

## OPTN Ad Hoc Multi-Organ Transplantation Committee

### Meeting Summary

May 14, 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 05/14/2025 to discuss the following agenda items:

1. Lung-MOT Workgroup report out
2. Use case: match rungs
3. Median appearance data

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

### 1. Lung-MOT Workgroup report out

A representative from the Lung Committee presented the updated recommendations from the Lung-MOT Workgroup regarding the composite allocation score (CAS) thresholds.

#### Summary of presentation:

The Workgroup had previously identified two lung CAS thresholds for inclusion in the multi-organ allocation tables across all 7 donor groups. Based on analysis of additional data, the Workgroup recommends adding a third, higher lung CAS threshold to promote access to transplant for heart-lung candidates with very high lung medical urgency. The recommended CAS thresholds are displayed below:

Donor blood type	Threshold	Lung CAS
O	Very High	41
O	High	35
O	Low	34
A, B, AB	Very High	37
A, B, AB	High	31
A, B, AB	Low	30

The data show that heart-lung candidates with high lung medical urgency scores have higher waitlist mortality than adult heart Status 2 candidates. The addition of a third, very high lung CAS threshold for the most medically urgent candidates on the lung match would allow them to receive offers ahead of candidates in the classifications for heart Status 2.

The higher CAS threshold of 41 for O donors would capture the most medically urgent heart-lung candidates. The data reviewed indicated this would have included 20 adult candidates and 7 pediatric candidates over an 11-month period. Similarly, the higher CAS threshold of 37 for non-O donors would capture the most medically urgent heart-lung candidates. The data reviewed indicated this would have included 10 adult candidates and 5 pediatric candidates over an 11-month period.

#### Summary of discussion:

A member sought clarification on how the recommended change would change the proposed allocation tables. OPTN Contractor Staff advised that a small group of candidates would be captured by the highest CAS threshold and would receive priority above the Heart Classification 3 candidates. One member expressed reservations about placing lung candidates above Heart Classification 3 patients, noting that while the affected lung group is small, such a change may not be supported by transplant programs. Some programs are already voicing concern when heart-lung candidates are prioritized over heart-only candidates. The member noted that changes to adult Heart 2 status are pending and once implemented, they are expected to reduce waitlist mortality. Given pending changes, it may not be advisable to prioritize lung candidates over impacted heart candidates.

The Lung representative acknowledged upcoming heart policy updates. The timelines for the heart and MOT policy changes remains uncertain, making it difficult to align the policies. A member noted that adjustments could be made to the allocation tables once the heart policy changes are implemented and evaluated. Members tended to support moving forward with the proposed lung CAS thresholds, with the understanding that revisions may be needed.

#### Next steps:

The third, highest lung CAS thresholds will be added to the MOT policy proposal slated for Summer 2025 public comment.

### **2. Use case: match runs**

OPTN contractor staff shared example match runs for the Committee consideration.

#### Summary of presentation:

The example match runs show “eligible” and “impermissible” columns. If a candidate is listed for more than one organ, the following organs would appear in either the eligible or impermissible column.

#### Summary of discussion:

The Co-Chair raised a concern regarding the word “impermissible” suggesting that the word is not very clear, and organ procurement organizations (OPOs) might find the word confusing. They wondered if there might be better language which will enable greater clarity when displaying whether following organs must be offered. Staff offered “eligible/ineligible” as an alternative, the Co-Chair agreed this works better and sought member input. Members agreed with the changed terminology.

#### Next steps:

Impermissible will be changed to ineligible when match run details are displayed in the OPTN Computer System for MOT eligibility.

### **3. Median appearance data**

Staff presented the median appearance data and interquartile range for all candidate groups within the multi-organ allocation tables.

#### Summary of presentation:

OPTN Contractor Staff noted that the majority of candidate groups had median appearances of 0. Staff highlighted several candidate groups with higher median appearances, such as the lung CAS thresholds and some liver classifications in the allocation tables for DCD donors.

#### Summary of discussion:

No discussion.

**Upcoming Meetings**

- May 28, 2025
- June 11, 2025
- June 25, 2025

## Attendance

- **Committee Members**
  - Lisa Stocks, Co-Chair
  - Marie Budev
  - Vincent Casingal
  - Rocky Daly
  - Rachel Engen
  - Jonathan Fridell
  - Shelley Hall
  - Jim Kim
  - Precious McCowan
  - Oyedolamu Olaitan
  - Deanna Santana
- **SRTR Staff**
  - Avery Cook
  - Jon Miller
- **UNOS Staff**
  - Chelsea Hawkins
  - Sarah Roache
  - Erin Schnellinger
  - Kaitlin Swanner
  - Stryker-Ann Vosteen
  - Ross Walton