

OPTN Ad Hoc Multi-Organ Transplantation Committee

Meeting Summary

October 9, 2024

Conference Call

Lisa Stocks, RN, MSN, FNP, Chair

Zoe Stewart Lewis, MD, PhD, MPH, FACS, Chair

Introduction

The Ad Hoc Multi-Organ Transplantation (MOT) Committee (Committee) met via WebEx teleconference on 10/9/2024 to discuss the following agenda items:

1. Welcome and updates
2. Data request results: Small populations and match run efficiency
3. Data request results: Median time to next offer across multi-organ combinations
4. Expand required simultaneous liver-kidney allocation six-month monitoring report

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

1. Welcome and updates

The Chair updated the Committee on the plan for upcoming meetings, the progress of the small groups reviewing draft algorithms and laterality, and a summary of the data requested by the Committee this year. The Chair reviewed questions for the committee to consider during the presentations:

- Does the data align with what you expected?
- Does the data support the initial draft algorithm?
- Is any additional small population/efficiency data needed?

Summary of discussion:

The Committee did not make any decisions.

There were no questions or comments from the Committee.

2. Data request results: Small populations and match run efficiency

OPTN contractor staff presented the results of a data request to evaluate match run data related to offers historically made within the classifications included in the draft multi-organ algorithm.

Data summary:

The report focused on donation after brain death (DBD) donors, age 18-69, KDPI 0-34% with a match date between February 1, 2023, to December 31, 2023.

- Donors with a match based on whether the match had a final acceptance by organ
 - Majority of kidney, liver, and heart matches had a final acceptance
 - Majority of kidney-pancreas and intestine matches did not have a final acceptance
 - Lung was excluded from the analysis since the thresholds to be included in the multi-organ algorithm are under development

- Donors based on how many organs had a match run: Most of the donors in this cohort had five organs offered (heart, liver, intestine, kidney, pancreas)
- Donors based on how many organs were accepted: Donors most frequently had three organs accepted, typically kidney, liver, and heart
- Distribution of the final required share appearance and final acceptance for matches with a final acceptance:
 - For intestine, kidney-pancreas, and heart, median sequence number at acceptance is typically higher than the final required share according to the proposed multi-organ algorithm, meaning that the organs would be placed before the OPO completes the multi-organ algorithm
 - For liver and kidney, median sequence number at acceptance is typically lower than the final required share according to the proposed multi-organ algorithm, meaning that the organs would be placed after the OPO completed the required multi-organ offers
- Required shares by classification: Displayed median and mean number of candidate appearances on the match run by organ for each classification included in the primary proposed multi-organ algorithm
- Displayed draft MOT allocation algorithm with median appearances by classification

Summary of discussion:

The Committee did not make any decisions.

A member asked if the heart-kidney eligibility criteria and safety net policy was in effect during the time frame of the analysis. Staff noted that those policies were implemented during this cohort but were not expected to have an impact on the data shown. A Co-Chair was surprised at the larger number of appearances in the intestine and kidney-pancreas classifications but noted that kidney-pancreas classification 4 is a large group of candidates. A Co-Chair said there were more kidney-pancreas candidates than they would have expected but noted that the data shows few candidates in the highly sensitized kidney classifications. A member noticed that this represents all of kidney-pancreas candidates, so they did not find the numbers surprising. A Chair was concerned that there could be many offers to kidney-pancreas candidates ahead of pediatric kidney candidates. A member noted that many of those candidates will not accept the organs because the pancreas is not suitable.. A Co-Chair noted that of all organs, pancreata seem least likely to be placed.

The members discussed the potential for geographic variation in median match appearances. Staff noted that the full report breaks the data out by OPTN region and there were some more notable differences for intestine and kidney-pancreas by region.

A member expressed that the Committee had done a good job deciding who should be included in the algorithm and how it is ordered, but agreed with further discussion regarding the pediatric kidney candidates.

Next steps:

A Co-Chair recommended further discussion of the data and classification order at the in-person meeting on 10/30. Staff will provide updated reports as the Committee finalizes the algorithms based on the different donor profiles.

3. Data request results: Median time to next offer across multi-organ combinations

SRTR contractor staff presented time without an offer data for single and multi-organ combinations.

Data summary:

- Cohort: Pretransplant – On the waiting list on July 1, 2021, or added July 1, 2021, or later, with transplant, death, or removal from the waiting list by December 31, 2023
- Outcomes:
 - Average time without an offer
 - Percent of candidates with no offers during follow-up
- Results provide a high-level summary of time without an offer and do not analyze possible mechanisms behind the results. Example:
 - 43.8% of heart status 3 candidates do not get a local offer with a primary blood-type match; possibly, those candidates escalate to Status 2 or 1 and then receive offers
 - 45.4% of 100% CPRA kidney candidates do not get a national offer from a donor with identical or permissible blood types; possibly, those candidates continue to have trouble receiving offers (no opportunity to move to a higher status/gain more access to offers)
- Displayed mean time without an offer and percent without any offer data for the classifications included in the primary proposed multi-organ algorithm
 - Lung was excluded from the analysis since the thresholds to be included in the multi-organ algorithm are under development

Summary of discussion:

The Committee did not make any decisions.

A member asked how to interpret the “n” for the time without an offer. SRTR staff explained that refers to the number of observations, which includes candidates at each status at which they appeared within the time frame used for analysis (e.g. a candidate who was listed at heart status 3 and moved to heart status 2 during the time frame would have two observations). The “n” refers to the overall number of observations in each classification, including both candidates who received offers and candidates who received no offers.

The Committee discussed that the data aligned with what was expected and appeared to support the initial draft algorithm. The Committee considered whether any additional classifications should be included in the primary draft algorithm. Staff noted that the kidney small group was interested in adding kidney classifications for candidates with CPRA of 99% and others have expressed interest in including some lower MELD liver classifications. Staff explained that additional data for these classifications could be requested to help inform the classifications. A member from the kidney small group affirmed interest in adding kidney classifications for the 0-34% and 35-85% KDPI donors and potentially moving up some pediatric kidney candidates in the 35-85% KDPI sequence.

Next steps:

The Committee will continue discussing data and classification order at upcoming committee meetings.

4. Expand required simultaneous liver-kidney allocation six-month monitoring report

Due to time constraints, the report was not presented.

Next steps:

OPTN contractor staff will present the report during the in-person meeting on 10/30. Staff reminded members to book their travel to the meeting.

Upcoming Meetings

- October 23, 2024
- November 13, 2024

Attendance

- **Committee Members**
 - Lisa Stocks, Chair
 - Zoe Stewart Lewis, Chair
 - Rocky Daly
 - Jonathan Fridell
 - Jim Kim
 - Nicole Turgeon
 - Anji Wall
- **HRSA Representatives**
 - Marilyn Levi
- **SRTR Staff**
 - Katie Audette
 - Jon Miller
- **UNOS Staff**
 - Katrina Gauntt
 - Houlder Hudgins
 - Sarah Roache
 - Kaitlin Swanner
 - Ben Wolford