OPTN Organ Procurement Organization Committee
Multi-Organ Policy Review Workgroup
Meeting Summary
August 27, 2020
Conference Call

Kurt Shutterly, Workgroup Chair

Introduction

The OPTN Multi-Organ Policy Review Workgroup (the Workgroup) met via Citrix GoToTraining teleconference on 08/27/2020 to discuss the following agenda items:

1. Review of Heart/Liver and Lung/Liver criteria
2. Review of Heart/Kidney and Lung/Kidney criteria

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

1. Review of Heart/Liver and Lung/Liver Criteria

UNOS staff provided a brief overview of the project scope and goals.

The Workgroup chair reviewed the allocation criteria for heart-liver candidates:

- Status 1, 2, or 3 heart candidates should also receive the liver if multi-organ transplant (MOT) candidate within 500 NM
- No Status 1, 2, or 3 heart candidates within 500 NM, allocate liver alone to Status 1A, 1B, or MELD/PELD 35 or higher candidates prior to allocating liver to other heart candidates
- No Status 1, 2, or 3 heart candidates or liver Status 1A, 1B, MELD/PELD 35 or higher liver candidates - OPO determines next steps, allocates according to organ-specific policies

The Workgroup chair reviewed the allocation criteria for lung-liver candidates:

- Lung candidates with LAS of greater than 35 should also receive the liver if MOT candidate within 500 NM
- Lung candidates with LAS of less than 35 within 500 NM, allocate liver alone to Status 1A, 1B, MELD/PELD 35 or higher candidate prior to allocating liver to other lung candidates.
- No lung candidates with LAS greater than 35 and no liver Status 1A, 1B, MELD/PELD 35 or higher liver candidates – OPO determines next steps, allocates according to organ-specific policies

Summary of discussion:

Heart-Liver

A member inquired whether the Workgroup was using markers of waitlist mortality or staggering by patient outcomes in order to provide an equitable balance between multi-organ and single organ transplants. The Workgroup chair explained that the charge of this project is to clarify the current policy and the inclusion of specific allocation criteria is intended to provide better guidance for OPOs while also protecting offers for higher status liver alone candidates. A member added that Status 1A, 1B, MELD/PELD greater than 35 liver candidates are getting offers, while it can be challenging to get a biological match for heart-liver or lung-liver candidates due to size and other factors.

Lung-Liver

A member stated that there are fewer supportive therapies for lung-liver candidates than there are for heart-liver candidates. A member mentioned that a candidate cannot get place on a left ventricular assist device (LVAD) when they are suffering with advanced liver or kidney disease – the outcomes are terminal and they don't do well throughout the surgery. Members agreed that prioritizing heart-liver before lung-liver is justifiable based on the larger number of heart-liver transplants.[1]

A member noted that there are no OPTN policies that mandate which organs OPOs attempt to place first. A member explained that OPOs typically run all their lists at once then allocate to the highest priority candidates. A member pointed out that, from the operational perspective, it is important to remember to allocate combined heart-lung from the heart list.

A member expressed concern that liver candidates who are already disadvantaged by broad distribution are going to be further disadvantaged by this proposed MOT policy. A member mentioned that they see Status 1 heart candidates and MELD/PELD greater than 35 liver candidates getting multiple offers, but it's rare to find the correct size heart for a candidate that also needs a liver since size makes a huge difference for thoracic organs.

UNOS staff explained that this MOT allocation criteria could also be providing protection to sicker liver candidates. Currently, if an OPO has a marginal heart and is working down the list and comes to a candidate that needs a liver within the specified distance, then that could pull that liver away from a higher status sick liver candidate. In this allocation criteria, once an OPO gets past Status 1, 2, and 3 heart candidates, they have to allocate to that sicker liver alone before continuing down the heart list or lung list.

A member inquired if there was a set time period to revisit this criteria and assess the impact it has had. UNOS staff explained that any time a committee puts forward a proposal there is a monitoring plan that assesses the impact after six months and one year.

2. Review of Heart/Kidney and Lung/Kidney Criteria

The Workgroup chair presented the draft process for allocating heart-kidney and lung-kidney combinations. The Workgroup members supported the use of the same framework as heart-liver and lung-liver combinations as shown below:

Heart-Kidney

- Status 1, 2, or 3 heart candidate should also get kidney if MOT candidate within 500 NM
- No Status 1, 2, or 3 heart candidates, allocate kidney alone following 1-6 classification
- No Status 1, 2, or 3 heart candidates or Class 1-6 classification candidates - OPO determines next steps, allocates according to organ-specific policies

Lung-Kidney

- Lung candidates with LAS of greater than 35 should also receive kidney if MOT candidate within 500 NM
- Lung candidate with LAS of less than 35, allocate kidney alone following 1-6 classification

[1] 2019 OPTN Data: 45 heart-liver transplants, 12 lung-liver transplants

- No lung candidates with LAS greater than 35 and or 1-6 classification recipients - OPO determines next steps, allocates according to organ-specific policies

Summary of discussion:

Members agreed that the allocation criteria for heart-kidney and lung-kidney makes sense.

A member inquired about kidney classifications 1-6. UNOS staff explained that these have not been implemented yet and the use of classifications 1-6 was made with input from members of the Kidney Committee. The Kidney Committee members were most concerned with pediatrics, which is included in classification 6.

A member inquired if this policy would also govern simultaneous liver-kidney (SLK) transplants. UNOS staff explained that SLK transplants have their own policy. A member expressed concern that the impact to kidney alone recipients has not been addressed and suggested that the workgroup look at this data and provide it to the community.

Upcoming Meetings

- TBD

Attendance

- **Workgroup Members**
    - Kurt Shutterly
    - Diane Brockmeier
    - Jennifer Muriett
    - Malay Shah
    - David Marshman
    - Marie Budev
    - Shelley Hall
    - Parul Patel
    - Mahwish Ahmad
    - Michael Davis
    - Darla Granger
    - Jorge Reyes
    - Diego Acero
    - Kim Rallis
- **HRSA Representatives**
    - Adriana Martinez
    - Vanessa Arriola
- **SRTR Staff**
    - Katie Audette
- **UNOS Staff**
    - Robert Hunter
    - Rebecca Brookman
    - Pete Sokol
    - Matthew Prentice
    - Nicole Benjamin
    - Leah Slife
    - Darby Harris