OPTN Ad Hoc Multi-Organ Transplantation Committee
Meeting Summary
August 9, 2023
Conference Call

Lisa Stocks, RN, MSN, FNP, Chair

Introduction

The Ad Hoc Multi-Organ Transplantation Committee, the Committee, met via Citrix GoToMeeting teleconference on 08/09/2023 to discuss the following agenda items:

1. Review: *Identify Priority Shares in Kidney Multi-Organ Transplantation Allocation*
2. Discussion: *Identify Priority Shares in Kidney Multi-Organ Transplantation Allocation*

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

1. Review: *Identify Priority Shares in Multi-Organ Transplantation Allocation*

The Committee reviewed their previous discussion regarding kidney allocation to the kidney alone, kidney-pancreas (KP), and Multi-Organ Transplantation (MOT) lists. The purpose of the conversation was to provide more direction in policy on allocating kidneys between single-organ and MOT candidates to improve equity and efficiency.

Presentation Review:

June 14 Committee Meeting Recap:

- For donors that are donating both kidneys with a Kidney Donor Profile Index (KDPI) between 0-34%, one kidney would be allocated to candidates on the MOT or KP list, and the second kidney would be allocated to pediatric and adult candidates on the kidney alone list.
- Need to address how MOT combinations would be prioritized in the kidney allocation scheme.
- MOT candidates would maintain the first choice for kidneys.
- Need more granular data to address concerns regarding access to kidneys for pediatric candidates.

Summary of discussion:

Decision #1: The Committee did not make any decisions regarding how to allocate kidneys between MOT, KP, and the KA list, but they had extensive discussion about potential solutions.

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The Committee reviewed and discussed the previously proposed allocation scheme for donors who are donating both kidneys and have a KDPI of 0-34%. The group had previously agreed to allocate one kidney to MOT or KP candidates, and one kidney to the kidney alone list, including pediatric candidates. This allocation scheme was meant to improve access for kidney alone and pediatric candidates.

However, upon further discussion, members of the Committee raised a few concerns regarding what had been proposed. More specifically, members worried about grouping MOT and KP together.

Considering that KP candidates are dependent on better KDPI donors to receive a good quality pancreas, grouping KP and MOT may not prioritize KP candidates enough. The chair responded that the previous data request results indicated that there would only be a small impact on KP candidates.

A member introduced an idea that would allocate one kidney to the kidney alone list or the KP list, and one to the MOT list. While this would better satisfy KP, it would not do much to address access for pediatric candidates. In addition, the group would still need to consider how to categorize KP within this allocation structure.

A different member also suggested that the group could consider an allocation scheme that would prioritize specific groups or classifications of candidates. For example, for kidneys with a KDPI between 0-20%, one kidney could be allocated to the kidney alone list, and the other kidney could be allocated to the other candidates on the list to a certain or specified point. This option would maintain prioritization for KP candidates but could also potentially provide better access for MOT candidates.

2. Discussion: *Identify Priority Shares in Multi-Organ Transplantation Allocation*

The Committee discussed how to prioritize different MOT combinations to better guide organ procurement organizations (OPOs) in the allocation process.

Presentation Review:

- OPTN policy outlines various situations in which an OPO must offer a kidney to a candidate along with another organ, including:
  - Heart-kidney, lung-kidney, liver-kidney, and kidney-pancreas candidates.
- These situations carry equal weight in policy and policy does not indicate which candidate should take priority
- OPOs have discretion as to how to allocate kidneys amongst different MOT combinations
  - Leads to inconsistency as to whether similarly situated candidates receive organ offers
  - Leads to inefficiency in allocation for OPOs as they work through how to allocate kidneys between multiple priority candidates.
- Policy does not indicate what OPOs should do if a required share conflicts with an organ offer acceptance

Summary of discussion:

Decision #2: The Committee did not make any decisions regarding how to prioritize MOT combinations, but they had extensive discussion about potential solutions.

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The Committee talked at length about how to allocate to the MOT and kidney alone list and discussed how to prioritize different MOT combinations. A member of the Committee offered that the group could determine how kidneys would be allocated in a small portion or circle of patients. The Committee would need to determine who exactly is included in this circle based on needs such as sensitization, or different sequence organs. A member responded and mentioned this might not work as patients are not the same and may require different attributes such as size of an organ. A different member added that this may have potential if they qualify the quality of the kidney first and then allocate out from there.

Another idea that the group produced would allocate one kidney to the kidney alone and pediatric candidates. The second kidney would be allocated to the KP or MOT list. While this is an option that would group KP and MOT together, KP would receive priority for the second kidney before it is allocated

to the MOT list. Since it can be hard to find the right donor for the pancreas, MOT would still be able to have adequate access. With this option, the Committee would still need to discuss how to prioritize different MOT combinations.

A Committee member also adds that organ procurement organizations should not be penalized for skipping MOT candidates if they get a late turndown. For example, if a liver alone is placed, the kidney should not be held until they know that the liver is accepted because the backup to the liver is a liver-kidney candidate. This member expresses that there should be no reason to hold a kidney for a backup MOT because it is not efficient and accrues additional cold ischemic time.

Considering that the Committee did not come to a consensus on MOT prioritization, a member suggested that the Committee put out a general proposal for public comment. The group would be able to ask for comments and opinions on the complex issue to get a better understanding of public sentiment. This guidance could help them develop a more specific proposal. Even though the proposal would not decide on a specific allocation scheme, the Committee could outline a focus on 0-34% KDPI kidneys and how they should be prioritized and propose the potential for KP to be grouped with MOT in allocation.

Upcoming Meeting(s)

- September 13, 2023, 3:00 PM EDT

Attendance

- **Committee Members**
    - Lisa Stocks
    - Vince Casingal
    - Chris Curran
    - Alden Doyle
    - Rachen Engen
    - Jonathan Fridell
    - Heather Miller-Webb
    - Dolamu Olaitan
- **HRSA Representatives**
    - Kala Rochelle
    - Marilyn Levi
- **SRTR Staff**
    - Katherine Audette
    - Jonathan Miller
- **UNOS Staff**
    - Alex Carmack
    - Jenna Reformina
    - Julia Foutz
    - Sara Langham
    - Nicholas Marka
    - Kaitlin Swanner
    - Kim Uccellini
    - Ross Walton
    - Ben Wolford