OPTN Ad Hoc Multi-Organ Transplantation Committee
Meeting Summary
November 8, 2023
Conference Call

Lisa Stocks, RN, MSN, FNP, Chair

Introduction

The Ad Hoc Multi-Organ Transplantation (MOT) Committee, the Committee, met via WebEx teleconference on 11/08/2023 to discuss the following agenda items:

1. Recap of Previous Discussions
2. Policy Language Review – January 2024 Public Comment
3. Request for Feedback – January 2024 Public Comment
4. Recap of Lung Committee Discussion

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

1. Recap of Previous Committee Discussions

The Chair of the Committee provided the group with a review of important discussion points from their October 11, 2023, meeting.

Presentation summary:

- Update on implementation of simultaneous heart kidney and simultaneous lung kidney implementation
    - Positive reports so far, no issues being reported
- The Committee agreed to propose policy language that allows organ procurement organizations (OPOs) to move forward with allocating single organs if the donor recovery has been set.
- The Committee agreed to request public comment feedback on how to best allocate kidneys from donors with a Kidney Donor Profile Index (KDPI) of 0-34%.
- The Committee requested that the Lung Committee evaluate efficiency of lung multi-organ transplantation (MOT) policies.

Summary of discussion:

The Committee did not make any decisions or discuss this agenda item further.

2. Policy Language Review – January 2024 Public Comment (ABOVE)

The Committee discussed the policy proposal, and the group provided their feedback on the proposed changes to the language.

Presentation summary:

Policy Proposal:

- Address scenarios where there is a MOT "required share" on the match run following a decline of an offer
    - Prevents OPOs from "holding back offers" in case there is a MOT candidate

Policy Language:

5.6.D Effect of Acceptance

When a transplant hospital accepts an OPO's organ offer without conditions, this acceptance binds the transplant hospital and OPO unless they mutually agree on an alternative allocation of the organ.

If the transplant program subsequently declines the primary organ offer after the donor recovery has been scheduled, then the OPO is not required to offer organs according to *Policy 5.10: Allocation of Multi-Organ Combinations* if the second organ is no longer available.

Summary of discussion:

The Committee did not make any decisions; however, they further discussed changes to the proposed policy language.

A few members agreed that the language was sufficient and clear. The chair mentioned that she had presented this change in policy language to employees at her transplant center and they all concurred that they were in support of the proposed changes as it would align with a more efficient allocation process.

One member acknowledged the presence of non-specific language in the policy but recognized its necessity in granting permission in allocation where permissions did not previously exist. Concerns were raised about whether the policy was specific to a particular MOT combination. The member questioned if there were provisions to apply the policy to other non-kidney MOT combinations. He also expressed concern about how the policy may inadvertently disadvantage other MOT combinations.

The Chair clarified that the policy should not exclusively apply to kidney MOT combinations but rather should be applicable to any MOT combination, emphasizing the goal of avoiding delays in organ allocation. Another member emphasized that the policy would essentially free up organs to fall back into the allocation scheme, regardless of whether they go to a kidney alone or an MOT recipient.

Further discussions involved concerns about the language in the statement "the OPO is not required to offer organs according to Policy 5.10: Allocation of Multi-Organ Combinations." This member points out that this may be too confusing and must be clarified. There were also apprehensions about language related to a transplant program declining a primary organ offer after the donor recovery has been scheduled. An individual suggested setting a specific time limit before procurement since a donor may be scheduled for the OR hours in advance and there may be cases where there is enough time to reallocate organs if the primary subsequently declines.

In response, the Chair acknowledged the complexity of reallocating organs and suggested that the Committee could explore specific time limits as a potential solution, with the possibility of seeking public comment input. Despite general agreement on the concept, one member stressed the need to address language concerns before submitting the proposal for public comment.

Next steps:

The chair will be meeting with a few Committee members to revise the policy language so that the Committee may vote to determine whether it should be sent for January Public Comment.

3. Request for Feedback – January 2024 Public Comment

The Committee discussed the questions that they intend to include in their request for feedback.

Data summary:

The Committee has been discussing how to improve allocation when both kidneys are available from donors with a KDPI between 0-34%.

The Committee agreed to get feedback from the broader community about the following:

- Should KP candidates be considered MOT?
- Should 1 kidney be allocated to MOT, second kidney to kidney-pancreas (KP) or kidney alone?
- Should 1 kidney be allocated to MOT, second kidney to kidney alone?
- What are the potential impacts to KP and pediatric candidates?

Summary of discussion:

The Committee did not make any decisions; however, they further discussed the proposed request for feedback.

