OPTN Ad Hoc Multi-Organ Transplantation Committee
Meeting Summary
May 10, 2023
Conference Call

Lisa Stocks, RN, MSN, FNP, Chair

Introduction

The Ad Hoc Multi-Organ Transplantation Committee, the Committee, met via Citrix GoToMeeting teleconference on 05/10/2023 to discuss the following agenda items:

1. General Updates
2. Choice of Left vs. Right Kidney
3. Data Requests Review
4. Implementation Update

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

1. General Updates

The Chair updated the Committee on the new member, Johnathan Fridell, who will be officially starting on July 1, 2023.

2. Choice of Left vs. Right Kidney

The Chair presented on the current OPTN Policy regarding the choice of right versus left donor kidney *(OPTN Policy 8.6.A*).

Data summary:

OPTN Policy: 8.6.A: Choice of Right versus Left Donor Kidney

- If both kidneys from a deceased donor are able to be transplanted, the transplant hospital that received the offer for the candidate with higher priority on the waiting list will get to choose first which of the two kidneys it will receive.

- However, when a kidney is offered to a 0-ABDR mismatched candidate, a candidate with a CPRA greater than or equal to 99% (classification 1 through 4, 8, or 9 in *Tables 8-7 and 8-8;* classifications 1 through 4, 7, or 8 *in Table 8-9;* and classifications through 4, 6, or 7 *in Table 8-10*) or to a combined kidney and non-renal organ candidate, the host OPO determines whether to offer the left or the right kidney.

Summary of discussion:

The Committee Chair led the Committee in discussion on the choice of left versus right donor kidney for multi-organ transplant (MOT) vs single-organ transplant (SOT) candidates, and MOT vs MOT candidates. Members discussed that the matter is not concerned with the specifics of the choice of left vs right kidney but is about first choice vs second choice. The Committee agreed that when it comes to MOT and SOT candidates, MOT will get first choice of which kidney they will use because of the complexity. In the case of MOT vs MOT candidates, the committee discussed whether transplant hospitals with the higher priority patient should have the first choice.

A member proposed that instead of determining which candidate is sicker, it may be better to identify first choice based on the candidate that will have the greater benefit. A different Committee member also proposed that patients on dialysis should receive priority over those not on dialysis. For example, if SHK and SLuK patients are being compared, the patient who has been on dialysis longer should be the one who is prioritized. This may be a reasonable option as the data is easily trackable and can be utilized in a consistent and fair manner. The Committee did not come to a consensus regarding first or second choice for MOT vs MOT candidates. Members agree that further data is needed to determine which MOT is more important in these situations. Finally, the Committee agreed that to ensure access for pediatric and kidney alone candidates, there should only be one MOT candidate per donor.

Next steps:

Research will complete the previously submitted data request and return the information back to the Committee by the end of May. Once the data request has been returned, the Committee will begin conversations regarding MOT vs MOT prioritization.

3. Data Requests Review

UNOS staff reviewed the pending data request that the Committee has submitted.

Data summary:

Pending Data Request:

- Deceased donor transplants by organ combination and age
- OPTN Waiting List additions by organ combination and age
- Count and percentage of deceased donor transplants by organ combination and donor age
- Count and percentage of deceased donor transplants by organ combination and Kidney Donor Profile Index (KDPI)
- 1 Year post-transplant graft survival rates for transplant recipients by organ combination
- Count of donor who donated both kidneys by donor age category and recipient organ combination
- Count of donors who donated both kidneys and both kidneys went to kidney-alone recipients by donor age
- Count of donors who donated both kidneys and both kidneys went to kidney-alone recipients by KDPI
- Count of donors who donated both kidneys and both went to kidney-pancreas or MOT recipients by donor age
- Count of donors who donated both kidneys and both went to kidney-pancreas or MOT recipients by KDPI
- Count of donors who donated both kidneys and one went to kidney-alone and one to kidney-pancreas or MOT recipient by donor age
- Count of donors who donated both kidneys and one went to kidney-alone and one went to kidney-pancreas or MOT recipient by KDPI
- Age at listing for next candidate on kidney-alone waiting list by kidney-alone recipient age and MOT recipient organ combination
- Calculated Panel Reactive Antibody (CPRA) at listing for next candidate on kidney-alone waiting list by kidney-alone recipient age and MOT recipient combination
- Outcome for next candidate on kidney-alone OPTN Waiting List by kidney-alone recipient age

Summary of discussion:

The Chair asked the Committee if the data requested was comprehensive and complete. Members agreed that the pending request was inclusive of the different data points that they had previously talked about. UNOS staff mentioned that the previously submitted data request will be returned by the end of May so that they may discuss the results in the June meeting. The Committee acknowledged that the results from the submitted data request are needed before they can move forward with conversations regarding prioritization of MOT.

The Committee Chair led the discussion to clarify whether the Committee required a second data request to move forward with the consideration of MOT prioritization. Proposed data included:

- OPTN Waiting List mortality rates for kidney combinations (liver-kidney, heart-kidney, kidney-pancreas, lung-kidney)
    - Compared to liver-alone, heart-alone, and lung-alone
- OPTN Waiting List mortality rates for non-kidney combinations (heart-lung, lung-liver, heart-liver)
    - Compared to heart-alone, lung-alone, and live-alone
- Breakdown of pediatric MOT numbers (combinations or total)

The Chair then clarified whether the members already had information on the topics listed. The Committee confirmed that a formal data request is not necessary as members already possessed the proposed data.

