OPTN Ad Hoc Multi-Organ Transplantation Committee
Meeting Summary
February 8, 2023
Conference Call

Lisa Stocks, RN, MSN, FNP, Chair

Introduction

The Ad Hoc Multi-Organ Transplantation Committee met via Citrix GoToMeeting teleconference on 02/08/2023 to discuss the following agenda items:

1. Committee Minibrief
2. Estimated Glomerular Filtration Rate (eGFR) Update
3. Public Comment Update
4. Public Comment Presentation: National Liver Review Board (NLRB) Guidance for Multivisceral Transplant Candidates
5. Public Comment Presentation: Update on Continuous Distribution of Livers and Intestines

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

1. Committee Minibrief

The OPTN Contractor's Committee Liaison presented on a minibrief from the Committee being submitted to the Executive Committee for consideration of approval.

Data summary:

The minibrief will be presented to the Executive Committee on February 21, 2023. This will request a change in the dissolution date of the MOT Committee from June 30, 2024, to June 30, 2026. It will also request a change from an 18 member capacity to no member capacity.

Summary of discussion:

The Chair stated that she had asked the OPTN Contractor's staff to research what it would take to make the MOT Committee a permanent committee, and asked if members agreed that it should be. One member agreed and stated that the Committee has far more work to do that will go beyond 2026, and that it may benefit from becoming a standing committee. The Committee Liaison stated that in the timeframe the Committee still has for their work, staff and the Committee can work on developing a more permanent structure.

2. Estimated Glomerular Filtration Rate (eGFR) Update

The OPTN Contractor's Policy staff provided the Committee an update on their requested clarification from their January meeting.

Data summary:

- In order to be eligible for simultaneous liver-kidney (SLK), simultaneous heart-kidney (SHK), and simultaneous lung-kidney (SLuK) safety nets, the candidates must be registered on the waiting list prior to the one-year anniversary of initial transplant and meet certain clinical criteria

    - January 11, MOT Committee asked if race-based eGFR waiting time modifications would impact the registration date portion of safety net eligibility
- The same date is used to backdate waiting time as is used to calculate registration for safety net in the system
    - A candidate whose registration date was backdated to prior to the one-year anniversary and meets all other qualifying criteria would be eligible for safety net based on current system function
- Presented to Kidney and Minority Affairs leadership to ensure this was in line with intent

Summary of discussion:

The Committee had no questions and raised no concerns.

3. Public Comment Update

The OPTN Contractor's Committee Liaison presented a summary of public comment feedback and sentiment to date for both of the Committee's proposals out for public comment.

Summary of discussion:

One member stated that they received concern from the region about the proposal to *Expand Simultaneous Liver-Kidney Allocation* that it would not increase transplant, but that the member felt that allocation policies are intended to organize the order of offers and the waiting list so they didn't understand the concern. In terms of *Identify Priority Shares in Kidney Allocation*, they felt that their region's feedback was that single organ pediatric candidates are losing offers to multi-organ candidates. They also received the feedback that there's a potential to allocate one kidney to an MOT candidate and one to a single organ transplant (SOT) candidate. The member felt that it would be helpful to see data on whether MOT is diverting a significant number of offers from pediatric candidates, or whether it's a small number of instances.

Another member stated that allocation policies can be tied to increasing transplant through the efficiency of allocation and reducing discards. They stated that their regional feedback on *Expand Simultaneous Liver-Kidney Allocation* was that aligning with heart allocation policies is not sufficient justification to expand allocation from 250 nautical miles (NM) to 500 NM. *For Identify Priority Shares in Kidney Allocation*, they stated that OPOs do want more guidance and are supportive of having clearer workflows and more support for decision making. The concern for whether or not a multi-organ transplant was truly needed was raised in the region, with a pediatric hepatologist raising a concern of patients being listed for liver-kidney transplant when the liver may not be necessary, and wanted to ensure the project also addressed whether or not the additional organs were needed. The member did not hear any concerns about prioritizing highly sensitized or pediatric patients, but a cardiologist did raise a concern about heart-kidneys being prioritized lower than patients with extended waiting time on dialysis. They stated that overall the feedback was accepting of the concept, and recognizing that it's a complicated issue.

