

**OPTN Ad Hoc Multi-Organ Transplantation Committee
Meeting Summary
October 23, 2024
Conference Call**

**Lisa Stocks, RN, MSN, FNP, Chair
Zoe Stewart Lewis, MD, PhD, MPH, FACS, Chair**

Introduction

The Ad Hoc Multi-Organ Transplantation (MOT) Committee, the Committee, met via WebEx teleconference on 10/23/2024 to discuss the following agenda items:

1. Proposed MOT offers by match run
2. Proposed medical eligibility criteria
3. Proposed multivisceral offers by match run
4. Pediatric MOT considerations

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

1. Proposed MOT offers by match run

The Committee considered how to structure multi-organ offers within the upcoming policy proposal.

Summary of Presentation:

OPTN staff presented a potential structure for multi-organ offers. For donors covered by an algorithm, the OPO would run all relevant match runs and the system-generated allocation plan would guide allocation in accordance with policy. For donors not covered by an algorithm, the OPO would determine the order in which to work through match runs and make offers to single- and multi-organ candidates in the order they appear on match runs. The same approach would apply for any organs not accepted on completion of an allocation plan.

OPTN staff outlined which organs could "pull" other organs on each match run. Hearts, lung, and liver could pull all other organs. Intestine, kidney, pancreas, and kidney-pancreas could pull other abdominal organs to facilitate multivisceral offers.

Summary of Discussion:

The Committee did not make any decisions.

A member sought clarification on how allocation would occur for offers covered by algorithms. OPTN staff confirmed that for offers covered by an algorithm, the OPO would make offers to candidates within each classification in the order they appear in the algorithm. Following completion of the algorithm, OPOs would continue making offers in the order they appear on the match run, and policy would not direct the order in which they work through match runs once the algorithm is complete. Another member asked whether kidneys should pull other organs. OPTN staff indicated that this is a decision for the Committee.

Next steps: The Committee will continue discussing proposed multi-organ offers by match run, including which organs should "pull" other organs.

2. Proposed medical eligibility criteria

OPTN staff presented proposed medical eligibility criteria for multi-organ offers made on heart, lung, and liver match runs.

Summary of Presentation:

Under the proposed approach, existing medical eligibility criteria could be incorporated (e.g. for heart-lung, heart-liver, heart-kidney, lung-liver, lung-kidney, liver-intestine, liver-kidney, and kidney-pancreas). If the Committee supports livers pulling hearts and lungs, new eligibility criteria may need to be developed. Some potential multi-organ combinations (e.g. liver-pancreas) would not be subject to medical eligibility criteria, which might be justified because such combinations are rare and there is no criteria in current policy. For candidates needing more than 2 organs, if they meet medical eligibility criteria for the first 2 organs, they could receive offers for all organs needed, as available.

Summary of Discussion:

The Committee supported incorporation of existing medical criteria and developing new criteria, as necessary.

Members agreed that liver transplant candidates should be eligible to receive hearts or lungs, subject to appropriate eligibility criteria. The discussion included patients with Fontan-associated liver disease, who present unique challenges. These patients may not meet current requirements for heart-liver transplant. Members noted that allowing for heart-liver offers on the liver match may not fully address limited access to transplant for these patients. Members noted the need for prioritization decisions and eligibility criteria to balance the needs of single- and multi-organ candidates.

Next Steps:

OPTN staff will incorporate this information in the January 2025 public comment update.

3. Proposed multivisceral offers by match run

OPTN staff presented on potential multivisceral offers by match run.

Presentation summary:

OPTN staff showed data on the number of multivisceral transplants, by combination, noting that these transplants are comparatively rare. Under the proposed approach, livers would “pull” any combination of abdominal organs. There would be no eligibility criteria for multivisceral offers on the liver match, except for existing policies on liver-intestine and liver-kidney. This approach is consistent with current policy and could be justified based on relatively small numbers and ensuring access to transplant for multivisceral candidates. On the intestine, kidney, pancreas, and kidney-pancreas matches, these primary organs could pull other abdominal organs, with the possible exception of livers.

Summary of discussion:

The Committee did not make any decisions.

Members expressed confusion regarding the distinction between policy and practice in relation to liver allocation from the intestine match runs. Staff confirmed a notation on the liver-intestine match run stating that liver-intestines should be allocated from the liver-intestine match run, not the intestine match run. This practice has been in place since 2013, when liver-intestine-specific allocation criteria were established.

Members noted challenges with the current system, stating that liver-intestine patients often do not score high enough (typically in the MELD 30s) to receive offers. This situation creates access issues for candidates seeking multivisceral transplants. One member raised concerns regarding liver-pancreas combinations, noting that challenges arise when the pancreas has already been allocated. The member questioned whether liver-pancreas or liver-intestine combinations should be given priority over single pancreas candidates. Discussion also included the possibility of allowing intestines to pull the liver within the allocation algorithm for Status 1 intestine candidates. Members considered whether this permission should extend beyond the algorithm to the entire intestine list, with the potential to allow organs to pull other organs, provided that the proper order is followed.

Next Steps:

The Committee will continue discussing the integration of multivisceral offers within the multi-organ allocation policy proposal.

4. Pediatric MOT considerations

This item was not discussed due to lack of time.

Upcoming Meeting

- October 30, 2024

Attendance

- **Committee Members**
 - Zoe Stewart Lewis (Chair)
 - Lisa Stocks (Chair)
 - Chris Curran
 - Rocky Daly
 - Rachel Engen
 - Jonathan Fridell
 - Shelley Hall
 - Precious McCowan
 - Oyedolamu Olaitan
 - Deanna Santana
 - Chris Sonnenday
 - Nicole Turgeon
 - Anj Wall
- **HRSA Representatives**
 - Marilyn Levi
- **SRTR Representatives**
 - Katie Audette
 - Jon Miller
- **UNOS Staff**
 - Viktoria Filatova
 - Katrina Gauntt
 - Sara Langham
 - Sarah Roache
 - Kaitlin Swanner