OPTN Ad Hoc Multi-Organ Transplantation Committee
Meeting Summary
January 10, 2024
Conference Call

Lisa Stocks, RN, MSN, FNP, Chair

Introduction

The Ad Hoc Multi-Organ Transplantation (MOT) Committee, the Committee, met via WebEx teleconference on 1/10/2024 to discuss the following agenda items:

1. Public Comment Proposal Update
2. Regional Meeting Presentations
3. MOT Prioritization – Focus for 2024

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

1. Public Comment Proposal Update

The Chair provided an overview of the progress that has been made on the Committee's two public comment proposals.

Presentation Summary:

Background:

- Modify Effect of Acceptance Proposal: Policy change to clarify that organ offer acceptance takes priority over requirements to offer more than one organ to a single candidate if the second organ has already been accepted by a transplant program.
- Concepts for Modifying Multi-Organ Policy: Request for feedback to help the Committee establish an updated framework for multi-organ allocation.
- The public comment period will take place from January 23, 2024 to March 19, 2024.

Summary of discussion:

No further discussion.

The Committee did not make any decisions.

2. Regional Meeting Presentations

The chair reminded the Committee of their regional presentation dates and assignments. She urged the Committee to attend the regional meeting prep call, so everyone is on the same page when they are sharing information and updates.

Summary of discussion:

The Committee did not make any decisions.

3. MOT Prioritization – Focus for 2024

The Chair presented to the group regarding what the Multi-Organ Transplantation (MOT) Committee's 2024 focus would be.

Presentation summary:

Main Questions:

- Should policy direct the order in which Organ Procurement Organizations (OPOs) allocate organs?
- Is it reasonable for OPOs to allocate organs in this order?
    - Heart/Heart-Lung → Lung → Liver → Intestine → Pancreas → Kidney → VCA
    - If so, how do single organ and MOT offers interact within each of the match runs (including current policy requirements)?
    - How do single organ and MOT offers interact across these match runs (including current policy requirements)?

Previous Discussions:

- Pediatric, high CPRA candidates, medically urgent kidney-alone candidate and prior living donors may warrant priority for kidney offers before MOT candidates
- It is still appropriate to offer kidneys for MOT ahead of kidney alone due to complex and technical nature of MOT procurements and transplants
- One kidney to kidney alone, second kidney to MOT candidates (limit to 0-34% KDPI)

Summary of discussion:

The Committee did not make any decisions.

A member highlighted concerns regarding the proposed allocation order, emphasizing that if policies were to be formulated based on the current order, VCA tends to take longer to allocate and, at times, appeared somewhat separated from MOT cases. The member suggested that, instead, VCA might be more appropriately positioned earlier in the allocation order rather than later. The Chair of the Committee expressed agreement with this sentiment.

Another committee member contributed to the discussion by pointing out the inherent differences within VCA itself, using the example of vastly distinct procedures such as face and uterus transplantations. This observation underscored the complexity of VCA cases and further supported the need for a careful reconsideration of the allocation order. A committee member emphasized the need to understand the status of thoracic allocation first, especially considering potential delays in lung allocation. This consideration is crucial in designing process maps and a prioritization order for abdominal and VCA allocations.

As the committee delved deeper into the discussion regarding the placement of VCA in the allocation order, the Chair proposed a shift towards a more dynamic and process-oriented approach rather than a linear one. She suggested the development of three distinct process maps, each dedicated to thoracic, abdominal, and VCA transplantation procedures. Emphasizing the potential benefits of exploring these process maps, the Chair believed that such an approach would drive the development of sound policies. In support of this perspective, a committee member pointed out that the suggested methodology resembled more of a prioritization order where all aspects flow concurrently, rather than a traditional linear allocation order.

A member raised the question of what information would be essential for both the committee and the broader community to determine a prioritization order for organ allocation. The member inquired about the need for logistical details, such as the time required for allocating specific organs like lungs or hearts. Members also discussed that a defined policy would need to consider what happens if an organ becomes transplantable later in the process and after another organ has been allocated. More specifically, they wondered whether OPOs should go back and re-run the list or if they should move forward with allocation.

