

OPTN Ad Hoc Multi-Organ Transplantation Committee

Meeting Summary

November 29, 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 11/29/2023 to discuss the following agenda items:

1. Policy Language Review – January 2024 Public Comment
2. Request for Feedback (RFF) – January 2024 Public Comment

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

1. Policy Language Review – January 2024 Public Comment

The Committee reviewed the revised policy language and voted to send it to January 2024 public comment.

Presentation summary:

The policy proposal is meant to address the scenario where there is a multi-organ transplantation (MOT) “required share” on the match run following a decline of an offer. It would prevent Organ Procurement Organizations (OPOs) from “holding back offers” in the case there is an MOT candidate.

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 an organ has been accepted by a transplant program, that organ is no longer available for subsequent offers, including those according to *Policy 5.10: Allocation of Multi-Organ Combinations.*

Summary of discussion:

Decision #1: By way of vote, the Committee decided to send out the revised policy language for January 2024 public comment.

Vote: Do you support sending out the policy language for January 2024 public comment?

Yes (13), No (0), Abstain (0)

A committee member expressed satisfaction with the revised language, noting that this aligns more closely with the committee's intended objectives. The member emphasized the need to safeguard OPOs so that they may proceed with allocation after organs have been placed. Another member voiced support for the revised language, appreciating its simplicity and directness. However, there were concerns raised by an individual who worried that the policy could be potentially misused, allowing individuals to move forward with allocation without appropriate consideration.

During the discussion, a committee member raised a question regarding whether the proposed policy language adequately addresses scenarios in which OPOs are holding kidneys for backup programs or offers. The member provided an example wherein a liver is placed, and the backup program involves a liver-kidney combination. In such cases, the primary program may indicate a need for a robust backup, which is the liver-kidney combination, leading to the possibility that the OPO might not prioritize the kidney and instead hold it as a backup to the liver. A different individual agreed and wondered if the policy language covered both the primary organ and other associated organs. In response, the chair affirmed that the policy indeed covers such instances, and another group member concurred, expressing confidence in the clarity of the language. An OPO and transplant center representative shared that the language is clear and straightforward from their perspective, effectively reducing ambiguity and guesswork.

Vote: Do you support sending out the policy language for January 2024 public comment?

Yes (13), No (0), Abstain (0)

Next steps:

The revised policy language will be sent out for January 2024 public comment.

2. Request for Feedback (RFF) – January 2024 Public Comment

The Chair reviewed the proposed RFF for January 2024 public comment and led the Committee in further discussion.

Presentation summary:

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

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

- Should kidney-pancreas (KP) candidates be considered MOT?
- Should 1 kidney be allocated to MOT (including KP), second kidney to kidney alone?
- Should 1 kidney be allocated to MOT, second kidney to KP or kidney alone?
- What are the potential impacts to KP and pediatric candidates?
- MOT prioritization:
 - Should policy dictate the order in which OPOs allocate organs, similar to Eurotransplant?
 - Eurotransplant outlines the order of organs that will be offered and is as follows: Heart+Lung/heart → lung → liver → intestine → pancreas → kidney
 - How should higher status single organ candidates be prioritized along with MOT candidates?
 - How should “higher status candidates” be defined for each organ type?
 - What additional policy or system considerations would OPOs need to follow a match run order directed by policy?

Summary of discussion:

Decision #2: The Committee decided to add a question to the RFF that aims to determine a specified point in allocation where an OPO may move on from MOT-related allocation.

General Discussion: The Committee further discussed questions and topics that might be included in the RFF.

Decision #2: The Committee decided to add a question to the RFF that aims to determine a specified point in allocation where an OPO may move on from allocation to MOT combinations.

The chair recommended adding a question to the RFF regarding the limitation of lung MOT offers that OPOs must make under required shares. A member noted that there has been an increase in these transplants and expressed skepticism that altering the current composite allocation score (CAS) cutoff would resolve any issues. An OPO representative acknowledged the improvement but stressed the need to address the prolonged allocation time for lungs as it impacts allocation for other organs and MOT combinations.

Another member highlighted negative implications of prolonged allocation, such as difficulties in timing for hospital staff and OR scheduling, extended processes for grieving donor families, and an overall negative impression of organ donation. The discussion emphasized the importance of considering these broader effects when crafting policies.

A member suggested exploring at what point on the OPTN Waiting List the likelihood of placing the organ drops off, proposing the concept of allocating to the point of success. Another member supported this idea. The discussion emphasized that transplantations for lung combinations such as liver-lung are conducted by a small percentage of transplant centers. A member cautioned against modifying policies that may negatively impact all centers based on the practices of a few.

Ultimately, the committee decided to broaden the question, applying it more generally across MOT combinations. This approach involves defining eligibility and specifying a point in allocation where decisions can be made to proceed with the allocation or move on. OPTN contractor staff stated that their current questions and points of focus is a great starting point, especially for the RFF for public comment.

General Discussion: The Committee further discussed questions and topics that might be included in the RFF.

A committee member asked if a question regarding restricting Sequence B in safety net allocation should be included in the RFF. The member proposed the exclusion of Sequence B kidneys as a more explicit means of allocating higher quality kidneys to pediatric and KP patients. The context was provided that safety net kidneys tend to be allocated to older patients or those with metabolic disorders where survival and success may vary. Another member chimed in, suggesting that it might be effective to prioritize Sequence B kidneys specifically for pediatric safety net candidates.

After examining the Eurotransplant framework, a committee member acknowledged that in certain cases, the Eurotransplant framework might be applicable, but there are instances where he wouldn't lend his support. The member emphasized that any framework should carefully consider the sequence or classification of both the organ and the candidate involved.

A Committee member proposed the idea of gaining public input into what aspects are important in the weighting of candidates. As examples, the member suggested exploring opinions on factors such as urgency, sensitivity, expected graft survival, distance, and the quality of organs. Another participant raised the issue of how prioritization would be determined for harder-to-place organs. The chair suggested that this question should be included in the RFF, emphasizing the need to address specific considerations for MOT prioritization and allocation, including potential status or classification considerations. Additionally, a committee member noted a community perspective on kidney allocation within MOT, which frames the kidney as a non-lifesaving organ. They recommended including a question in the RFF aimed at gaining feedback about how to prioritize kidney alone candidates within a revised allocation scheme.

Next steps:

OPTN contractor staff will continue to prepare the request for feedback document for January 2024 public comment.

Upcoming Meeting(s)

- December 13, 2023

Attendance

- **Committee Members**
 - Lisa Stocks
 - Sandra Amaral
 - Marie Budev
 - Vincent Casingal
 - Valerie Chipman
 - Chris Curran
 - Alejandro Diez
 - Alden Doyle
 - Jonathan Fridell
 - Shelley Hall
 - Kenny Laferriere
 - Heather Miller Webb
 - Oyedolamu Olaitan
 - Jennifer Prinz
- **HRSA Representatives**
 - Marilyn Levi
 - Jim Bowman
- **UNOS Staff**
 - Robert Hunter
 - Kaitlin Swanner
 - Lindsay Larkin
 - Jenna Reformina
 - Rebecca Fitz Marino
 - Cole Fox
 - Jessica Higgins
 - Sara Langham
 - Rebecca Murdock
 - Susan Tlusty
 - Ross Walton
 - Ben Wolford