Next steps:

Research will run the previously submitted data request and return information back to the Committee by the end of May. The Committee will discuss results of the data request at the June meeting and will also begin prioritization conversations.

4. Implementation Update

UNOS IT staff presented an update on implementation considerations for the Committee's proposal to *Establish Eligibility Criteria and Safety Net for Heart-Kidney and Lung-Kidney Allocation.*

Data summary:

The original policy implementation was intended to have the new Simultaneous Heart-Kidney (SHK) and Simultaneous Lung-Kidney (SLuK) matches be implemented at the same time as the heart and lung kidney safety net matches. Phase 1 will consist of data collection in the OPTN Waiting List and Phase 2 is when all the matches take effect. However, the existing safety net for kidney match works "out of the box" for thoracic organs. More specifically, as soon as a center inputs the data into the OPTN Waiting List, the candidate will appear in the kidney match in the priority classification (allocation sequences B, C, and D). To force a transition period, additional code is required.

As of May 5, 2023, there are 39 active kidney candidates that have data suggesting they meet the criteria for safety net. These candidates have had a prior thoracic transplant and were listed for a kidney at least 90 but no later than 365 days after their initial transplant. There are a total of 52,000 active candidates on the kidney OPTN Waiting List.

Given that the safety net for kidney match works "out of the box" for thoracic organs, three implementation considerations were presented below.

Option 1:

- June 29, 2023
    - OPTN Waiting List: SHK and SLuK data collection
    - OPTN Waiting List: Safety net inclusive of HR and LU transplants
    - KI Match: Kidney match would be implemented immediately. As soon as the information is entered into the system by the center, the candidate would appear on the match and receive priority classification.
- September 21, 2023
    - LU Match: Implement SLuK
    - HR (HL) Match: Implement SHK

Option 2:

- June 29, 2023
    - OPTN Waiting List: Simultaneous SHK and SLuK data collection
- September 21, 2023
    - OPTN Waiting List: Safety net inclusive of HR and LU transplants
    - KI Match: Safety net eligibility includes those candidates meeting eligibility criteria
    - LU Match: Implement SLuK
    - HR (HL) Match: Implement SHK

Option 3:

- To accommodate a data collection transition period for safety net, additional coding is required (two month of additional work)
- August 2023:
    - OPTN Waiting List: SHK and SLuK data collection
    - OPTN Waiting List: Safety net inclusive of HR and LU transplants
- November 2023:
    - KI Match: Safety Net eligibility includes those candidates meeting eligibility criteria
    - LU Match: Implement SLuk
    - HR (HL) Match: Implement SHK

Summary of discussion:

The OPTN Contractor IT staff led the Committee in conversation to gain feedback regarding which of the three implementation options would be best. A member asked what the disadvantages of going live with the current system and "out of the box" functionality would be. The Committee Chair and OPTN Contractor IT staff discussed that the disadvantages of proceeding as planned is that centers will not have time to enter data in advance. Considering data cannot be entered in advance, bigger programs could potentially launch their patients sooner than smaller programs, or vice versa.

A Committee member also expressed that the data is readily available and not difficult to input or enter in the system. Therefore, the current implementation plan should not be a disadvantage for small or big programs. A different Committee member added that because there is a relatively rich source of kidneys for these patients, they get transplanted quickly. The member proposed that even if a program gets on a few months later, it doesn't necessarily disadvantage the patient because they are getting kidneys as fast as they can. They state that the bigger disadvantage would be to have patients waiting longer on dialysis if implementation is pushed back.

The Committee Chair asked the Committee if there were any other equity issues to consider. A member suggested that there may be issues with the implementation timing for east compared to west coast programs. Staffing may differ in the size of a program which may present a challenge for getting the data entered in a timely manner. The Committee does not want candidates to wait any longer and recommended that Option 1, to proceed as planned, be pursued by the UNOS IT staff. In addition, the data has suggested that, typically, patients will not lose out due to the absence of a transition period. The Committee agrees that it is more important to be transparent and launch implementation in a timely manner.

Next steps:

The UNOS IT staff will execute the implementation plan proposed in Option 1. The first phase will be launched on June 29, 2023. Phase 2 will follow and go live on September 21, 2023.

Upcoming Meetings

- June 14, 2023, 3 PM ET

Attendance

- **Committee Members**
  - Peter Abt
  - Marie Budev
  - Vince Casingal
  - Alden Doyle
  - Rachel Engen
  - Kenny Laferriere
  - Heather Miller-Webb
  - Jennifer Prinz
  - Lisa Stocks
- **HRSA Representatives**
  - Jim Bowman
  - Shelley Grant
- **SRTR Staff**
  - Katherine Audette
  - Jonathan Miller
- **UNOS Staff**
  - Alex Carmack
  - Julia Foutz
  - Paul Franklin
  - Courtney Jett
  - Sara Langham
  - Laura Schmitt
  - Kaitlin Swanner
  - Susan Tlusty
  - Ben Wolford