

OPTN Ethics Committee

Meeting Summary

April 2nd, 2025

WebEx Meeting

Andrew Flescher, PhD, Chair
Sanjay Kulkarni, MD, Vice Chair

Introduction

The Ethics Committee ("Committee") met via WebEx teleconference on 4/2/2025 to discuss the following agenda items:

1. Welcome and Announcements
2. Continuous Distribution Update
3. Xenotransplantation Presentation: Dr. Jeffrey Stern
4. Xenotransplantation Presentation: Dr. Peter Reese
5. Committee Discussion: Allocating Organs Out of Sequence White Paper
6. Xenotransplantation Project: Small Group Breakouts

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

1. Welcome and Announcements

This meeting is a longer format meeting, lasting four and a half hours with one break included.

2. Continuous Distribution Update

Staff presented on the progress and challenges associated with continuous distribution in organ allocation. Continuous distribution was approved by the OPTN Board of Directors in 2018 as a consistent framework for organ allocation across different organs. The goal of continuous distribution is to provide a points-based approach that considers candidates' traits and donor characteristics to prioritize candidates for a given donor organ.

Implementation and Monitoring: Continuous distribution for lung transplants was implemented on March 9, 2023. The OPTN Lung Committee is expecting a two-year monitoring report in May. The 18-month report showed promising results, with increases in lung transplants and decreased waiting list mortality. These improvements were attributed to broader sharing and prioritizing more candidates at the top of the match. However, the implementation of continuous distribution has also led to increased travel distances and allocation times.

Operational Challenges: The Lung Committee has focused on efficiency since the implementation of continuous distribution. They have worked on streamlining coordination between OPOs and transplant programs, including the implementation of lung offer filters in January 2024. Additionally, the Committee has developed system enhancements and new data

collection methods to promote efficiency in lung allocation. Despite these efforts, the increased travel distances and allocation times remain operational challenges that need to be addressed.

Scope and Expansion: The scope of continuous distribution projects has expanded to include considerations of non-use, utilization, out-of-sequence allocation, and expedited placement for kidneys. In September 2023, the OPTN Board of Directors approved a resolution asking the Kidney and Pancreas Committees to incorporate these considerations into their continuous distribution projects. As a result, the Kidney and Pancreas Committees have been working on policy optimization and expedited placement proposals, with the goal of submitting them for public comment in the summer.

Tools for Assessing Allocation Policies: Committees discussed various tools for assessing allocation policies, including simulation modeling, match run analysis, and policy optimization. Simulation modeling provides numbers that resemble real data, such as waitlist mortality rates and transplant rates. Match run analysis shows how changes to the score impact priority on the match on average. Policy optimization, provided by MIT, allows for the evaluation of thousands of different policies simultaneously to find the best fit for committee goals.

Specific Organ Updates:

- **Kidney:** The Committee is focusing on expedited placement proposals and policy optimization. They are revisiting policy optimization now that they have a new model assessing non-use.
- **Pancreas:** The Committee is developing a match run analysis tool to assess policy changes, as simulation modeling is not recommended for pancreas due to the small population of candidates.
- **Liver:** The SRTR is building an updated simulation model for liver continuous distribution policies, expected to be ready in August 2025.
- **Intestine:** The Committee is considering match run analysis for intestine policies and will start developing the score for intestine allocation soon.
- **Heart:** The SRTR completed a match run analysis request for heart to refine policies while waiting for updated modeling resources.

OPTN committees remain optimistic about the potential of continuous distribution to provide more nuanced prioritization and better donor-candidate matching. The results for lung transplants have been positive, with decreased waiting list mortality and increased transplant rates. However, operational challenges, such as increased costs and complexity in allocation, need to be balanced with equity and efficiency. Committees are committed to addressing these challenges and continuing to improve the continuous distribution framework.

