

**OPTN Ad Hoc Multi-Organ Transplantation Committee****Meeting Summary****November 22, 2021****Conference Call****Alden Doyle, MD, MPH, Chair****Introduction**

The Ad Hoc Multi-Organ Transplantation (MOT) Committee met via Citrix GoToMeeting teleconference on 11/22/2021 to discuss the following agenda items:

1. Recap of Committee's November 1<sup>st</sup> Discussion
2. Review draft policy language
3. Committee vote on draft policy language

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

**1. Recap of Committee's November 1<sup>st</sup> Discussion**

The Committee was generally supportive of the proposed policy. The proposed policy aligns Simultaneous Heart-Kidney (SHK) and Simultaneous Lung-Kidney (SLuK) with the existing Simultaneous Liver-Kidney (SLK) policy. Members highlighted additional considerations around restricting safety net policy to use of kidneys with Kidney Donor Profile Index (KDPI) of 35% or higher and expanding SHK eligibility criteria to include adult heart status 4 patients.

**2. Review Draft Policy Language**

UNOS staff reviewed each section of the proposed policy language ahead of the Committee's vote.

Summary of discussion:*Eligibility Criteria*

A member inquired about the required versus permissible distance for Organ Procurement Organizations (OPOs) to offer multi-organ combinations to candidates. The member noted that the SLK policy only requires the OPO to offer the multi-organ combination to Status 1A and 1B patients within 250 NM and the OPO is permitted to offer the organs within 500 nm. UNOS staff noted that 500 NM is standard in heart allocation, and consistent with the OPO Committee's proposal *Clarify Multi-Organ Allocation Policy*, whereas the 250 NM reflects standards in liver allocation. Furthermore, the 250 NM distance is the translation from Donor Service Areas (DSAs) to Acuity Circles, which are soon to begin revision to a continuous distribution allocation framework for liver transplantation. While it is important to maintain consistency across organs when possible, UNOS staff noted that distances can have a drastically different impact on utilization in various allocation schemas.

UNOS staff emphasized the importance for the Committee to remain within the scope of the project approved by the OPTN Policy Oversight Committee and the OPTN Executive Committee. The scope of this project is confined to develop eligibility criteria and safety net for Simultaneous Heart-Kidney and Simultaneous Lung-Kidney.

The Chair noted that passing this policy would pave the way for amending the SLK policy in the future and suggested including questions about this in public comment in order to inform a future project. A

member added that because the Committee has not had sufficient time to discuss or review data to amend the SLK policy, it would be inappropriate to amend and vote on a new policy today for public comment. A member requested data on how often liver candidates at status 1A and 1B, who are between 251 and 500 NM, are receiving SLK offers.

A member inquired about the identification of candidates as 'eligible,' 'permissible,' and 'ineligible' on SLK match runs and if that identifier would be present for the SHK and SLuK patients. UNOS staff confirmed that this policy will replicate the SLK match run indicators.

The Chair asked how this policy will inform OPOs of which match run to prioritize when considering MOT offers. UNOS staff suggested that the Committee look at *Policy 8.7.C Kidney Allocation in Multi-Organ Combinations*, which indicates the order for MOT match runs for an OPO to perform. As the Committee's work progresses, it will be essential to determine how match runs will be prioritized between single organ candidates and the various multi-organ combinations.

#### *Safety Net Prioritization*

The Committee was satisfied with the safety net prioritization language as is.

#### *Potential Policy Changes Impacting MOT*

Members discussed the transition procedure for implementation. A phased implementation process was utilized for SLK, wherein centers had a 60-day window to update their patient's eligibility criteria ahead of implementation. The OPTN released the data fields early to allow centers to manage their waitlist in preparation for the policy implementation. Members voiced support for a phased implementation process that is consistent with SLK.

### **3. Committee Vote on Draft Policy Language**

The Committee was asked 'Do you support sending the policy proposal, *Establish Eligibility Criteria and Safety Net for Heart-Kidney and Lung-Kidney Transplantation*, to the Executive Committee?' A voice vote was conducted and the Committee unanimously voted, 9-0, in support.

#### Next steps:

This policy proposal will be presented to the OPTN Executive Committee for approval for public comment.

#### **Upcoming Meetings**

- December 20, 2021
- January 10, 2022
- February 14, 2022
- March 14, 2022
- April 11, 2022
- May 9, 2022
- June 13, 2022

## Attendance

- **Committee Members**
  - Alden Doyle
  - Chris Curran
  - Garrett Erdle
  - James Pomposelli
  - James Sharrock
  - Jennifer Prinz
  - Keren Ladin
  - Kurt Shutterly
  - Nicole Turgeon
  - Oyedolamu Olaitan
  - Shelley Hall
  - Vincent Casingal
- **HRSA Representatives**
  - Jim Bowman
  - Marilyn Levi
- **SRTR Staff**
  - Jon Snyder
  - Jonathan Miller
  - Katie Audette
- **UNOS Staff**
  - Ben Wolford
  - Eric Messick
  - Holly Sobczak
  - Kayla Temple
  - Laura Schmitt
  - Leah Slife
  - Lindsay Larkin
  - Matt Prentice
  - Rebecca Goff
  - Rebecca Marino
  - Rebecca Murdock
  - Ross Walton
  - Sara Rose Wells
  - Susan Tlusty