

OPTN Ad Hoc Multi-Organ Transplantation Committee

Meeting Summary

November 1, 2021

Conference Call

Charlie Alexander, RN, MSN, MBA, Chair

Introduction

The OPTN Ad Hoc Multi-Organ Transplantation (MOT) Committee met via Citrix GoToMeeting teleconference on 11/01/2021 to discuss the following agenda items:

1. Review feedback from OPTN Committees
2. Review draft policy

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

1. Review feedback from OPTN Committees

UNOS staff shared the feedback from the OPTN Heart, Histocompatibility, Kidney, Lung, Pediatrics, and Patient Affairs Committees.

Data summary:

- The OPTN Lung Transplantation Committee supports using Simultaneous Liver-Kidney (SLK) eligibility criteria as the starting point for Simultaneous Lung-Kidney (SLuK) and recommends a period longer than one year for the lung-kidney safety net.
- The OPTN Kidney Transplantation Committee supports relatively strict eligibility criteria and safety net.
- The OPTN Heart Transplantation Committee recommends using International Society for Heart and Lung Transplantation (ISHLT) consensus conference thresholds for Simultaneous Heart-Kidney (SHK) eligibility criteria and safety net and is concerned that restricting eligibility could worsen outcomes for heart candidates with renal failure.
- The OPTN Histocompatibility Committee stated that since non-renal organs drive multi-organ transplantation (MOT) selection, sensitization is considered in allocation but should not influence eligibility criteria or rules of allocation.

Summary of discussion:

When presented with a question about insufficient data by the OPTN Patient Affairs Committee (PAC), members discussed the importance of ongoing, long-term review and noted that it will take years to understand the impact of the policies. A member added that Organ Procurement Organizations (OPOs) end up holding back kidneys or other organs as they work through a match run to see if a multi-organ candidate will need that second organ. Echoing this sentiment, a member noted that holding an organ too long could have adverse effects on the workflow of transplant centers. Currently, the OPTN Match Run Rule Workgroup is trying to find a way to remedy the impacts of holding an organ for too long.

Multiple members shared that OPOs are seeing an increase in time needed to allocate organs due to the complexity of the system. Members shared concern that systems should be in place to protect special populations, specifically prioritizing kidneys with a low Kidney Donor Profile Index (KDPI) for pediatric candidates.

2. Review draft policy

UNOS staff reviewed the SHK and SLuK draft policy language.

Summary of discussion:

Members were supportive of this policy language as it draws on the success of SLK and maintains consistency across organ systems. Some members expressed a desire to limit the availability of 20-35% KDPI kidneys from MOT safety net candidates and reserve them for vulnerable populations, specifically pediatric candidates. Members suggested including language that would reserve low KDPI kidneys for single organ candidates or implement an age matching process. Members agreed that there should not be a KDPI limit on simultaneously transplant organs.

A member stated that the Heart community is opposed to the eligibility criteria being proposed for heart-kidneys in this policy and urged the Committee against further restricting the access to simultaneous and safety net transplant. The member expressed support for the glomerular filtration rate (GFR) levels in the SHK eligibility criteria, but noted that Status 4 heart patients on chronic dialysis will be extremely disadvantaged and should be included in eligibility criteria. It was noted that the heart community will be more supportive of the stricter safety net if the Status 4 heart patients on dialysis were included in the eligibility criteria.

Some members expressed support for including heart Status 4 patients on chronic dialysis to the eligibility criteria, but others suggested waiting for public comment feedback to determine if they should be included or not. A member inquired about additional unintended consequences if the eligibility criteria is modified to include Status 4 heart candidates.

A UNOS Research staff member inquired if including only some Status 4 heart patients would complicate the match run for OPOs since not all Status 4 candidates would be eligible. A member noted that if the list were not generated on the correct eligibility variables then it would require discretion from the OPO. However, if the correct qualifying criteria is included then the patient would be indicated on the match run if they are eligible.

Members discussed when to allocate to a single organ candidate versus a multi-organ candidate as the allocation scheme persists. A member echoed a previous comment that the issue with Status 4 heart patients on dialysis may be an issue that is rooted in heart policy and not in MOT policy. There was concern that holding onto organs farther down the match run list could reduce efficiency and utilization. A member responded that Status 4 heart patients will remain at that status unless their condition deteriorates, are admitted in-patient, and implanted with a device.

A member inquired how often Status 4 heart patients on chronic dialysis are receiving SHK now. A few members commented that including heart Status 4 on chronic dialysis in the eligibility criteria could be a small concession for the Committee to make. Another member suggested that if there is a line where Status 4 heart patients need a simultaneous transplant then the policy should be medically driven and not differentiate if they are on dialysis or not.

Next steps:

UNOS staff will update the eligibility criteria to reflect what was discussed today and circulate it for Committee review and comments. The Committee will vote on the final policy proposals during the November 22 meeting so please let UNOS staff know if you will be unable to attend the meeting to ensure quorum is reached.

Upcoming Meetings

- November 22, 2021
- December 13, 2021
- January 10, 2022
- February 14, 2022
- March 14, 2022
- April 11, 2022
- May 9, 2022
- June 13, 2022

Attendance

- **Committee Members**
 - Alden Doyle
 - Alejandro Diez
 - Charlie Alexander
 - Chris Curran
 - Evelyn Hsu
 - James Sharrock
 - Keren Ladin
 - Kurt Shutterly
 - Marie Budev
 - Molly McCarthy
 - Oyedolamu Olaitan
 - Sandy Amaral
 - Shelley Hall
 - Stacy McKean
 - Vincent Casingal
- **HRSA Representatives**
 - Jim Bowman
 - Marilyn Levi
- **SRTR Staff**
 - Katie Audette
 - Jonathan Miller
- **UNOS Staff**
 - Ben Wolford
 - Eric Messick
 - Holly Sobczak
 - Krissy Laurie
 - Laura Schmitt
 - Leah Slife
 - Rebecca Goff
 - Rebecca Marino
 - Ross Walton
 - Sara Rose Wells