

**OPTN Pediatric Transplantation Committee  
Meeting Summary  
February 27, 2025  
Conference Call**

**Rachel Engen, MD, Chair  
Neha Bansal, MD, Vice Chair**

## **Introduction**

The Pediatric Transplantation Committee (the Committee) met via WebEx teleconference on 02/27/2025 to discuss the following agenda items:

1. Public Comment item: *Establish Comprehensive Multi-Organ Allocation Policy*
2. Open Forum

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

### **1. Public Comment item: Establish Comprehensive Multi-Organ Allocation Policy**

*Establish Comprehensive Multi-Organ Allocation Policy*<sup>1</sup> is available for OPTN public comment from January 23, 2025 to March 19, 2025.

#### Summary of discussion:

The Committee heard a presentation on the *Establish Comprehensive Multi-Organ Allocation Policy* proposal, including a review of pediatric donor tables included in the request for feedback (RFF).

#### *Pediatric prioritization*

A Committee member asked about anticipated impacts to pediatric prioritization, if allocation tables are proposed and implemented into policy as shown in the RFF. The Chair, who also served on the Workgroup developing this RFF, summarized potential impacts as follows:

*"For traditional donors with KDPI 0-34%, there is no change in relative prioritization of kidney-pancreas candidates to pediatric kidney-alone candidates. There is increased priority for pediatric kidney-alone mainly relative to liver-kidney candidates and potentially to some heart-kidney, though most hearts are allocated to Status 1 and 2, which remain above pediatric kidney-alone. Potentially, there is some increased priority access to [kidneys with KDPI less than 35%] for pediatric kidney-alone in the [donors aged 11-17] group..."*

The presenter agreed with the Chair's statements.

#### *Considerations for pediatric liver-kidney candidates*

The Pediatric Committee expressed concerns regarding pediatric liver-kidney access within the proposed allocation framework. Pediatric liver-kidney candidates may have reduced access to transplant if

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<sup>1</sup> Establish Comprehensive Multi-Organ Allocation Policy, OPTN Ad hoc Multi-Organ Transplantation Committee, January 2025, <https://optn.transplant.hrsa.gov/policies-bylaws/public-comment/establish-comprehensive-multiorgan-allocation-policy/> (accessed March 11, 2025).

implemented as currently proposed, since the kidney would not be automatically allocated with the liver. Committee members noted, though small in numbers, liver-kidney is the primary type of pediatric multi-organ transplant. A thorough review of pediatric liver-kidney candidate characteristics is recommended to better understand the impact to this group.

#### *Considerations for pediatric heart-liver candidates*

The Pediatric Committee asked that heart-liver candidates, particularly those with Fontan-associated liver disease, be considered among other priorities. Fontan patients often develop significant complications, including cancer, making their liver needs medically urgent. The Committee encouraged further evaluation of how heart-liver candidates are prioritized to ensure equitable access for pediatric patients requiring this type of transplant.

#### Next steps:

The Committee will continue to discuss their feedback on *Establish Comprehensive Multi-Organ Allocation Policy* during their meeting on March 6, 2025.

## **2. Open Forum**

There were no open forum speakers.

#### **Upcoming Meeting**

- March 6, 2025, teleconference, 4-5 PM ET

## Attendance

- **Committee Members**
  - Rachel Engen
  - Neha Bansal
  - Aaron Wightman
  - Gonzalo Wallis
  - Meelie Debroy
  - Daniel Ranch
  - Shawn West
  - Katrina Fields
  - Gonzalo Wallis
  - Namrata Jain
  - Reem Rafaat
  - Ryan Fischer
- **HRSA Representatives**
  - None
- **SRTR Representatives**
  - Avery Cook
- **UNOS Staff**
  - Leah Nunez
  - Dzhuliyana Handarova
  - Susan Tlusty
  - Laura Schmitt
  - Betsy Gans
  - Niyati Upadhyay
  - Sarah Roache
- **Other attendees**
  - Zoe Stewart Lewis