# OPTN Liver and Intestinal Organ Transplantation Committee
# Meeting Summary
# March 1, 2024
# Conference Call

**Scott Biggins, MD, Chair**
**Shimul Shah, MD, MHCM, Vice Chair**

## Introduction

The OPTN Liver and Intestinal Organ Transplantation Committee (the Committee) met via WebEx teleconference on 03/01/2024 to discuss the following agenda items:

1. Update on Medical Urgency Attribute
2. Public Comment Presentation: Modify Effect of Acceptance Policy
3. Public Comment Presentation: Concepts for Modifying Multi-Organ Policies
4. Public Comment Presentation: Promote Efficiency of Lung Allocation

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

## 1. Update on Medical Urgency Attribute

The Committee discussed the next steps for the medical urgency attribute within Liver continuous distribution.

Summary of discussion:

The Vice Chair informed the Committee about the evaluation of liver medical urgency models form, which is intended to be used to submit questions to the authors of each of the following medical urgency models: Model for End-Stage Liver Disease (MELD), dynaMELD, and Optimized Prediction of Mortality (OPOM).

Next steps:

Committee members will fill out the form and further evaluation and analysis will be determined based upon the answers received.

## 2. Public Comment Presentation: Modify Effect of Acceptance Policy

The Committee received a presentation regarding the Modify Effect of Acceptance Policy proposal which is currently out for public comment by the OPTN Ad Hoc Multi Organ Transplantation Committee.[1]

Summary of discussion:

The Vice Chair commented that they feel this proposal is very reasonable and appropriate. A member agreed, voicing that the proposal makes a lot of sense. The Vice Chair emphasized the significance of not changing allocation once organs have been placed. The Vice Chair added that it is important that kidneys are allocated appropriately. A member indicated their support for the proposal.

[1] https://optn.transplant.hrsa.gov/policies-bylaws/public-comment/modify-effect-of-acceptance-policy/

Next steps:

Feedback will be summarized and posted to the OPTN public comment website on behalf of the Committee.

**3. Public Comment Presentation: Concepts for Modifying Multi-Organ Policies**

The Committee received a presentation regarding the Concepts for Modifying Multi-Organ Policies proposal, which is currently out for public comment by the OPTN Ad Hoc Multi Organ Transplantation Committee.[2]

Summary of discussion:

A member suggested that kidney-pancreata should not be categorized as a multi-organ combination. The member explained that it could penalize organ procurement organizations (OPOs) if kidney-pancreas combinations were counted in the multi-organ transplant for the overall organ transplanted per deceased donor and organ metrics. The member added that they agree better guidance is needed for how OPOs should allocate organs.

A member commented that with the low percentage of kidneys going to multi-organ recipients, they would strongly favor keeping the policy as is and not try to prioritize two kidneys going to kidney-alone recipients. The member explained that oftentimes when kidneys are allocated to a multiorgan candidate, that candidate is likely very sick and their overall survival is worse if they remain on dialysis post-transplant. The Vice Chair agreed that the data presented indicates that allocation may have a fair approach as is. Another member agreed that the breakdown of data comparing the number of kidney-alone to multi-organ seems favorable.

Another member asked if the OPTN Ad Hoc Multi Organ Transplantation Committee has reviewed outcomes data comparing kidney-alone, kidney-pancreas, and multi-organ transplants. The member stated this may be helpful in determining whether the percentages of multi-organ transplants compared to single-organ transplants are appropriate. The presenter replied that their Committee frequently looks at data to aid their decision-making but it was not included in this public comment item since their Committee is requesting feedback.

A member stated that it is challenging to receive a quality pancreas offer and most pancreas transplant programs are small, thus they are not likely to accept a medically complex pancreas. The member added that this results in most kidney-pancreas acceptances for a kidney with a KDPI of 0-34%. The member explained this in order to caution the OPTN MOT Committee from making decisions that could potentially disadvantage the pancreas transplant programs.

The Vice Chair summarized that the Committee's feedback seems to indicate a preference towards the current allocation remaining the same. A member noted they would remain open to suggested changes in order to understand whether there could be improvements or disadvantages. The Vice Chair suggested that the 0-34% KDPI kidney offers be reserved for kidney-alone candidates and higher KDPI (e.g. 40 – 70%) kidneys be utilized for liver-kidney and other multi-organ combinations. A member responded that their transplant program will utilize higher KDPI kidneys for simultaneous liver-kidney transplant, as long as KDPI is below 85%.

