to prioritize MOT combinations for kidney allocation; however, they did offer potential recommendations that will be further discussed in the next meeting.

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The Committee noted a few important points in the data related to kidney allocation to different MOT combinations. A member stated that it looked like SLK may have better access to transplant compared to other organ pairings. With the data from OPTN Waiting List additions and deceased donor transplants, a person listed for a SLK was more likely to get a kidney compared to someone listed for a KP. Members questioned whether there were still concerns about access to kidneys for KP candidates. Further discussion prompted the group to consider the kind of KDPI kidneys that different MOT combinations, namely SLKs, can transplant. More specifically, SLKs may receive more offers and may have more acceptances because they are often willing to take higher KDPI kidneys compared to KP candidates.

When the Committee was asked to provide recommendations about how to prioritize MOT combinations for kidney allocation, a member offered that they should consider offering kidneys based on the kind of KDPI kidney available. For example, kidneys with a KDPI of 35% or less could be offered to KPs first. On the other hand, if there is a higher KDPI kidney, more priority can be given to MOT combinations that are able to take higher KDPI kidneys.

A different Committee member also suggested that there be MOT status groupings. In this case, the sickest patients would be grouped in tier one, and the following tiers would group other candidates based on their status. This member envisioned that the stakeholders of different organs would help determine which candidates should be included in each tier. For example, tier one might include liver status 1, and heart status 1 and 2 candidates. In this situation, stakeholders would also need to determine how to allocate a kidney within the groupings and tiers itself.

A Committee member stated that if a kidney is not offered with a pancreas, it is likely that the pancreas will be discarded. They suggested that this may be a concern and should be considered when determining prioritization; however, they did not know how this could be quantified further.

In addition, a different Committee member liked the idea of prioritizing certain combinations that were highest on the list. However, they questioned whether an OPO would need to run through all candidates of that specific organ before moving on to allocation to other organ combinations.

A member recommended that this be a more dynamic process where multiple different MOT combinations are prioritized based on attributes such as severity, mortality, distance, and other factors. The group could consider further categorizing these prioritizations based on the KDPI of donor kidneys. Committee members pointed out that this is similar to a continuous distribution framework which may be too big of an IT lift for the timeframe in which they must function. A member did state that they agreed with this vision and suggested that there might be a more relaxed version that they could pursue. For example, they could try to get stakeholders together to convert different attributes into MOT points to help determine allocation.

The Chair of the Committee agreed that the group could explore this relaxed version of the framework as there is a need by OPOs for guidance and direction in the allocation process. The Chair also suggested

that a concept paper on the matter be constructed and submitted to the Policy Oversight Committee by January 2024. They state that the Committee should not wait longer to address this issue and will need to discuss more in length in the next meeting.

Next steps:

The Committee will continue to discuss how to prioritize different MOT combinations for kidney allocation in their next meeting.

Upcoming Meeting

- August 9th, 3:00 pm ET

Attendance

- **Committee Members**
  - Lisa Stocks
  - Vincent Casingal
  - Valerie Chipman
  - Chris Curran
  - Alden Doyle
  - Rachel Engen
  - Jonathan Fridell
  - Shelley Hall
  - Heather Miller-Webb
  - Oyedolamu Olaitan
  - Nicole Turgeon
- **HRSA Representatives**
  - Jim Bowman
- **SRTR Staff**
  - Katherine Audette
  - Jonathan Miller
- **UNOS Staff**
  - Alex Carmack
  - Robert Hunter
  - Jenna Reformina
  - James Alcorn
  - Julia Foutz
  - Sara Langham
  - Nicholas Marka
  - Laura Schmitt
  - Susan Tlusty
  - Ben Wolford