

**OPTN Ad Hoc Multi-Organ Transplantation Committee
Meeting Summary
February 14, 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 2/14/2024 to discuss the following agenda items:

1. Public Comment and Regional Meeting Updates
2. Draft Allocation Scheme

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

Public Comment and Regional Meeting Updates

The Chair presented feedback received on the Committee's items that are out for public comment.

Presentation Summary:

Public comments received via the OPTN website:

- **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.
 - As of 2/13/2024, one respondent indicated strongly supported (sentiment).
- **Concepts for Modifying Multi-Organ Policy:** Request for feedback (RFF) to help the Committee establish an updated framework for multi-organ allocation.
 - As of 2/13/2024, one respondent supported (narrative comment).

Sentiment scores from regional meetings:

- The following data is inclusive of Regions 2,4,8,10, and 11:
 - 39 respondents indicated strong support, 63 respondents indicated support, 18 respondents abstained or were neutral, and 2 respondents opposed the Modify Effect of Acceptance Proposal.

Feedback by theme:

- **Modify Effect of Acceptance Proposal:** The Committee received feedback on themes including the proposal's impact on efficiency, including timeframe in policy language, and clarifying the meaning of acceptance.
- **Concepts for Modifying Multi-Organ Policy:** The Committee received feedback on themes including determining allocation priority, data and modeling, and patient and donor family preferences.

Summary of discussion:

The Committee did not make any decisions.

Draft Allocation Scheme

The Chair presented a draft MOT allocation scheme and the Committee discussed potential revisions.

Presentation Summary:

- Purpose: Develop a ranked list in policy for OPOs to follow when there are multiple candidates that qualify for required MOT shares on different match runs.
- Assumptions: The current draft assumes that the donor is 30-year-old brain dead donor with all organs available, and a KDPI of 0-20%. Allocation order varies for some organs by donor characteristics and the Committee can work through those details after agreeing to a general approach.
- The Chair displayed the draft MOT allocation scheme to facilitate Committee deliberations. The recommendation is to begin with status 1 and 2 heart candidates, followed by lung candidates down to a specified point on the match run, followed by status 1A and 1B liver candidates, followed by status 1 intestine candidates, followed by liver candidates with MELD/PELD of at least 37; followed by kidney-pancreas candidates with 0-ABDR mismatch and/or high CPRA; followed by priority kidney candidates (0-ABDR mismatch, high CPRA, prior living donors, pediatric candidates, and medically urgent candidates).

Summary of discussion:

The Committee did not make any decisions.

A Committee Member raised concerns about the placement of status 1 intestine candidates within the draft MOT allocation scheme. Another member noted that status 1 intestine candidates are rare and suggested that liver candidates with a MELD/PELD greater than 37 or 35 should be prioritized over intestine status 1 candidates.

A Committee Member raised potential complexities due to existing categories and allocation priorities established by single-organ committees. The member noted the need for alignment between existing allocation priorities and the draft MOT allocation scheme and questioned whether this was within the scope of the MOT Committee or relevant single-organ committees. A Committee Member responded that the draft allocation scheme uses existing categories. It prioritizes candidates among those that are qualified to receive the organs.

A Committee Member advocated for higher priority for some kidney-pancreas classifications in the draft MOT allocation scheme. The member raised the potential wastage of viable pancreata if they are not transplanted with kidneys. The member emphasized that medically urgent kidney candidates without the need for a pancreas are likely to receive kidneys from donors without suitable pancreata. While suggesting that kidney-pancreas candidates should not be prioritized above highly sensitized kidney patients, the member proposed placing kidney-pancreas classification 4 directly below kidney-alone classification 4. Another Committee member suggested that a kidney-pancreas within a 250 NM range should be designated as a required share and the Chair concurred. The member noted that a values prioritization exercise could help determine how to prioritize different patient groups and inform the final order of the MOT allocation scheme.

A Committee Member expressed concern regarding the insufficient prioritization of medically urgent kidney candidates within the draft allocation scheme. The member highlighted the scarcity of such candidates and their significant risk of mortality. The member advocated for increased prioritization for medically urgent kidney candidates to ensure their timely access to transplantation and reduce the risk of mortality. Another Committee Member suggested that medically urgent kidney candidates may not

need lower KDPI kidneys and noted that these candidates are likely to receive subsequent offers. Another member noted that medically urgent kidney patients are often highly sensitized, as well as medically urgent.

Next steps:

The Committee will continue to refine the draft allocation scheme in future meetings.

Upcoming Meeting(s)

- March 13, 2024

Attendance

- **Committee Members**
 - Lisa Stocks
 - Vincent Casingal
 - Chris Curran
 - Alejandro Diez
 - Alden Doyle
 - Rachel Engen
 - Jonathan Fridell
 - Shelley Hall
 - Heather Miller Webb
 - Jennifer Prinz
- **HRSA Representatives**
 - Jim Bowman
- **SRTR Staff**
 - Katie Audette
 - Jon Miller
 - Jon Snyder
- **UNOS Staff**
 - James Alcorn
 - Jessica Higgins
 - Sara Langham
 - Jenna Reformina
 - Sarah Roache
 - Kaitlin Swanner
 - Susan Tlusty
 - Ben Wolford
- **Other Attendees**
 - Erika Lease