

OPTN Ad Hoc Multi-Organ Transplantation Committee

Meeting Summary

February 14, 2022

Conference Call

Alden Doyle, MD, MPH, Chair

Introduction

The Ad Hoc Multi-Organ Transplantation (MOT) Committee met via Citrix GoToMeeting teleconference on 02/14/2022 to discuss the following agenda items:

1. Continuous Distribution of Kidneys and Pancreata: Request for Feedback
2. Role of MOT Committee in Supporting Kidney and Pancreas Continuous Distribution

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

1. Continuous Distribution of Kidneys and Pancreata: Request for Feedback

Dr. Vincent Casingal, the immediate past chair of the OPTN Kidney Transplantation Committee and member of this MOT Committee, presented the *Continuous Distribution of Kidneys and Pancreata Request for Feedback*. The presenter shared resources and encouraged members to participate in the Analytic Hierarchy Process to help determine the weights of each attribute.

Summary of discussion:

A member shared the challenges associated with the terminology of 'AHP' and suggested using different language, such as 'values survey,' to be more patient friendly.

2. Role of MOT Committee in Support Kidney and Pancreas Continuous Distribution

UNOS staff reviewed the scope of the Kidney-Pancreas continuous distribution project and highlighted the ways in which the OPTN Lung Transplantation Committee added smaller components into their new continuous distribution framework. The request for the MOT Committee is to estimate the composite allocation score (CAS) for kidney-pancreas patients that is currently prioritized and define a CAS threshold for required kidney-pancreas shares.

Summary of discussion:

The Chair noted the complexity in this discussion since the kidney is the primary organ with a pancreas as the secondary as opposed to the MOT combinations that the Committee has focused on with the kidney being secondary. A member also noted the importance of working collaboratively and having the Kidney committee guide the input they are looking for from the MOT committee.

A member inquired if there are general principles that Kidney Committee leadership would like the MOT Committee to follow when approaching this issue. A member expressed concern about pediatric candidates and kidney-pancreas patients having priority for organs of similar quality, thus reducing access between the groups due to competition for the same organs. In comparison to pediatric candidates, a member countered that there is an increasing group of diabetic patients who need a kidney-pancreas transplant. However, the clinical factors that indicate medical urgency on the waitlist do not appear to be as severe for these patients, thus creating a higher risk when listing them.

A member responded that there is a lot of work to be done to weigh the risks of different organ systems against one and another; and more work is necessary before the MOT Committee can contribute to that discussion. The member highlighted the difficulty in comparing patient attributes but noted the importance of making those determinations. A member called attention to the challenges of allocating a pancreas beyond a certain geographic threshold and the potential for refusal, which would ultimately disadvantage the kidney alone patient.

A member shared the challenge that Organ Procurement Organizations (OPOs) have in determining which patient receives the kidney if there are multiple MOT candidates requiring a kidney on different match runs. Thankfully, the member noted that this scenario is rare for OPOs, but it will be important to determine a clearer method for prioritizing MOT combinations with single-organ transplant (SOT) patients.

A member suggested utilizing the Analytic Hierarchy Process (AHP) tool to gather community feedback on how MOT and SOT patients should be prioritized. A member shared support for developing an AHP tool for community participation, but noted that additional education will be important for the patient population. A member highlighted the importance for the MOT Committee members to remove themselves from the mindset of their constituent committees and aim to resolve these issues in a system-wide manner.

Estimated Mapping to CAS

The MOT Committee discussed estimating a minimum composite allocation score for candidates for whom OPOs should be required to offer both the kidney and the pancreas. This approach would be used for the first round of SRTR modeling of the proposed continuous allocation systems for kidney and pancreas. The MOT Committee would then have the opportunity to review the modeling results, along with the Kidney and Pancreas Committees, and propose refinements for a second round of modeling. A member felt that this is a good starting point to build upon. A member shared that they are most comfortable with trying to replicate the current system and noted the challenges in modeling for kidney-pancreas offer acceptance. UNOS staff clarified that estimating a minimum CAS threshold for kidney-pancreas candidates it will likely include more candidates than the current classifications.

Next steps:

The Committee will continue to discuss the intersection of multi-organ transplant with kidney-pancreas continuous distribution development.

Upcoming Meetings

- March 14, 2022
- April 11, 2022
- May 09, 2022
- June 13, 2022

Attendance

- **Committee Members**
 - Alden Doyle
 - Chris Curran
 - Evelyn Hsu
 - James Sharrock
 - Jennifer Prinz
 - Keren Ladin
 - Kurt Shutterly
 - Marie Budev
 - Nicole Turgeon
 - Shelley Hall
 - Vincent Casingal
- **HRSA Representatives**
 - Adriana Martinez
 - Jim Bowman
- **SRTR Staff**
 - Jon Snyder
 - Jonathan Miller
 - Katie Audette
- **UNOS Staff**
 - Eric Messick
 - Holly Sobczak
 - James Jobs
 - Joann White
 - Kaitlin Swanner
 - Laura Schmitt
 - Leah Slife
 - Lindsay Larkin
 - Melissa Lane
 - Rebecca Goff
 - Rebecca Marino
 - Ross Walton
 - Susan Tlusty
 - Tina Rhodes
- **Other Attendees**
 - Charles Alexander