A member highlighted the significance of public comment in gaining insights into the community's stance on kidney-related matters, such as Kidney Donor Profile Index (KDPI) and kidney allocation. He anticipated that the feedback received from public comments would play a crucial role in shaping the committee's deliberations. The member also emphasized the need for guidance on prioritizing MOT combinations if both kidneys are allocated to them. In agreement, the Chair expressed the importance of incorporating language into the policy that addresses the scenario where both organs are designated for MOT candidates, indicating that clear guidance should be provided to determine who gets the first choice.

A participant proposed considering additional key questions to guide their discussions. The member suggested evaluating allocating both kidneys to MOT candidates, as well as exploring the feasibility one kidney going to an MOT candidate while the other is allocated to a single organ candidate. She also emphasized the importance of determining where single organ candidates would fit into any established prioritization order or scheme. These questions became crucial considerations, especially given the potential variations in the allocation approach, whether both kidneys are designated for MOT or if a split allocation is adopted between MOT and kidney-alone candidates.

The Chair, in response, underscored the significance of not losing sight of the question of when to offer both kidneys to MOT transplant recipients. She proposed further inquiry into the criteria for making such a determination and whether there would be instances where both organs are allocated exclusively to MOT candidates. Future deliberations should aim to establish clear guidelines and criteria to ensure a thoughtful and equitable MOT prioritization process.

The committee was prompted to share their perspectives on whether both organs should be allocated to MOT recipients, whether a split allocation—one to a kidney-alone candidate and the other to MOT—was feasible, or if there should only be specific or special circumstances where both kidneys could go to MOT candidates. One member advocated for a hybrid approach, suggesting that one organ should go to MOT, and the other to a kidney-alone candidate. However, she also stressed the need for clearly defined situations where both organs could be allocated to MOT candidates. Another member agreed with the hybrid approach, acknowledging that there might be situations where both kidneys could go to MOT candidates but advocated for limited instances and clear guidelines for these cases.

Concerns were raised about the pediatric community, with one member anticipating apprehensions if the possibility of both kidneys going to MOT candidates was upheld. She stated that allocating both kidneys to MOT candidates would take away opportunities for pediatric candidates. The member leaned toward split kidney allocation, with exceptions or specific situations allowing both kidneys to go to two MOT candidates.

Various suggestions were made, including prioritizing dual multi-organ transplantations for higher status liver, lung, and heart cases. However, in normal cases, one kidney would go to MOT, and the other to kidney-pancreas or kidney-alone candidates. The Chair proposed a potential condition, suggesting that when kidneys have a KDPI between 0-34%, both organs cannot be allocated to two MOT candidates.

A member urged the Committee to dive deeper into the finer details of the prioritization scheme. He said that they should be considering criteria for kidney-alone candidates, and exploring where they might fit in the prioritization model.

A committee member highlighted the need for clarity in the decision-making process, suggesting that, despite the focus on policy creation, the committee should also provide accessible roadmaps through the processes. This approach would facilitate understanding and implementation, ensuring that stakeholders aren't solely reliant on memorization of policy details. The overall strategy aimed to efficiently navigate the complexities of organ allocation within the MOT prioritization framework.

The committee chair proposed the compilation of a document containing relevant recommendations and suggestions so the group may collectively prioritize and stratify key considerations. Committee leadership clarified that they didn't want to delay thinking through these elements as the public comment cycle does not end for a few more months. They emphasized the importance of proactively developing a model or prioritization scheme, intending to use public comment feedback to refine and finalize the eventual product.

Next steps:

The Chair of the Committee has requested that their February meeting be action oriented. Therefore, next steps include compiling a list of recommended or suggested ideas as well as refining a previously presented prioritization model.

Upcoming Meeting

- February 14, 2024

Attendance

- **Committee Members**
  - Lisa Stocks
  - Sandra Amaral
  - Vincent Casingal
  - Chris Curran
  - Rachel Engen
  - Jonathan Fridell
  - Shelley Hall
  - Heather Miller Webb
  - Nicole Turgeon
  - Oyedolamu Olaitan
- **HRSA Representatives**
  - Marilyn Levi
  - Jim Bowman
- **SRTR Staff**
  - Katie Audette
  - Jon Miller
- **UNOS Staff**
  - Robert Hunter
  - Sarah Roache
  - Jenna Reformina
  - Rebecca Fitz Marino
  - Jessica Higgins
  - Sara Langham
  - Kaitlin Swanner
  - Susan Tlusty
  - Ben Wolford
- **Other Attendees**
  - Matthew Hartwig
  - Jon Snyder
  - Erika Lease