

OPTN Ad Hoc Multi-Organ Transplantation Committee

Meeting Summary

January 22, 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 01/22/2025 to discuss the following agenda items:

1. Welcome and updates
2. Review data request: Multi-organ transplant and donor population
3. Identify any additional multi-organ allocation tables and development process
4. Open forum

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

1. Welcome and updates

The Chair welcomed the Committee and reviewed the agenda. The Committee reviewed the presenters for the regional meetings on the committee's request for feedback,¹ and the format for the regional meeting presentations. The Committee also received an update regarding in-person meeting scheduling, the progress of the OPTN Lung Multi-Organ Workgroup, and feedback received to date on the request for feedback.

No decisions were made.

2. Review data request: Multi-organ transplant and donor population

The Committee reviewed data to assess if the multi-organ allocation tables developed by the committee account for the appropriate population of historical multi-organ recipients.

Data summary:

- Most multi-organ recipients received transplants from donors age 18+, who donated after brain death (DBD), with a Kidney Donor Profile Index (KDPI) 0-34%
- Multivisceral transplant (MVT) recipients were more likely to receive the gift of life from donors under the age of 18
- Recipients of heart-kidney and liver-kidney transplants tended to be older, while MVT recipients tended to be younger
- Around 6% of MOTs were from donors not currently covered by the allocation tables; about 4% were from donation after circulatory death (DCD) donors, age 18+, with a KDPI 35-85%

¹ "Establish Comprehensive Multi-Organ Allocation Policy," OPTN, Request for Feedback, available <https://optn.transplant.hrsa.gov/policies-bylaws/public-comment/establish-comprehensive-multi-organ-allocation-policy/>.

- About 70-85% of recipients who received a transplant from donors covered by the tables fell under a classification included in the proposed policy

Summary of discussion:

Decision #1: The Committee requested additional data regarding the historic multi-organ recipients who would not be covered by the allocation tables, including the classifications in which they received their transplants.

A member asked if there is more information on the 15-30% of multi-organ recipients who are not covered by the allocation tables, and in which classification they received their transplants. That information was not included in the report. The Committee reviewed the breakdown of transplants covered by the proposed policy based on multi-organ combination. A member asked if the cohort for this analysis covered the change in heart-kidney allocation policy, since the data shows that about 31% of historic heart-kidney recipients would not be covered by the policy. OPTN contractor staff confirmed that the cohort includes some heart-kidney transplants prior to the implementation of the eligibility criteria. Members also discussed the data on liver-kidney transplants and the impacts of normothermic regional perfusion (NRP). A co-chair asked if the Committee would support requesting more data on the recipients who would not be covered by the policy to inform if they should be added to the multi-organ allocation tables. Members agreed it would be helpful to have this information to share with the community. The Committee discussed that one of the goals of this proposal was to provide more equity in access to transplant between single-organ and multi-organ candidates, so it may be appropriate for some of the historic multi-organ recipients to remain outside the proposal. However, the Committee agreed that it is important to look at the data to assess if the existing tables have achieved the appropriate balance.

Next steps:

OPTN contractor staff will draft the data request for Committee leadership to review.

3. Identify any additional multi-organ allocation tables and development process

The Committee reviewed donors not covered by the multi-organ allocation tables and discussed if allocation tables should be developed for any additional donor groups.

Data summary:

- Donors with KDPI > 85% are not covered by multi-organ allocation tables as these donors rarely donate to multi-organ recipients. From July 1, 2022-June 30, 2024, 5709 (17.4%) donors had KDPI > 85% and 20 of those donors donated to a multi-organ transplant recipient.
- From July 1, 2022-June 30, 2024, donors groups covered by multi-organ allocation tables account for ~94% of multi-organ donors. Of the ~6% not covered, ~4% were from DCD donors age 18+ with KDPI of 35-85%.

Summary of discussion:

Decision #2: The Committee supported developing an additional allocation table for DCD donors age 18+ with KDPI 35-85%.

The Committee noted that there seemed to be broad support on previous meetings for including adult DCD donors with KDPI 35-85% in the proposal and agreed that the Committee should develop an allocation table for this donor group. The Committee reviewed a draft allocation table that was

developed based on the existing allocation tables for adult DBD donors with KDPI 35-85% and for adult DCD donors with KDPI 0-34%. A member said that it seems appropriate to maintain consistency across the allocation tables where possible, but that the draft allocation table would put several kidney classifications ahead of relatively sick liver candidates for a donor group whose organs are increasingly utilized. Members discussed that the number of candidates in these kidney classifications is likely small but recommended further discussion within a smaller group to provide a recommendation to the Committee. A patient representative volunteered to join the small group. OPTN contractor staff noted that the Committee may request data on median match run appearance for this additional allocation table.

Next steps:

OPTN contractor staff will coordinate a meeting among the small group members who developed the allocation tables for the adult DBD donors with KDPI 35-85% and adult DCD donors with KDPI 0-34%, and a patient representative from the Committee.

4. Open forum

There were no open forum requests from the public for this meeting. A Co-Chair asked if committee members had any additional topics to discuss.

Summary of discussion:

Members discussed a recent concern in the community regarding access to transplant for intestine candidates. A member noted that organ procurement organizations (OPOs) may have varying practices for running the intestine-alone match. A Co-Chair noted that the policy under development by the Committee will standardize these practices by directing the OPO to make offers on the intestine match run in accordance with the allocation tables.

Upcoming Meetings

- February 12, 2025
- February 26, 2025
- March 12, 2025

Attendance

- **Committee Members**
 - Lisa Stocks, Co-Chair
 - Zoe Stewart Lewis, Co-Chair
 - Vincent Casingal
 - Rocky Daly
 - Rachel Engen
 - Jonathan Fridell
 - Shelley Hall
 - Jim Kim
 - Precious McCowan
 - Heather Miller Webb
 - Shunji Nagai
 - Oyedolamu Olaitan
 - Deanna Santana
 - Chris Sonnenday
 - Nicole Turgeon
- **SRTR Staff**
 - Avery Cook
 - Jon Miller
- **UNOS Staff**
 - Sara Langham
 - Kelsi Lindblad
 - Sarah Roache
 - Laura Schmitt
 - Kaitlin Swanner
 - Ross Walton
 - Ben Wolford