OPTN Ethics Committee
Multiple Listing Subcommittee
Meeting Summary
May 11, 2022
Conference Call

David Bearl, MD, MA, Chair

Introduction

The Multiple Listing Subcommittee met via Citrix GoToMeeting teleconference on 05/11/2022 to discuss the following agenda items:

1. April Meeting Recap
2. Data Review

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

1. April Meeting Recap

In the April meeting, the subcommittee discussed the outline for the white paper and members volunteered to work on sections. Members are asked to bring any questions pertaining to their section that they would like subcommittee feedback on. Members are asked to bring draft text for their sections to the July meeting.

2. Data Review

Keighly Bradbrook, from UNOS Research, presented the findings from the research request *Characteristics of Multiple Listed Candidates by Organ Type.*

Summary of data:

The full data report can be found on the Ethics Committee Sharepoint.

Summary of discussion:

A slightly larger percentage of multiple listed kidney candidates were: black, had private insurance, advanced education, and were blood type O compared to single listed kidney candidates. A member noted the increase in advanced education between multiple listed and single listed and inquired if a higher level of health literacy could be attributed to pursuing multiple listing. The member noted that there was a minimal difference in household income, but the presenter added that this information can be attenuated by the size of and income range in zip codes. The Chair also noted that it appears there is a decrease in multiple listings for Hispanic patients. A member added that there is large geographic variation in the utilization of multiple listing, especially within areas that have a higher Hispanic population. The Chair added that now would be a good opportunity for the workgroup to consider what biases they entered the project with and evaluate how the data compares to their expected outcomes.

A slightly larger percentage of multiple listed liver candidates were: between 50-64 years old, white, had private insurance, advanced education, had blood type A, and lived in a zip code with a lower poverty ratio compared to single listed liver candidates.

Due to the small sample size, heart and lung candidates were combined into one thoracic category for analysis. A slightly larger percentage of multiple listed thoracic candidates were: between 50-64 and 18-34 years old, male, white, had private insurance, advanced education, blood type O, lived in a zip doe with a lower poverty ratio and higher median household income compared to single listed thoracic candidates.

When reviewing the geographic range between the initial center and subsequent multiple listings, the group was surprised to see that most patients were multiple listing within 'driving range' (89 nautical mile median) between their centers. Members noted that they expected the data to show individuals of means and access who were pursuing listing in drastically different locations.

When conducting the analysis, the presenter removed instances of patients being waitlisted at two different transplant hospitals on the same day. Members were surprised to see how many times this occurred and inquired if it were likely that the hospitals were part of the same hospital system. Due to all of the requirements necessary to waitlist a patient, members felt it would be unlikely to complete all necessary steps at two different hospitals on the same day. Members hypothesized that the two programs were likely working together from the start of the evaluation process in order to list the patient on the same day. A member inquired if it were possible that the dates were incorrectly entered or some type of system error, but patients listing dates are unable to be manipulated so it seems unlikely that a system error would occur. Furthermore, all center-level data must be de-identified so there is no way to know if it is two hospitals in the same network collaborating on this. The Chair questioned that if there were a certain center that is doing this more effectively or efficiently it would be helpful to understand. A member added that it is unclear why a patient would multiple list so close by, noting that the perceived benefit of multiple listing is that it increases the donor pool.

The Chair inquired if the distribution amongst primary and secondary listings appeared geographically equitable, and the presenter noted that there was a heavy prevalence of first through fifth listings all occurring within Texas. The presenter noted that because of the time frame for the analysis, there is likely a split between patients who were listed prior to the removal of donor service areas (DSAs) and after acuity circles were implemented. There is likely a change in listing practice that occurred with the change in allocation and it could be beneficial to consider what percentage of the kidney multiple listings occurred prior to the allocation change.

With regard to the data presented, a member posed the question if the data reflects a problem that needs to be addressed. The member noted that the findings presented today appear in contrast to what much of the literature on the topic notes, which could be indicative of the removal of DSAs. A member inquired if the data indicated which centers do not permit multiple listings. Unfortunately, there is no clear indicator of whether a center accepts multiple listings or not but the presenter did identify what percentage of centers accepted a secondary or tertiary listing.

The Chair noted that the impact of multiple listings does appear, at the outset, to be less severe than the group originally anticipated. With that being said, the Chair raised concern about the disproportionate number of Hispanics who were multiple listed in areas of the country with a large patient population. This gap could be representative of limited access to transplant for an initial listing and suggested additional consideration be paid to these patients. The Chair identified advanced education as a recurring theme for multiple listed patients, highlighting the key role that education plays in accessing multiple listing. Outside of kidney patients, patients with private insurance also appear to have increased access.

Upcoming Meetings

- June 15, 2022
- July 13, 2022
- August 10, 2022

Attendance

- **Subcommittee Members**
  - Catherine Vascik
  - Keren Ladin
  - Sanjay Kulkarni
  - Sena Wilson-Sheehan
- **HRSA Representatives**
  - Jim Bowman
- **SRTR Staff**
  - Bryan Thompson
- **UNOS Staff**
  - Cole Fox
  - Keighly Bradbrook
  - Laura Schmitt