

**OPTN Organ Procurement Organization Committee
Multi-Organ Policy Review Workgroup
Meeting Summary
February 20, 2020
Conference Call**

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Introduction

The OPTN Multi-Organ Policy Review Workgroup (the Workgroup) met via Citrix GoToTraining teleconference on 02/20/2020 to discuss the following agenda items:

1. Background
2. Goals and Scope
3. OPTN Policy Overview
4. Next Steps

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

1. Background

UNOS staff reviewed the Policy Oversight Committee's (POC) Strategic Policy Priorities that were approved by the Board of Directors during its December 2019 meeting. The Workgroup reviewed the following recommendations from the POC regarding multi-organ policies:

- Ensure policies are consistent and transparent
- Establish clear boundaries with discretion
- Multi-organ policy should be revised prior to starting work on any specific multi-organ policies
- Ensure that the specific multi-organ policies are consistent with the general multi-organ policy.

2. Goals and Scope

The Workgroup will evaluate Policy 5.10.C. Any proposed changes by the Workgroup should provide better direction on how to allocate multi-organ combinations not currently addressed in policy.

3. OPTN Policy Overview

The Workgroup reviewed the current OPTN policies regarding allocation of multi-organ transplants (MOT) and were presented with multiple MOT scenarios that further illustrated the complexities of this issue and the challenges organ procurement organizations (OPOs) face when trying to place organs.

Summary of discussion:

A member emphasized that kidneys being pulled for MOTs, while it may not significantly affect allocation, does disadvantage pediatrics. A candidate who is difficult to match or really sick experiences more harm from longer waiting times than a more stable candidate. These longer waiting times can potentially cause worse long-term impacts. Committee members agreed that pediatric candidates need to maintain higher priority for kidney over MOTs.

A member suggested a 3-way breakdown of MOTs into (1) MOTs involving kidneys, (2) MOTs involving intestines and (3) MOTs involving thoracic organs. The Workgroup agreed that this would be helpful in

prioritizing their work. The Workgroup decided that it would be best to initially address thoracic MOTs, then MOTs involving intestines, and lastly MOTs involving kidneys.

A member emphasized how important it was for OPOs to have some guidance in MOT decision-making. A member questioned whether it would be helpful to look at the utility of an organ being transplanted as an isolated transplant versus a combined transplant. It was mentioned that using utility as the metric to prioritize MOTs may not be fair. A member also suggested establishing an acceptable minimum outcome to help OPOs prioritize MOTs.

In addition to OPOs looking for guidance, a member mentioned the inconsistencies between review boards when granting exceptions, which could disadvantage some thoracic MOT candidates.

A member voiced concerns about geographic distribution of MOTs and differences between OPOs. It was explained that the number of MOTs did vary significantly between regions, but the causes were not analyzed. The distribution could be a concern for OPOs that are travelling long distances to retrieve the organ. It was also questioned whether the transition to acuity circles would limit the ability to do MOTs.

4. Next Steps

The Committee agreed to submit a data request to guide further discussion including:

- Wait time (MOT vs. single organ transplant (SOT))
- Mortality rate (MOT vs. SOT)
- Reason for waitlist withdrawal
- Geographic distribution of MOTs and OPOs

Upcoming Meetings

- TBD