The first member responded that it does make sense for kidney that allocation policy could impact discards due to changes in efficiency, they're just not used to it in heart transplantation.

One member stated that they consider kidney-pancreas an MOT combination, and that they've received the feedback that highly sensitized kidney-pancreas candidates should be prioritized. They also agreed with a previous member, that cirrhotic patients with renal failure can be a difficult situation to balance which organs are needed. They also stated that there's a big opportunity to create efficiency in how we offer organs, especially with a lot of the kidney-pancreas transplant teams waiting for local donors, as well as high KDPI organs being transplanted more locally.

One member stated that the feedback they received about kidney-pancreas as an MOT combination was related to the pancreas only being transplanted with a kidney, with no programs being willing to transplant a pancreas alone and then have a safety net for the kidney. The first member said that clarified the issue for them and they agreed.

4. Public Comment Presentation: National Liver Review Board (NLRB) Guidance for Multivisceral Transplant Candidates

The Committee received a public comment presentation on the proposal for *National Liver Review Board (NLRB) Guidance for Multivisceral Transplant Candidates* from the Liver and Intestinal Transplantation Committee.

Summary of discussion:

One member stated that multivisceral transplants (MVT) are typically done at regional centers, and the areas around those centers may be impacted in terms of the quality of liver alone offers. The presenter stated that MVT is an extremely small number, and while the centers that perform these transplants are localized in clusters in the US, the transplant volume is so low that it might not be impactful. The presenter stated that these MVT candidates may require additional priority, and that this is an iterative process, but that the current issues of transplant numbers and waitlist mortality needed to be addressed.

Next steps:

Committee staff and leadership will draft a public comment response from the Committee based on the feedback given in the meeting. This response will be posted on the OPTN website.

5. Public Comment Presentation: Update on Continuous Distribution of Livers and Intestines

The Committee received a public comment presentation on the *Update on Continuous Distribution of Livers and Intestines* from the Liver and Intestinal Transplantation Committee.

Summary of discussion:

One member asked about attributes the committee considered but didn't pursue. The presenter responded that the committee looked at frailty, but that many of the models didn't have strong associations with waitlist mortality or post-transplant outcomes. They also looked at socioeconomic status (SES) and area deprivation index or other community risk scores, but that they could only refine it to the zip code, and individual patients may live in a wealthier zip code but be economically disadvantaged themselves. OPTN Contractor staff added that the committee also considered surgical complexity and re-transplant, allowing candidates who are more surgically complex to gain additional priority, but that it ended up being too complex. In addition, the committee wants to continue to re-transplant urgent candidates, but candidates who are multiple years post-transplant may not warrant the same level of urgency. The presenter added that the committee is keeping priority for primary graft dysfunction and hepatic thrombosis, and that portal vein thromboses were discussed but gelt to be subjective.

One member added that cytomegalovirus (CMV) matching in liver may be an attribute for the committee to consider adding.

Next steps:

Committee staff and leadership will draft a public comment response from the Committee based on the feedback given in the meeting. This response will be posted on the OPTN website.

Upcoming Meetings

- March 8, 2023, 3 PM Eastern, Teleconference
- April 12, 2023, 3 PM Eastern, Teleconference

Attendance

- **Committee Members**
  - Christopher Curran
  - Kenny Laferriere
  - Lisa Stocks
  - Oyedolamu Olaitan
  - Rachel Engen
  - Sandra Amaral
  - Shelley Hall
  - Vince Casingal
- **HRSA Representatives**
  - Jim Bowman
  - Marilyn Levi
- **SRTR Staff**
  - Jon Snyder
  - Jonathan Miller
  - Katherine Audette
- **UNOS Staff**
  - Alex Carmack
  - Andy Belden
  - Courtney Jett
  - James Alcorn
  - Kaitlin Swanner
  - Krissy Laurie
  - Matt Cafarella
  - Paul Franklin
  - Ross Walton
  - Sara Langham