The Vice Chair asked for Committee members' experience with the kidney-after-liver safety net. A member responded that their experience has been decent but noted it is not the preferred route. The Vice Chair noted that their transplant program has had more trouble with kidney-after-liver because a

[2] https://optn.transplant.hrsa.gov/policies-bylaws/public-comment/concepts-for-modifying-multi-organ-policies/

candidate will be deemed too sick by the kidney transplant team. Another member stated that the question with the safety net is whether the candidate that is deemed too frail would have had better outcomes with a simultaneous transplant or would their outcomes have been the same. The member stated that their transplant program relies heavily on the safety net and usually is able to receive a kidney for the liver recipient within a year or two after the liver transplant. The member stated that the safety net access seems to have improved. A member stated that their transplant program has had good success utilizing the safety net.

A member stated that another consideration that may need to be revisited is the criteria for simultaneous liver-kidney transplants. The member stated that just because a candidate meets the criteria, it does not necessarily mean that candidate has to be listed for both a liver and a kidney.

Next steps:

Feedback will be summarized and posted to the OPTN public comment website on behalf of the Committee.

**4. Public Comment Presentation: Promote Efficiency of Lung Allocation**

The Committee received a presentation regarding the Promote Efficiency of Lung Allocation proposal, which is currently out for public comment by the OPTN Lung Transplantation Committee.[3] This presentation was tailored to a few system enhancements that may also be relevant for the Committee.

Summary of discussion:

The Vice Chair stated support for system enhancement that help reduce unwanted organ offers.

A member stated that they were familiar with a situation where a liver transplant recipient became allergic to peanuts post-transplant but it was not anaphylactic. An SRTR representative noted that it is well documented that anaphylaxis for nuts can occur in liver transplant recipients who were not previously allergic to nuts. The SRTR representative noted it is an especially important consideration for liver transplant due to the amount of lymphoid organs that are transplanted with the liver.

A member questioned whether the data element should collect anaphylaxis in general because the concern remains whether it is a nut allergy or any of the other common allergies such as fish. The visiting board member responded that there has been an instance where a liver pediatric transplant recipient developed peanut, treenut, and egg anaphylaxis as well as eosinophilic esophagitis post-transplant. The visiting board member noted that transmission of anaphylactic allergies is well documented in pediatric liver transplantation.

The Vice Chair stated that is sensible to allow transplant programs to opt-out of receiving offers from geographically isolated areas. Another member noted that in the pacific northwest, they extend the nautical miles in order to include Hawaii but that has repercussions. The member explained that it would be beneficial to indicate that they are willing to accept offers from these geographically isolated areas rather than relying on nautical miles to capture it.

Next steps:

Feedback will be summarized and posted to the OPTN public comment website on behalf of the Committee.

[3] https://optn.transplant.hrsa.gov/policies-bylaws/public-comment/promote-efficiency-of-lung-allocation/

**Upcoming Meetings**

- March 15, 2024, at 2 pm ET (teleconference)
- April 5, 2024, at 2 pm ET (teleconference)

**Attendance**

- **Committee Members**
  - Shimul Shah
  - Allison Kwong
  - Colleen Reed
  - Erin Maynard
  - Jennifer Muriett
  - Joseph DiNorcia
  - Kym Watt
  - Lloyd Brown
  - Neil Shah
  - Omer Junaidi
  - Sophoclis Alexopoulos
  - Tovah Dorsey-Pollard
  - Vanessa Cowan
  - Vanessa Pucciarelli
- **HRSA Representatives**
  - Jim Bowman
- **SRTR Staff**
  - Jack Lake
  - Katie Audette
  - Nick Wood
  - Ryo Hirose
- **UNOS Staff**
  - Betsy Gans
  - Cole Fox
  - Erin Schnellinger
  - James Alcorn
  - Kaitlin Swanner
  - Katrina Gauntt
  - Kayla Balfour
  - Laura Schmitt
  - Meghan McDermott
  - Sarah Roache
  - Susan Tlusty
- **Other**
  - Jen Lau (visiting board member)
  - Lisa Stocks (Chair of the OPTN Multi-Organ Transplantation Committee)