A member raised concerns about the confusion arising from the third bullet point. If the intention is to group MOT and Kidney-Pancreas (KP) together, they suggested making that distinction clear for the audience to avoid any misunderstandings. Another member questioned whether, since the safety net policy initiates allocation at Sequence B kidneys, there should be a consideration for managing Sequence B kidneys under policy. They expressed discomfort with the idea that Sequence B kidneys sometimes go to older patients with varying medical conditions. Several other members agreed and proposed including a question in their request for feedback about managing Sequence B kidneys under policy, highlighting the need to address efficiency and equity.

An individual recommended pushing the content in the request for feedback further to gather sentiment on the types of MOT combinations and their potential ordering. The sentiment gathered from public comments would inform and influence the development of the policy. The individual emphasized the importance of not only asking the community about the order of MOT combinations for allocation but suggested that the Committee should present a theoretical framework to guide and elicit meaningful feedback.

Additionally, a member presented an allocation concept that aimed to align with the general single-organ allocation scheme proposed by the Committees. In a simplified explanation, the concept involved merging some of the single-organ policies to make them functional for MOT allocation, reflecting an effort to streamline and enhance the efficiency of the allocation process.

Next steps:

Committee members will work on revising the proposed questions and will also create a theoretical allocation scheme to include in their request for feedback.

4. Recap of Previous Lung Committee Discussions

OPTN Contractor staff reviewed the previous discussion that the Committee had regarding lung multi-organ policies and how they potentially relate to the inefficiencies seen by OPO staff. The presenter summarized the general findings of the *Lung Continuous Distribution Six Month Monitoring Report*[1].

[1] Weiss, Samantha, and Chelsea Weibel. Rep. *Lung Continuous Distribution Six Month Monitoring Report*. OPTN, October 27, 2023.

Data summary:

Data Overview:

- Most of the lung MOT combinations have experienced declines in the number of OPTN Waiting List removals due to death or being too sick to receive a transplant
- In the pre-implementation era of lung continuous distribution, the median sequence for lung-kidney was 3. In the post-implementation era, the median sequence increased to 11
- The sequence number for lung-livers in the pre-implementation era was 3, and in the post-implementation era it increased to 9

Feedback from MOT Committee to Lung Committee:

- Some OPOs offer through all lung-liver and lung-kidney candidates with a CAS of 25 or greater before making primary offers on the liver match run
- Delays allocation because OPO does not make primary liver offers until lungs are placed
- MOT Committee recommends Lung Committee update these policies
    - Define a point earlier on the lung match run where OPO can move to abdominal allocation
        - Raise lung CAS threshold about 25
        - Create MOT attribute in lung CAS to bump lung MOT candidates higher on the match run
        - Require offers to high-urgency liver candidates before lung-liver candidates

Lung Committee Discussion:

- Supported moving lung MOT candidates higher on the lung match runs
- Supported assessing alternate approaches to defining threshold for required shares
    - Sequence number
    - Percentage of match run
    - Time constraint
- Does the MOT Committee have recommendations for how to define this threshold?

Summary of discussion:

The Committee did not make any decisions; however, they further discussed lung MOT policies.

A Committee member noted similarities between the allocation sequences for lung multi-organ transplants and those for lung transplants alone, suggesting that the increased sequence might not necessarily indicate a greater difficulty in placing organs. She emphasized the need for uniformity in running through the OPTN Waiting List and raised concerns about noticeable outliers. For example, the median sequence for lung-liver post-implementation is 13; however, there is also a maximum sequence number of 45.

A member also shared that he did not think priority should be based on sequence but rather severity of a candidate's illness. In addition, he mentioned that if higher priority is given to lung candidates and they are propelled to the top, other organs, particularly liver, may become disadvantaged. The Committee emphasized the importance of refining policies rather than guidance to achieve effective and equitable organ placement.

Upcoming Meeting

- November 29, 2023

Attendance

- **Committee Members**
  - Lisa Stocks
  - Sandra Amaral
  - Marie Budev
  - Vincent Casingal
  - Chris Curran
  - Alden Doyle
  - Jonathan Fridell
  - Rachel Engen
  - Shelley Hall
  - Jennifer Prinz
  - Nicole Turgeon
- **HRSA Representatives**
  - Marilyn Levi
  - Jim Bowman
- **SRTR Staff**
  - Katie Audette
- **UNOS Staff**
  - Kaitlin Swanner
  - Robert Hunter
  - Lindsay Larkin
  - Jenna Reformina
  - Jessica Higgins
  - Houlder Hudgins
  - Rebecca Fitz Marino
  - Kieran McMahon
  - Jon Miller
  - Tatenda Mupfudze
  - Susan Tlusty
  - Ben Wolford