

# Identify Priority Shares in Kidney Multi-Organ Allocation

*OPTN Ad Hoc Multi-Organ Transplantation Committee*

# Purpose of Concept Paper

- Request feedback from the community to inform future policy proposal
- Committee's goal is to establish an updated framework for kidney multi-organ allocation that considers:
  - Offers to kidney-alone vs. kidney multi-organ candidates
  - Required multi-organ offers of equal priority
  - Organ offer acceptance conflicts vs. required multi-organ offer
  - Balancing direction vs. flexibility

# Concept Paper

- Provides background on multi-organ policies and the impact on kidney-alone candidates
- Requests feedback on the following concepts:
  - Required kidney shares
  - Limit kidney multi-organ allocation
  - Offering kidneys to candidates of equal priority
  - Organ offer acceptance and required shares
  - Balancing direction vs. flexibility for organ procurement organizations (OPOs)

# Rationale

- Concept paper was developed in response to:
  - Transplant program concerns about the impact of multi-organ allocation on kidney-alone candidates
  - OPO feedback to provide more direction and clarity in multi-organ allocation policies
- Goal is to improve equity and efficiency in kidney multi-organ allocation

# Kidney Transplant Volume

Type of Transplant	2016	2017	2018	2019	2020	2021
Kidney	19,060	19,849	21,167	23,401	22,817	24,670
Pancreas-Kidney	798	789	835	872	827	820
Liver-Kidney	730	739	677	728	776	771
Heart-Kidney	140	187	203	219	290	350
Lung-Kidney	4	7	9	13	11	15

**The number of multi-organ transplants performed is increasing, but at a lower rate than kidney-alone transplants**

	2016	2017	2018	2019	2020	2021
Total number of kidney MOT transplants performed	1,679	1,725	1,731	1,843	1,912	1,964
% of total kidney transplants	11.8%	11.6%	11.1%	10.6%	10.4%	10.1%

# Required Kidney Shares

- Should OPOs be required to offer kidneys to some kidney-alone candidates prior to offering kidneys to multi-organ candidates?
- If yes, what characteristics should those kidney candidates have?
- Groups that may warrant priority for offers over multi-organ candidates:
  - Highly sensitized kidney candidates (CPRA 98-100%)
  - Medically urgent kidney candidates
  - Candidates needing more than two organs
  - Kidney-pancreas candidates
  - Pediatric kidney candidates

# Limit Kidney Multi-Organ Allocation

- Should there be further limits to kidney multi-organ allocation?
- Approaches to limiting kidney multi-organ allocation could include:
  - Increase use of safety net and sequential transplant
  - Incorporate post-transplant survival and donor-recipient longevity matching into allocation
  - Restrict the types of kidneys offered to multi-organ candidates
  - If one kidney is offered to a multi-organ candidate, require offering the second kidney to a kidney-alone candidate

# Candidates of Equal Priority

- These required shares carry equal weight in policy:
  - Heart-kidney
  - Liver-kidney
  - Lung-kidney
  - Pancreas-kidney
- Is it appropriate for policy to dictate an allocation order across these candidate populations?
- If so, what data should inform such an allocation order?



# Offer Acceptance and Required Shares

- Organ offer acceptance is binding
- If an organ has been accepted, an OPO can no longer offer it as part of a required multi-organ share
- How can this be clarified in policy?

# Balancing Direction vs. Flexibility

- Goal is to improve efficiency of multi-organ allocation by:
  - Reducing confusion and conflict with other OPTN members
  - Avoiding the need to escalate decisions to senior staff
- How can the OPTN provide more direction in policy without impinging upon an OPO's ability to place organs efficiently?

# What do you think?

- Required kidney shares
- Limit kidney multi-organ allocation
- Offering kidneys to candidates of equal priority
- Organ offer acceptance and required shares
- Balancing direction vs. flexibility for organ procurement organizations