

OPTN Ad Hoc Multi-Organ Transplantation Committee

Meeting Summary

November 13, 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 (Committee) met via WebEx teleconference on 11/13/2024 to discuss the following agenda items:

1. Recap key decisions at 10/30 meeting
2. Data request: MOT donors
3. Request for Feedback overview
4. Monitoring compliance
5. Evaluating impacts
6. Vice Chair selection process

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

1. Recap key decisions at 10/30 meeting

OPTN contractor staff presented on the key decisions made by the Committee during its meeting on 10/30/2024.

Presentation summary:

1. Members tended to agree that hearts, lungs, and livers should "pull" all other organs and that existing medical eligibility criteria should be incorporated and additional criteria developed, as necessary.
2. There was ongoing discussion about whether abdominal organs should "pull" other organs. There was developing consensus that abdominal organs should pull other abdominal organs, except for livers. This would promote access to multivisceral transplant and maintain access for medically urgent liver candidates.
3. The Committee finalized six algorithms for inclusion in the public comment update:
 - DBD age 18-69, KDPI 0-34%
 - Initial draft algorithm
 - 65% of MOT donors in our cohort
 - DBD age 18-69, KDPI 35-85%
 - 15% of MOT donors in our cohort
 - DCD age 18+, KDPI 0-34%
 - 4% of MOT donors in our cohort; likely growing as acceptance of DCD organs increases

- DBD age 11-17, KDPI 0-34%
 - 10% of MOT donors in our cohort
 - DBD age <11, KDPI 0-34%
 - ~1% of MOT donors; important donor population for pediatric multivisceral candidates
 - DBD age <11, KDPI 35-85%
 - ~1% of MOT donors; important donor population for pediatric multi visceral candidates
4. The Committee highlighted some of the challenging prioritization for public comment feedback questions.
- In the initial draft algorithm, are highly sensitized kidney candidates (Kidney Classifications 1-4) appropriately prioritized above the liver, intestine, lung, KP, and heart candidates shown in the algorithm?
 - In the initial draft algorithm, are prior living donor kidney candidates (KI 5) appropriately prioritized above the liver, intestine, lung, KP, and heart candidates shown in the algorithm?
 - In the initial draft algorithm, are KP Classifications 1-4, Heart Classifications 5-6, and Kidney Classifications 6-7 (the final 8 classifications in the algorithm) appropriately prioritized?
 - In the pediatric donor algorithms, should pediatric kidney candidates be placed above KP Classification 1, between KP Classifications 3 and 4 , or below KP Classification 4?

Summary of discussion:

The Committee did not make any decisions.

A member emphasized challenge of determining which organs should “pull” other organs when some groups are prioritized based on medical urgency and others are prioritized for other reasons. The member supported hearts, lungs, and livers pulling other organs, because the prioritization decisions for these organ classifications are based on medical urgency. Some supported all organs pulling other organs for classifications included in the algorithms, subject to medical eligibility criteria. The Chair suggested inclusion of a public comment question on whether all organs should pull other organs.

In relation to multi-visceral and liver transplants, members noted that many candidates transplanted have exception points. Members expressed a desire that pediatric liver-kidney and multi-visceral transplants maintain similar levels of access to transplant under the proposed algorithms.

Some members had diverging views on the appropriate placement of Pancreas and Kidney-Pancreas classifications compared to Kidney Classification 6 (pediatric) in the pediatric donor algorithms. The Committee agreed to ask public comment questions on this issue.

Members agreed on the importance of ensuring that the algorithms are as consistent as possible, with clear rationale for any differences.

2. Data request: MOT donors

OPTN contractor staff presented a potential data request on MOT donors.

Presentation summary:

The potential request would cover multi-organ transplants between July 1st, 2022- July 1st, 2024. It would analyze the number of multi-organ transplants for each transplant type (Heart-Kidney, Heart-Liver, Heart-Lung, Lung- Liver, Lung-Kidney, Liver-Kidney, Multivisceral (Liver, Intestine and possibly Pancreas and/or Kidney), and kidney-pancreas) based on:

- Donor Age (<11, 11-17, 18+)
- Donor KDPI (0-34, 35-85, 86+)
- Donor Type (DCD or DBD)
- Recipient Age
- Recipient Medical Urgency
- CPRA/0-ABDR Mismatch (Kidney and Kidney-Pancreas combinations only)

It would provide the count of transplants that would have been captured by the algorithms based on transplant type will be provided, for each of the following donor types:

- DBD age 18-69, KDPI 0-34%
- DBD age 18-69, KDPI 35-85%
- DCD age 18-69, KDPI 0-34%
- DBD age 11-17, KDPI 0-34%
- DBD age <11, KDPI 0-34%
- DBD age <11, KDPI 35-85%
- All MOT donors (1-6 combined)

Summary of discussion:

The Committee agreed to submit the MOT Donors Data Request.

A member suggested leaving out lung-liver and lung-kidney out of the MOT Donors Data Request, and the Committee agreed.

Next steps:

OPTN contractor staff will undertake the request and report back to the Committee.

3. Request for Feedback overview

This agenda item was not discussed due to timing.

4. Monitoring compliance

This agenda item was not discussed due to timing.

5. Evaluating impacts

This agenda item was not discussed due to timing.

6. Vice Chair Selection process

This agenda item was not discussed due to timing.

Next Steps:

OPTN contractor staff will email workgroup members information about the following agenda items: Request for Feedback overview, monitoring compliance, evaluating impacts, and the Vice Chair selection process.

Upcoming Meetings

- December 4, 2024

Attendance

- **Committee Members**
 - Lisa Stocks, Chair
 - Marie Budev
 - Vincent Casingal
 - Rocky Daly
 - Rachel Engen
 - Jonathan Fridell
 - Shelley Hall
 - Jim Kim
 - Precious McCowan
 - Oyedolamu Olaitan
 - Deanna Santana
 - Nicole Turgeon
- **SRTR Staff**
 - Katie Audette
 - Jon Miller
- **UNOS Staff**
 - Viktoria Filatova
 - Katrina Gauntt
 - Houlder Hudgins
 - Sara Langham
 - Sarah Roache
 - Kaitlin Swanner
 - Ross Walton