Summary of Discussion

Ethics members posed several questions:

- What is a realistic rate of non-use for organs, considering the natural tension between transplant programs and OPOs? Staff acknowledged that non-use rates are unlikely to be zero, as pursuing more donors would naturally lead to some organs not being used. The goal is to reduce non-use while maintaining equity in allocation.
- How has the expedited placement proposal affected the focus on modeling and policy optimization? Staff noted that the expedited placement proposal has shifted focus towards efficiency and operational considerations. The Kidney Committee is aiming to send the proposal out for public comment in the summer, while continuing policy optimization work.
- How have changes in donor utilization, such as increased use of medically complex donors and DCD donors, impacted allocation policies? Staff discussed the evolving landscape of donor utilization and the need to continuously monitor and update policies to reflect these changes. They emphasized the importance of adapting to new data and trends

3. Xenotransplantation Presentation: Dr. Jeffrey Stern

Dr. Jeffrey Stern's presentation focused on the technological and clinical aspects of xenotransplantation. He provided an overview of the advancements in the field, discussed the eligibility criteria for xenotransplant trials, and shared specific patient cases.

Summary of Discussion

Following his presentation, the Committee had several questions:

Patient and Family Reactions: How do patients and their families respond when given the option of xenotransplantation? Dr. Stern explained that many patients actively seek out xenotransplantation as an option, often reaching out after seeing media reports. He noted that patients and their families are generally very accepting and excited about the possibility. Extensive consenting processes ensure that everyone involved is fully on board.

Non-Medical Criteria: How are non-medical criteria, such as psychosocial factors, assessed for xenotransplant candidates compared to regular transplant candidates? Dr. Stern emphasized that the assessment process for xenotransplant candidates is similar to that for regular transplant candidates, including full committee discussions, social work evaluations, and palliative care consultations. He highlighted the importance of psychosocial support and the need for a supportive community around the patient.

Inclusion Criteria: What are the inclusion criteria for xenotransplant trials, and how do they compare to regular transplant criteria? Dr. Stern outlined the published criteria for the two clinical trials, noting that

the FDA expanded the criteria to include patients who have been waiting for long periods and are more likely to die than receive a human organ transplant. He mentioned that the age range for inclusion is 55 to 70, with various exclusion criteria to keep patients healthy but not at the extremes.

Quality of Life Post-Transplant: Is there any research on the quality of life for patients after receiving a xenotransplant? Dr. Stern shared that some patients, such as those at Mass General Hospital, have reported good quality of life post-transplant. He noted that while some patients have experienced complications, others have enjoyed positive outcomes and improved quality of life.

4. Xenotransplantation Presentation: Dr. Peter Reese

Dr. Peter Reese's presentation focused on the ethical considerations of xenotransplantation and its impact on allocation policies. He discussed the potential risks and benefits, the fairness of waiting list priority, and the need for clear criteria for subsequent human organ transplants.

Summary of Discussion

The committee had several questions following his presentation:

Equity and Fairness: Should eligibility to participate in a xenotransplant clinical trial impact the eligibility for and timing of a patient's initial waitlisting for a deceased donor allograft? Dr. Reese argued that participation in a xenotransplant trial should not impact a patient's priority on the waiting list for a human organ. He emphasized the need for distinct criteria for trial participation and waitlisting, highlighting the different interests of trial sponsors and transplant centers.

Retention of Waiting List Priority: Should patients who receive a xenotransplant remain on the waiting list for a human organ transplant? Dr. Reese suggested that patients should remain clinically eligible for a human transplant and discussed the fairness of retaining waiting list priority. He proposed that xenotransplant recipients could retain their priority for a limited period, such as six months, to determine if the xenograft has primary non-function.

Eligibility for Subsequent Transplants: Should prior receipt of a xenotransplant affect eligibility to be listed for a subsequent deceased donor allograft? Dr. Reese argued that xenotransplant recipients should not be evaluated differently for subsequent human organ transplants. He emphasized the need to protect patients from undue risks and make the best use of scarce resources, regardless of their prior xenotransplant.

