

OPTN Ad Hoc Multi-Organ Transplantation Committee

Meeting Summary

April 23, 2025

Conference Call

Lisa Stocks, RN, MSN, FNP, Chair

Zoe Stewart Lewis, MD, PhD, MPH, FACS, Chair

Introduction

The OPTN Ad Hoc Multi-Organ Transplantation Committee (the Committee) met via WebEx teleconference on 04/23/2025 to discuss the following agenda items:

1. Feedback from the OPTN Organ Procurement Organization (OPO) Committee
2. Follow up on medical eligibility criteria
3. Follow up on Vascularized Composite Allografts (VCA)
4. Overview of draft policy language

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

1. Feedback from OPO Committee

The Committee received an overview of the OPO Committee's feedback on the upcoming policy proposal.

Summary of presentation:

The OPO Committee supports categorizing multi-organ offers as either "eligible" or "not eligible" and removing the "permissible" category. The OPO Committee also recommends larger text and more visual cues on match runs, to provide additional clarity on when a candidate is eligible for multi-organ sharing.

Summary of discussion:

No discussion.

Next steps:

The feedback will help inform the draft policy language and system solution under development.

2. Follow up on medical eligibility criteria

The Committee continued its discussion on incorporating current eligibility criteria for kidney when following heart, lung, or liver.

Summary of presentation:

Staff noted that in a prior discussion there was general support for applying these criteria to adult candidates receiving heart-kidney, lung-kidney, and liver-kidney transplants, including those needing more than two organs.

Examples of where kidney criteria would apply:

- Heart-liver-kidney
- Heart-lung-kidney

- Lung-liver-kidney
- Liver-kidney-intestine-pancreas

For thoracic multi-organ transplants involving more than two organs including a kidney (from 2020 to 2024), there are very few cases. The most common combination was heart-liver-kidney, with 3 to 8 such transplants per year, among adult recipients only.

For abdominal multi-organ transplants with more than two organs including a kidney during the same period, the most frequent combination was liver-kidney-intestine-pancreas, with 20 being performed from 2020 to 2024. These cases included both pediatric and adult recipients.

Summary of discussion:

Decision: The Committee decided that candidates listed for more than two organs, including a kidney, should be eligible for the kidney if they meet any applicable criteria for the kidney.

Members confirmed that applying the kidney criteria to multi-organ transplants with more than 2 organs including a kidney would be consistent with current policy. Staff affirmed that this approach would be consistent.

A member raised concerns about how kidney eligibility criteria should be applied when a candidate is listed for multiple organs—such as heart, liver, and kidney. They questioned whether a candidate listed for heart-liver-kidney should be able to meet either the heart-kidney or liver-kidney criteria to be eligible to receive all three organs. The member noted that a candidate with metabolic disease may qualify for liver-kidney under specific criteria, but not for heart-kidney. If the match is based on the heart, that candidate could potentially be eligible for the heart-liver, but not for the kidney. Members agreed that candidates listed for three organs, including a kidney, should be eligible for the kidney if they meet any applicable eligibility criteria for the kidney.

Next steps:

This approach will be incorporated into the draft policy language.

3. Follow up on VCA

The Committee continued their discussion regarding VCA and whether there needs to be additional consideration for these transplants within the proposed allocation tables or otherwise.

Summary of presentation:

A VCA representative on the Committee previously provided insight into when a VCA candidate should also be eligible to receive a simultaneous kidney transplant. If a candidate is matched for a face or hand transplant and also needs a kidney, it could be immunologically advantageous for them to receive the kidney from the same donor. It was noted that waiting for a donor who matches both the VCA and kidney needs could result in a long and difficult wait.

Staff highlighted the following for Committee consideration:

- VCA multi-organ transplants are quite rare and typically involve an abdominal organ and the abdominal wall.
- Allowing VCA-kidney offers would require adding VCA classifications to the allocation tables, which could divert kidneys from relatively highly medically urgent candidates who are not covered by the allocation tables.
- Current policy does not include medical eligibility criteria for kidneys following VCA.

- Additionally, there is no criteria for kidneys following other organs (besides the heart, lung, and liver). Allowing VCAs to pull kidneys without similar criteria would therefore, create an inconsistency within multi-organ allocation policy.

Summary of discussion:

Decision: The Committee decided that VCA should follow other organs and that other organs should not follow VCA.

A member expressed concern that allowing VCA-kidney offers from the VCA match could potentially disadvantage other kidney-multi-organ candidates such as heart-kidney and liver-kidney candidates. Other members agreed with this concern, noting the long wait times for kidney candidates. The Co-Chair commented that these kinds of transplants are extremely rare, often just 1-2 per year. The Co-Chair asked whether there is current policy on VCA-kidney offers from the VCA match and staff confirmed that policy is silent on this issue and there is no eligibility criteria for kidneys following other organs, except for hearts, lungs, and livers.

A member supported VCA following other organs, but did not support other organs following VCA. One member suggested that they may be open to the concept of VCA-kidney if there were clear medical criteria developed, such as with heart-kidney, lung-kidney, and liver-kidney medical eligibility criteria.

Members agreed that without additional analysis and potential development of medical eligibility criteria, VCA should not “pull” other organs, including kidneys. Members agreed that this work should potentially be undertaken by the OPTN Kidney and VCA Committees.

Next steps:

The Committee will refer this issue to the Kidney and VCA Committees for further consideration.

4. Overview of draft policy language

The Committee reviewed the current draft policy language which revises *OPTN Policy 5.10* and several other related OPTN policies.

Summary of presentation:

OPTN Contractor Staff outlined several new terms proposed for inclusion in *OPTN Policy 1.2: Definitions*. Staff gave an overview of proposed revisions to *OPTN Policy 5.10: Allocation of Multi-Organ Combinations*, including policy language that will consolidate multi-organ allocation policy, standardize allocation order and processes, establish “eligible” and “ineligible” multi-organ offers, and incorporate existing medical eligibility criteria for multi-organ offers.

Summary of discussion:

A member sought clarification on whether organ offers would be retracted if a match run was re-executed during multi-organ allocation. The member provided an example scenario where the liver was already allocated and lungs became viable, and the new lung match included high priority lung-liver candidates. The member commented that once an organ is allocated, the offer should not be retracted in such situations. Staff confirmed that this scenario would likely be covered by *OPTN Policy 5.6.D Effect of Acceptance*, which established that once an organ is accepted, the acceptance binds the transplant hospital and OPO unless they mutually agree on an alternative.

Next steps:

OPTN Contractor Staff will circulate draft policy language to Committee members and the Committee will vote on the language for inclusion in the Summer 2025 policy proposal at its meeting on May 28, 2025.

Upcoming Meetings

- May 14, 2025
- May 28, 2025

Attendance

- **Committee Members**
 - **SRTR Staff** Lisa Stocks, Co-Chair
 - Jonathan Fridell
 - Shelley Hall
 - Jim Kim
 - Precious McCowan
 - Oyedolamu Olaitan
 - Deanna Santana
- - Avery Cook
 - Jon Miller
- **UNOS Staff**
 - Sara Langham
 - Sarah Roache
 - Erin Schnellinger
 - Kaitlin Swanner
 - Ross Walton