

OPTN Organ Procurement Organization (OPO) Committee

Meeting Summary

June 17, 2020

Conference Call

Diane Brockmeier, Committee Chair

Kurt Shutterly, Vice-Chair

Introduction

The Organ Procurement Organization (OPO) Committee (the Committee) met via Citrix GoToMeeting teleconference on 6/17/2020 to discuss the following agenda items:

1. Multi-Organ Transplant (MOT) Project Update & Discussion
2. New Committee Term (July 1)

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

1. Multi-Organ Transplant (MOT) Project Update & Discussion

The Chair of the MOT Review Workgroup presented changes made to Policy 5.10.C:

Heart-Liver

- Status 1, 2, and 3 heart candidates should also get liver if MOT candidate is within 500 NM
- If no Status 1, 2, or 3 heart candidates, allocate liver alone to Status 1A, 1B or MELD/PELD 35 or higher
- If no Status 1, 2, and 3 heart candidates or Status 1A, 1B, or MELD/PELD 35 or higher liver candidates, OPO determines next steps for allocation

Lung-Liver

- Lung candidates with LAS of greater than 35 will also receive liver if MOT candidate is within 500 NM
- Lung candidates with LAS less than 35, allocate liver alone to Status 1A, 1B, MELD/PELD 35 or higher
- No lung candidates with LAS of greater than 35 or Status 1A, 1B, MELD/PELD 35 or higher liver candidates - OPO determines next steps for allocation

Summary of discussion:

A member inquired about how to follow the match run; for example, if candidates 1, 2, 3, or 4 didn't need a liver, but candidate 5 did, would the offer first go to candidate 5? A member explained that the first four candidates would still have to decline the offer before it went to candidate 5.

A member noted that some Organ Procurement Organizations (OPO) may need to change their processes: for any organs that are available, an OPO might execute those matches and not do anything with them. So, if an OPO allocates the liver before they get to the lung match, they may never allocate off the lung list. The Chair of the MOT Workgroup stated this was a great point and is exactly the type of guidance that needs to be provided by policy.

A member inquired about whether to allocate to a heart-liver or lung-liver candidate first if both are on the match run. A member explained that one would follow the heart-list first then move to the lung-list.

A member inquired about what to do if a heart is placed with candidate 3, but then at the last minute candidate 3 and 4 turn down the liver and candidate 5 also needs a heart-liver. In this situation, the liver would have already been accepted by another center and OPOs would need guidance for how this should be handled.

A member questioned whether the heart-liver and lung-liver would appear on the match run the same way a liver-kidney share does, where the coordinator has the ability to see whether it's an optional share or a required share. A member explained that the MOT Workgroup has discussed flagging these on the match run list and notifying the heart-liver or lung-liver candidates up front so one can code that patient out early.

A member recommended looking at how the match list jumps around for mandatory shares (i.e., one looks at the list for adult heart candidates up to 1000 NM before the list jumps to Status 3) and how much additional time it adds since multiple organs aren't allocated simultaneously.

A member inquired about whether pediatrics MOT had been discussed in regards to changes in Policy 5.10.C. Another member emphasized that it's important to not overlook the pediatrics perspective and make sure they have representation in the MOT Workgroup. The MOT Workgroup Chair stated that the Workgroup is still having these discussions and that there is a pediatric representative in the Workgroup.

The MOT Workgroup Chair explained that the Policy Oversight Committee (POC) wanted the Workgroup to be involved in kidney MOTs as well. It was mentioned that the current framework for heart-liver and lung-liver could be a good foundation for the kidney MOT allocation policy changes.

A member stated that MOT allocation becomes complicated when survival and mortality rates are included in the discussion, especially because these candidates should receive transplants before they get too ill and drop off the list.

2. New Committee Term (July 1)

UNOS staff recognized new Committee members and those members that are rolling off.

Summary of discussion:

No discussion.

Upcoming Meeting

- July 15, 2020 (teleconference)