Special Consideration for Trial Participants: Should former clinical trial participants with a failed xenograft receive special consideration for a subsequent receipt of a deceased donor allograft? Dr. Reese expressed concerns about fairness and consistency, noting that thousands of people have participated in transplant trials involving real risks. He suggested that if allocation rewards for xenotransplant trial participants were considered, empirical evidence from stakeholders, such as patients on the waiting list and donor families, should be gathered.

5. Committee Discussion: Allocating Organs Out of Sequence White Paper

Summary of Discussion

The Committee discussed next steps for the Allocation Out of Sequence White Paper. This paper had been submitted in December 2024 and was expected to go to Public Comment. However, it was delayed due to a critical comment from HRSA. The OPTN had recommended that the paper go out for Public Comment, but the committee needed to decide whether to wait for HRSA's response or to publish the paper externally.

Staff provided an update, stating that the directive response from HRSA had just occurred, and the OPTN included a recommendation that the paper go out for public comment. Leadership proposed giving HRSA a window to respond, suggesting that if they did not hear back by the end of April, they would consider publishing externally. Staff emphasized the importance of ensuring the committee reviewed the directive and confirmed there were no changes needed to the paper.

The Committee discussed the potential impact of publishing the paper externally. Members raised concerns about setting a precedent and the potential negative impact on the relationship with HRSA. A member suggested that putting the paper through Public Comment would give it more credibility and make it a more valuable resource. Staff highlighted the importance of responding to the public narrative, especially given the recent New York Times article on the topic.

The Committee agreed to create a paragraph addressing the critical comment to add to the draft paper and to request an audience with HRSA through the OPTN Board President. Additionally, they decided to prepare a condensed version of the paper for potential publication in a journal. Committee leadership emphasized the importance of respecting the committee members' volunteer efforts and ensuring their work is recognized.

Next Steps

- Create a paragraph addressing the critical comment on the Allocation Out of Sequence White Paper draft.
- Request an audience with HRSA through the OPTN Board President.
- Prepare a condensed version of the Allocation Out of Sequence White Paper for potential publication in a journal.

6. Xenotransplantation White Paper Project: Small Group Breakouts

The Committee broke into groups to discuss specific questions related to xenotransplantation:

Group 1: Should eligibility to participate in a xenotransplant clinical trial impact the eligibility for and timing of a patient's initial waitlisting for a deceased donor allograft?

Group 2: Should patients who receive a xenotransplant remain on the waiting list for a human organ transplant?

Group 3: Should prior receipt of a xenotransplant affect eligibility to be listed for a subsequent deceased donor allograft?

The groups were tasked with discussing these questions and reporting back to the full committee. The Committee planned to reconvene during independent small group meetings to discuss the outcomes of the breakout sessions and to begin to draft the xenotransplantation paper.

Next Steps

- Group 1 will lead a full Committee discussion on their assigned question during the May Ethics Committee meeting.

Upcoming Meeting(s)

- May 15, 2025

Attendance

- **Committee Members**
 - Andy Flescher
 - Sanjay Kulkarni
 - Sheila Bullock
 - Joel Wu
 - Grace Lee-Riddle
 - Julie Spear
 - Gloria Chen
 - Lois Shepard
 - Laura Jokimaki
 - Felicia Wells-Williams
 - Bob Truog
 - Lisa Paolillo
 - Megan Urbanski
 - Jennifer Dillon
 - Laura Madigan-McCowan
 - Fisayo Adebisi
 - Sena Wilson Sheehan
 - Matthew Wilkinson
- **HRSA Representatives**
 - None
- **SRTR Staff**
 - Bryn Thompson
- **UNOS Staff**
 - Cole Fox
 - Emily Ward
 - Kristina Hogan
 - Kaitlin Swanner
 - Rebecca Murdock
- **Other Attendees**
 - Jeffrey Stern
 - Peter Reese