

Expand Required Simultaneous Liver-Kidney Allocation

OPTN Ad Hoc Multi-Organ Transplantation Committee

Purpose of Proposal

- Improve equity in access to simultaneous liver-kidney (SLK) transplant
- Align liver-kidney policy with heart-kidney policy

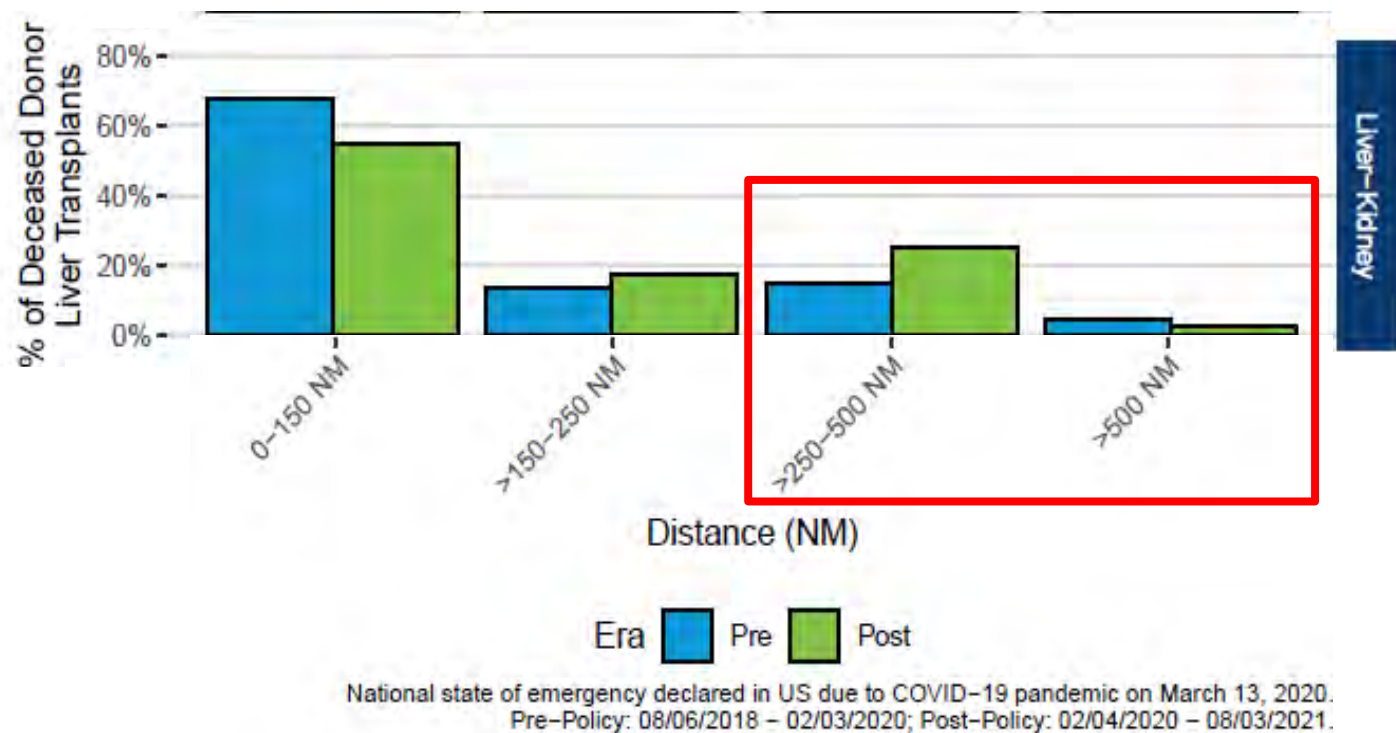
Proposal

- Expand distance for required SLK offers from 250 NM to 500 NM
 - Applies to candidates with MELD 29+, Status 1A, or Status 1B
 - Candidates must still meet eligibility criteria based on kidney dysfunction
- Allow OPOs to offer kidney or liver per other policies after completing required SLK offers
- Non-substantive changes to align policy with other multi-organ policies

Rationale

- Expanding distance for required SLK offers will improve equity by:
 - Reducing variability in OPO practice so that candidates with the same medical criteria are more likely to be offered both the liver and the kidney
 - Align the liver-kidney distance threshold for required shares with heart-kidney policy
- Analysis reviewed by the Committee found that:
 - Liver-kidney candidates appear to have slightly less access to transplant than heart-kidney candidates
 - Expanding required shares to 500 NM is expected to increase SLK transplants in some regions
 - Change is not expected to have a large impact on kidney or pancreas-kidney candidates

Some OPOs Offer SLK Beyond 250 NM



Over 25% of SLK transplants occur beyond 250 nm

These are all permissible but not required offers

Currently OPOs may decline to offer both organs to candidates who meet the medical criteria for SLK because they are >250 NM away

Member Actions

- No action required by transplant hospitals
 - May see increased access to SLK transplant for their candidates, particularly in Regions 3, 6, 7, 8, 10
 - Not expected to negatively impact SLK transplant rates in Regions 1, 2, 4, 5, 9, 11
- OPOs would need to offer the kidney with the liver to eligible candidates out to 500 NM
 - Required shares would be indicated on the match run

What do you think?

- Do you anticipate any unintended consequences of expanding required SLK shares from 250 to 500 NM for certain adult liver-kidney candidates?
- After the OPO completes required SLK offers, should the OPO:
 - Only offer the kidney to kidney-alone candidates and liver to liver-alone candidates?
 - Be able to offer the kidney and the liver in accordance with any other policy (e.g. kidney-pancreas, liver-intestine, etc.)?
- Does the policy language provide clear direction to OPOs while also providing flexibility for managing dynamic allocation scenarios?