

OPTN Ad Hoc Multi-Organ Transplantation Committee

Meeting Summary

December 20, 2021

Conference Call

Alden Doyle, MD, MPH, Chair

Introduction

The Ad Hoc Multi-Organ Transplantation (MOT) Committee met via Citrix GoToMeeting teleconference on 12/20/2021 to discuss the following agenda items:

1. Review Project Map
2. MOT and Continuous Distribution
3. Follow up: Simultaneous Liver-Kidney Data

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

1. Review Project Map

The Chair provided an overview of the Committee's proposed project plan.

Summary of discussion:

A member inquired about the status of the match run prioritization for organ procurement organizations (OPOs). UNOS staff responded that this is a future committee project as part of their system wide approach to multi-organ allocation.

2. MOT and Continuous Distribution

UNOS staff provided an overview of the intersectionality between the goals of the MOT Committee and the organ specific continuous distribution efforts. This presentation focused on primarily on kidney-pancreas (KP) allocation, since this combination has its own match run as opposed to other kidney multi-organ combinations, and how it can be integrated in the Committee's work.

Summary of discussion:

A member noted the difficulty associated with trying to develop a system with various patient populations in mind and highlighted the importance of the Analytic Hierarchy Process (AHP) in determining the goals of the system. A member echoed this sentiment and suggested using an AHP exercise to gather community feedback to guide the prioritization between multi-organ and single-organ patients.

A member expressed interest in a dynamic match run system that reflected the remaining organs available as they are allocated from a single donor, noting that every organ allocation influences another. Members discussed the unique nature of pancreas transplants, wherein they are primarily transplanted to KP patients and not pancreas alone patients, and how that could potentially fit into one combined kidney and pancreas match run.

A member explained the challenges associated with KP allocation, due to the impact diabetes has on the patient, and suggested prioritizing candidates based on mortality rates and pediatric age. A member shared that while patient survival is extremely important, pediatric candidates should be prioritized to

optimize the long-term utility of an organ. A member agreed with this sentiment and added that while pediatric survival rates are high, quality of life is an extremely important consideration for these patients. Members noted that often pediatric patients and KP patients are considered for the same organs. A member suggested utilizing additional parameters that would help to differentiate between these two patient populations.

When considering an additional data request, a member suggested looking at the number of KP transplants versus pancreas alone to see if there are patients who could be disadvantaged by KP allocation. A member considered looking more specifically at the wait time associated with pediatric kidney patients and adult KP patients who were transplanted kidneys with a kidney donor profile index (KDPI) of 35 or lower. A member suggested a data request of MOT patients who die on the waiting list and a profile of patients who receive an MOT transplant. This data would be helpful in determining if there is a possibility to increase the KDPI of organs offered to MOT patients to balance the quality of organs necessary for pediatric candidates.

A member inquired if there was a better way to allocate and utilize pancreas in a way that does not delay the allocation of other organs, particularly since transplantable pancreata are often declined. A member explained the difficulty in evaluating pancreas compared to other abdominal organs, as it is often harder to assess the quality of the organ until evaluated in the operating room, and there may be surgical damage to the pancreas from the liver recovery. A member noted that the Pancreas Committee is considering modifications to donor criteria for pancreas allocation.

Next steps:

UNOS staff encouraged members to participate in the AHP exercise, hosted by the OPTN Kidney and Pancreas Transplantation Committees, as part of the kidney and pancreas continuous distribution development process.

3. Follow Up: Simultaneous Liver-Kidney Data

UNOS staff shared data that was requested during the November 22 meeting, regarding permissible simultaneous liver-kidney (SLK) transplants.

Summary of discussion:

A member recommended expanding the geographic distance for required SLK shares from 250 nm to 500 nm for Status 1A and 1B liver candidates to align with the proposed geographic range for required heart-kidney and lung-kidney shares. The member thought this change might be broadly supported by the transplant community.

Next steps:

UNOS staff will discuss this with the Liver Committee leadership and share their feedback with the Committee.

Upcoming Meetings

- January 10, 2022
- February 14, 2022
- March 14, 2022
- April 11, 2022
- May 09, 2022
- June 13, 2022

Attendance

- **Committee Members**
 - Alden Doyle
 - Chris Curran
 - Evelyn Hsu
 - James Sharrock
 - Jennifer Prinz
 - Kurt Shutterly
 - Marie Budev
 - Oyedolamu Olaitan
 - Sandy Amaral
 - Shelley Hall
 - Stacy McKean
- **HRSA Representatives**
 - Marilyn Levi
- **SRTR Staff**
 - Jon Snyder
 - Jonathan Miller
 - Katie Audette
- **UNOS Staff**
 - Ben Wolford
 - Eric Messick
 - Holly Sobczak
 - Kaitlin Swanner
 - Laura Schmitt
 - Matt Prentice
 - Melissa Lane
 - Rebecca Goff
 - Rebecca Marino
 - Ross Walton