

## **OPTN Ad Hoc Multi-Organ Transplantation Committee**

### **Meeting Summary**

**July 13, 2022**

**Conference Call**

**Lisa Stocks, RN, MSN, FNP, Chair**

### **Introduction**

The Ad Hoc Multi-Organ Transplantation (MOT) Committee met via Citrix GoToMeeting teleconference on 07/13/2022 to discuss the following agenda items:

1. New Member Introduction
2. OPTN Board of Directors June 2022 Meeting Update
3. Multi-Organ Transplantation (MOT) Committee Progress to Date and Project Map

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

#### **1. New Member Introduction**

The Chair introduced the new members who are joining the Committee. The MOT Committee is comprised of members from other OPTN Committees who are stakeholders in multi-organ transplant.

#### **2. OPTN Board of Directors June 2022 Meeting Update**

The OPTN Board of Directors approved the Committee's proposal *Establish Eligibility Criteria and Safety Net for Heart-Kidney and Lung-Kidney Allocation* during their June meeting. The Chair highlighted the other proposals that the Board approved as well.

#### **3. Multi-Organ Transplantation (MOT) Committee Progress to Date and Project Map**

The Chair provided an overview of the MOT Committee's progress since its establishment in April 2021. The Chair reviewed the original project map that outlined the Committee's work. The Committee discussed how they foresee moving forward with and prioritizing work.

#### Summary of discussion:

##### *Match Run Prioritization*

Members discussed whether member education could be an option to address challenges that organ procurement organizations (OPOs) face in managing multi-organ allocation. A member shared their experience in developing member education for Lung continuous distribution and encouraged direct collaboration between leadership and the Professional Education department to ensure clear and concise member education is developed. When considering education, member noted that an improved automation system would have more benefit than member education. A member countered that education would still be useful for transplant centers to fully understand the process of OPOs.

A member inquired if there was a breakdown of MOT data that indicated which transplants were required shares and which were up to the discretion of the OPO. The member highlighted that this information may help patients better understand why match run prioritization is so important for OPOs. The member also highlighted that having a better understanding of the implications for the patient would be beneficial, for example, if they could accept the primary organ without the secondary or could

be eligible for the secondary organ through the safety net. A member outlined the implications of the policies between the patient and care team. Members emphasized the role that providers take on in educating their patient on their options.

From the OPO perspective, members expressed support for policy changes that would indicate required shares and direct OPOs on how to allocate through the match run. The member also suggested providing some type of dashboard that indicates which other organs have been allocated so that MOT providers can have a better understanding if they are going to receive both organs or just the primary.

A member opined that policy is written in a static way that does not accurately account for other considerations and context that is relevant when allocation is occurring. The member suggested framing policy in a way that allows for more flexibility to adjust to the real-time circumstance.

A member inquired about interim steps that could be taken to clarify the existing policy while match run prioritization improvements are developed. A member suggested flags or additional indicators that would show what is required versus permissible shares to guide allocation. The member inquired if this could be done through system enhancements as a way to expedite the process.

#### *Kidney MOT vs. Kidney Single Organ Transplant (SOT) Prioritization*

The Committee discussed ways to address prioritization between kidney MOT versus kidney SOT. Members were supportive of doing a request for feedback for public comment that would outline the Committee's discussions and ask for feedback from the community. Members felt it would be important to identify if there were patients with certain characteristics that should always have priority and to develop consensus from the community. Members were supportive of using a request for feedback to elicit community buy-in prior to developing the policy proposal.

Members discussed whether it would be beneficial to develop an Analytic Hierarchy Process (AHP) to gather community feedback on MOT versus SOT prioritization. While members initially thought it would be a good tool to collect community feedback, the Committee ultimately felt that an AHP exercise would not appropriately capture the intersectionality of patient characteristics for consideration. The group felt that they already know which values are important to the Committee but need a more dynamic discussion of factors than an AHP exercise would allow.

#### **Upcoming Meetings**

- August 10, 2022
- September 14, 2022
- October 12, 2022

## Attendance

- **Committee Members**
  - Alden Doyle
  - Alejandro Diez
  - Christopher Curran
  - Dolamu Olaitan
  - Lisa Stocks
  - Maria Casarella
  - Marie Budev
  - Nicole Turgeon
  - Peter Abt
  - Rachel Engen
  - Sandra Amaral
  - Shelley Hall
  - Vincent Casingal
- **HRSA Representatives**
  - Adriana Martinez
  - Jim Bowman
- **SRTR Staff**
  - Katie Audette
- **UNOS Staff**
  - Annette Bellars
  - Erin Schnellinger
  - Holly Sobczak
  - Kim Uccellini
  - Matt Cafarella
  - Laura Schmitt
  - Lindsay Larkin
  - Susan Tlusty