

Meeting Summary

OPTN Ad Hoc Multi-Organ Transplantation Committee Meeting Summary April 17, 2024 Conference Call

Lisa Stocks, RN, MSN, FNP, Chair

Introduction

The Ad Hoc Multi-Organ Transplantation (MOT) Committee, the Committee, met via WebEx teleconference on 04/17/2024 to discuss the following agenda items:

- 1. Next Steps on Modify Effect of Acceptance Proposal
- 2. Information and Data to Inform Development of MOT Allocation Scheme
- 3. Code of Conduct & Whistleblower Proposal

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

1. Next Steps on Modify Effect of Acceptance Policy Proposal

The Chair and OPTN contractor staff reviewed next steps in relation to the Committee's *Modify Effect of Acceptance Policy* proposal.¹

Presentation summary:

- The OPTN Board of Directors will vote on the proposal on June 17-18
- Assuming it is approved, at least 30 days' notice will be given before it takes effect
- OPTN contractor Professional Education team will develop educational resources to support effective implementation and compliance with this and related policies

Summary of discussion:

The Committee did not make any decisions.

A Committee member supported the plan to develop educational materials and recommended that education focus on "organ offer acceptance" rather than "provisional yes." The Chair agreed with the recommendation.

Next steps:

- The *Modify Effect of Acceptance Policy* proposal will be considered by the Board of Directors at its June meeting
- If approved, the OPTN contractor will roll out educational resources to support implementation

2. Information and Data to Inform Development of MOT Allocation Scheme

The Committee reviewed a potential data request, development of a values prioritization exercise (VPE), and results of the Committee survey on MOT allocation order.

¹ "Modify Effect of Acceptance Policy," OPTN, Public Comment Proposal, available

https://optn.transplant.hrsa.gov/media/vnvlezd1/mot_modify-policy-effect-of-acceptance_pcjan24.pdf.

Presentation summary:

- Proposed data request
 - The first component of the proposed data request will be fulfilled by OPTN contractor staff and includes number of organ transplants by combination and waiting list outcomes (e.g. multi-organ transplant, removal due to death or too sick, single-organ transplant)
 - The second component of the request will be fulfilled by SRTR staff and includes modelling on the survival probabilities of single- and multi-organ candidates on the waitlist, with the goal of ranking candidates based on waitlist mortality
- Survey results
 - Ten Committee members completed a survey which asked them to review the draft MOT allocation scheme and suggest any changes they would like to make to the ranked list
 - Three of ten agreed with the initial order and seven of ten suggested changes to the order
 - Member responses showed strong support for the order of the first half of the list
 - In the second half of the list, there was support for increasing priority of several kidney classifications and heart classifications 5 and 6

Summary of discussion:

The Committee requested that the OPTN contractor and SRTR proceed with the data request.

The Committee decided to begin developing a values prioritization exercise (VPE) immediately.

The Chair called for member input and questions, particularly whether more information is needed to determine priority of certain populations with limited access e.g. pediatric and highly sensitized patients. A member noted that waitlist mortality would not be a good measure of priority for these patients. A member suggested adding time to next offer and organ non-use to the data request. A member suggested adding access by blood type and by region. A member highlighted that basing priority on waitlist mortality may contribute to higher post-transplant mortality and suggested adding potential life years gained as a data point. Another member called for comparing outcomes of multiorgan candidates who were transferred versus those who received a second organ via safety net policies. Members noted that since safety net policies were implemented recently, the numbers will be small. OPTN contractor and SRTR staff will integrate the Committee's feedback into the final data request.

The Chair noted the Committee's previous discussions about developing a VPE to assist in determining allocation priority. She asked the Committee for views on whether to wait for the data request results or to develop the VPE simultaneously. One member recommended waiting for the data because decisions should be based on data rather than opinions. Members discussed the potential timeline for the data request results and several expressed support for starting work on the VPE immediately. The Committee agreed to begin developing the VPE immediately and requested that OPTN contractor staff present on potential exercise design at the next meeting.

The Committee discussed the results of the survey. One member expressed concern about increased priority for pediatric patients and living donors, because they get transplanted quickly. Another member suggested that kidney-pancreas candidates should not always receive priority over pediatric kidney-alone candidates, noting that some wait a long time for transplant. The member noted that waiting time for pediatric kidney candidates varies by region, and within their region, some patients wait three years,

or longer for many highly sensitized patients. Another member called for increased priority for medically urgent kidney candidates, who are small in number with great need for transplant.

The Chair called for members to discuss the Committee's progress towards developing the draft allocation scheme. A member noted that developing the VPE while awaiting the data request results will drive progress forward. The member called for the Committee meet its goal of releasing a policy proposal for public comment during the Winter 2025 cycle, noting that it may not be a perfect proposal, but it will be a valuable opportunity to garner the community's input. Another member expressed concerns that there are sometimes delays between approval and implementation and called for sufficient resources to support this and other important OPTN projects.

Next steps:

- The OPTN contractor and SRTR will proceed with the Committee's data request
- The OPTN contractor will begin developing the VPE and present at the next Committee meeting

3. Code of Conduct & Whistleblower Proposal

OPTN contractor staff provided an overview of the *Code of Conduct* & *Whistleblower Proposal*,² which is out for special public comment period through May 17, 2024.

Presentation summary:

- The proposal includes a Code of Conduct for OPTN volunteers
- It proposes OPTN Bylaw changes to:
 - Require OPTN volunteers to sign and abide by the Code of Conduct
 - o Set processes for reporting and review of possible violations
 - Explain who can make public statements on behalf of the OPTN
 - Add protections for whistleblowers to complement current laws

Summary of discussion:

The Committee did not make any decisions.

The Chair encouraged members to review the proposal and provide their feedback via public comment.

Upcoming Meeting

• May 15, 2024

² "Establish Code of Conduct and Whistleblower Protection Bylaws," available

https://optn.transplant.hrsa.gov/policies-bylaws/public-comment/establish-code-of-conduct-and-whistleblower-protection-bylaws/.

Attendance

• Committee Members

- o Lisa Stocks, Chair
- o Sandra Amaral
- o Marie Budev
- o Alden Doyle
- o Rachel Engen
- o Jonathan Fridell
- o Shelley Hall
- o Heather Miller Webb
- o Nicole Turgeon

• HRSA Representatives

- o Jim Bowman
- o Marilyn Levi
- SRTR Staff
 - o Katie Audette
 - o Jon Miller
 - o Jon Snyder
- UNOS Staff
 - o Rebecca Fitz Marino
 - o Katrina Gauntt
 - Houlder Hudgins
 - o Robert Hunter
 - o Sara Langham
 - o Sarah Roache
 - o Laura Schmitt
 - Kaitlin Swanner
 - o Susan Tlusty
 - o Ben Wolford
- Other
 - o Erika Lease