

OPTN Ad Hoc Multi-Organ Transplantation Committee

Meeting Summary

September 20, 2021

Conference Call

Charles Alexander, RN, MSN, MBA, CPTC, Chair

Introduction

The Ad Hoc Multi-Organ Transplantation Committee met via Citrix GoToMeeting teleconference on 09/20/2021 to discuss the following agenda items:

1. Applicability
2. Combining eligibility criteria with approved policy
3. Introduction to data element review
4. Feedback from Histocompatibility Committee

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

1. Applicability

UNOS staff provided background and asked for feedback specifically on whether the eligibility criteria should apply for pediatric candidates and if the safety net should apply for foreign recipients.

Data summary:

Since 1988, the OPTN has conducted 55 pediatric Simultaneous Heart-Kidney (SHK) transplants and 1 pediatric Simultaneous Lung-Kidney (SLuK) transplant.¹

Summary of discussion:

Pediatric candidates – Simultaneous transplant

A member shared that some of the existing criteria in the Simultaneous Liver Kidney (SLK) policy is difficult to apply to pediatric candidates and makes it hard for them to qualify in the same way as adult candidates. As a result, there is flexibility for pediatric candidates where they are not required to meet the eligibility criteria in order to list for SLK. Members did not have any reasons to deviate from the practice of the SLK policy and did not see a reason to require pediatric candidates to meet the eligibility criteria.

Foreign recipients

Members inquired about how often this occurs. Members noted this practice is extremely rare in heart and lung recipients. A member stated that most heart candidates who receive foreign transplants were originally denied in the U.S. because they are a poor candidate for transplant. The member added that these patients often return to the U.S. with kidney failure as a result of their foreign transplant. There was concern over this policy's messaging and members do not want to incentivize patients to pursue international transplants. Furthermore, members raised concerns that this policy could impede equity and access. Members requested SLK policy utilization data before making a concrete recommendation.

¹ Analysis of OPTN database as of September 20, 2021.

Next steps:

UNOS staff will gather data on the utilization of the SLK safety net for foreign recipients.

2. Combining eligibility criteria with approved policy

UNOS staff discussed how this policy will fold into the *Clarify Multi-Organ Allocation Policy* from the OPTN Organ Procurement Organization (OPO) Committee.²

Summary of discussion:

Members expressed the need to address when a medically urgent single organ candidate will receive an offer before a multi-organ candidate. Members are in support for providing clearer guidance to OPOs.

In terms of combining this policy with the OPO policy, there was concern that this could disadvantage the kidney alone candidates. A member highlighted that in order to balance multi-organ transplants with single organ, specifically requiring a kidney, there needs to be limitations on both quantity and quality of organs allocated for MOT candidates. By establishing the eligibility criteria, it limits the quantity while the safety net addresses the quality. From an ethical standpoint, a member inquired if modeling for this policy would reveal characteristics of groups that are less likely to receive kidneys alone and multi-organ transplants. This modeling and data discussed would allow the Committee to get to a better point where the Committee can fully understand the tradeoffs associated with the various policies. A member shared that despite using a similar process when developing the SLK policy, there will always be pushbacks of accepting what those tradeoffs are and how different populations view them.

There was also concern that with the proposed Simultaneous Heart-Kidney (SHK) policy would restrict allocation to the sickest of the sick, therefore, disadvantaging heart recipients and increasing the potential for both organs to fail. Members discussed the varied role that the heart statuses will play moving forward. There was concern over the integrity of listing a status 5 heart patient knowing that they would be extremely unlikely to receive an MOT offer.

In terms of the match run, a member shared that the SLK policy places the candidate on the waitlist for both the primary and secondary organs. When the match run is conducted, it will indicate if a patient is required, eligible, or ineligible for the multi-organ offer. While these indicators are very clear to the transplant coordinators, they only appear on the match run for the primary organ and not the secondary organ. A member shared that this could be an opportunity to collaborate with the Match Run Rules Workgroup to create a cohesive prioritization and notification process.

Following the OPO policy implementation, the Chair requested data on the percentage of kidneys transplanted into kidney alone and multi-organ patients before, after implementation, and at various points across time.

Next steps:

UNOS staff will discuss these options with the organ specific committees to make sure there are no outstanding concerns for this committee to address. UNOS Research staff will compile existing data from the SLK implementation to give the Committee an idea of what to expect for this policy proposal.

² OPTN Organ Procurement Organization Committee, *Clarify Multi-Organ Allocation Policy*, January 2021, accessed October 13, 2021, https://optn.transplant.hrsa.gov/media/4354/2021_pc_opo_clarify_multi_organ_allocation_policy.pdf.

3. Introduction to data element review

New data collection will be required to determine if candidates meet the eligibility criteria or qualify for safety net. The proposed data elements must be evaluated with the Data Standardization Checklist. The goal is to complete the data element review by the November 1 meeting and present it to the Data Advisory Committee (DAC) on November 8.

4. Feedback from Histocompatibility Committee

During the OPTN Histocompatibility Committee's September 14 meeting, members were asked for feedback on whether there are immunologic differences between hearts, livers, and lungs that should influence how this Committee defines the eligibility criteria for candidates. They responded that for all MOT candidates there is an immunologic advantage for receiving organs from the same donor rather than different donors. While this immunological advantage varies some across organs, it should not impact the rules for allocation. However, since non-renal organs drive the multi-organ allocation process, sensitization should be considered when allocating hearts and lungs.

Upcoming Meetings

- October 12, 2021
- November 1, 2021
- November 22, 2021

Attendance

- **Committee Members**
 - Charlie Alexander
 - Christopher Curran
 - Evelyn Hsu
 - Garrett Erdle
 - James Sharrock
 - Keren Ladin
 - Marie Budev
 - Molly McCarthy
 - Nicole Turegon
 - Oyedolamu Olaitan
 - Shelley Hall
 - Stacy McKean
 - Vincent Casingal
- **HRSA Representatives**
 - Jim Bowman
 - Marilyn Levi
- **SRTR Staff**
 - Jon Snyder
 - Jonathan Miller
 - Katie Audette
- **UNOS Staff**
 - Amber Wilk
 - Ben Wolford
 - Eric Messick
 - Holly Sobczak
 - Joann White
 - Kayla Temple
 - Kaitlin Swanner
 - Krissy Laurie
 - Laura Schmitt
 - Leah Slife
 - Lindsay Larkin
 - Melissa Lane
 - Nicole Benjamin
 - Rebecca Goff
 - Ross Walton
 - Sara Rose Wells