OPTN Ad Hoc Multi-Organ Transplantation Committee
Meeting Summary
September 11, 2024
Conference Call

Lisa Stocks, RN, MSN, FNP, Chair
Zoe Stewart Lewis, MD, PhD, MPH, FACS, Chair

Introduction

The Ad Hoc Multi-Organ Transplantation (MOT) Committee, the Committee, met via WebEx teleconference on 09/11/2024 to discuss the following agenda items:

1. IT solutions and resource estimates
2. Developing algorithms based on donor characteristics
3. Plan to address laterality

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

1. IT solutions and resource estimates

OPTN Staff provided an overview of the three potential IT solutions and associated resource estimates.

Summary of Presentation:

OPTN staff reviewed user research conducted with 10 organ procurement organizations (OPOs). Users reported that, when there are multiple organs available for donation, they make a plan for allocation. Users also noted that allocation is not a linear process and that they work on allocating more than one organ at a time. They provided feedback on potential system solutions, including that showing sequence numbers is preferable over classifications.

OPTN staff presented three potential system solutions, ranging from approximately $628,000 to $1.46 million. Option 1 was a conservative approach, Option 2 a mid-range solution, and Option 3 a large-scale implementation effort.

OPTN staff also noted considerations and constraints associated with each of the different options. Options 1 or 2 could meet the January 2025 public comment deadline, while Option 3 requires additional time for data collection decisions and business requirements gathering.

Summary of Discussion:

The Committee decided to move forward with Option 3.

The Committee generally agreed that Option 3 would be the optimal solution. Members agreed that Option 1 would not provide sufficient support to streamline allocation. Members considered Option 2, noting that it has the benefit of being ready for public comment in January 2025 and would allow users to track progress and navigate to corresponding matches. Members expressed concern Option 3 would not be ready for public comment in January 2025, the original timeline. Members noted that the complexity of remaining policy questions and developing a comprehensive system solution to help streamline the complex allocation practices would require additional time. Ultimately, the Committee

decided to move forward with Option 3, even though this would extend the timeline by approximately six months.

Next Steps:

Committee leadership will present the project, including the system solution Option 3, to the Policy Oversight Committee and the Executive Committee.

2. Developing algorithms based on donor characteristics

OPTN staff presented on developing additional draft algorithms based on donor characteristics.

Presentation summary:

OPTN staff noted that the initial draft algorithm cannot be used for all donors because the priority that candidates receive for some organs varies based on donor characteristics. Staff presented 12 potential algorithms for the Committee's consideration, including the proportion of MOT donors covered by each algorithm. Staff identified six algorithms for potential prioritization, noting that they account for ~96% of MOT donors between Jul 2021 – Dec 2023 and take into account the needs of pediatric multivisceral candidates and the increase in the acceptance of DCD organs:

- DBD age 18-69, KDPI 0-34% (65% of MOT donors)
- DBD age 18-69, KDPI 35-85% (15% of MOT donors)
- DCD age 18+, KDPI 0-34% (4% of MOT donors, but likely growing as acceptance of DCD organs increases)
- DBD age 11-17, KDPI 0-34% (10% of MOT donors)
- DBD age <11, KDPI 0-34% (~1% of MOT donors but important donor population for pediatric multivisceral candidates)
- DBD age <11, KDPI 35-85% (~1% of MOT donors but important donor population for pediatric multivisceral candidates)

Summary of discussion:

The Committee agreed to develop six algorithms covering approximately 96% of MOT donors.

The Committee agreed to develop six algorithms covering approximately 96% of MOT donors. Members volunteered to serve on small groups, which will refine the algorithms and report back to the full Committee during the in person meeting scheduled for October 30.

Next Steps:

Members to join small groups to review draft algorithms and make recommendations to the full Committee.

3. Plan for addressing laterality

Summary of Presentation:

The Chair noted Policy 8.6.A: Choice of Right Versus Left Donor Kidney and recommended that if both kidneys are available, the transplant hospital that receives the highest priority offer should choose which kidney it will receive.

Summary of discussion:

The Committee did not make any decisions.

Some members expressed concern that hospitals receiving offers for pediatric candidates should be able to choose which kidney they receive.

Next Steps:

The Committee agreed to an additional small group to report back to the full Committee on this issue.

Upcoming Meeting

- September 25, 2024

Attendance

- **Committee Members**
  - Lisa Stocks (Chair)
  - Marie Budev
  - Vincent Casingal
  - Richard Daly
  - Rachel Engen
  - Jonathan Fridell
  - Shelley Hall
  - Jim Kim
  - Heather Miller Webb
  - Shunji Nagai
  - Oyedolamu Olaitan
  - Sharyn Sawczak
  - Chris Sonnenday
  - Nicole Turgeon
  - Katie Audette

- **SRTR Staff**
  - Katie Audette
  - Jon Miller

- **HRSA Representative**
  - Marilyn Levi

- **UNOS Staff**
  - Viktoria Filatova
  - Katrina Gauntt
  - Houlder Hudgins
  - Sara Langham
  - Sarah Roache
  - Kaitlin Swanner
  - Susan Tlusty
  - Ross Walton