

**OPTN Ad Hoc Multi-Organ Transplantation Committee
Meeting Summary
September 25, 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, the Committee, met via WebEx teleconference on 09/25/2024 to discuss the following agenda items:

1. Primary organs and required multi-organ offers
2. Medical eligibility for multi-organ offers
3. Offers not covered by algorithms

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

1. Primary organs and required multi-organ offers

The Committee considered which primary organs should have required multi-organ offers.

Summary of Presentation:

OPTN contractor staff presented data on number of multi-organ transplants by combination (2020-2024). Staff noted that typically, hearts, lungs, and livers “pull” other organs. Staff asked the Committee to consider whether the proposed policy should address intestines, kidneys, and pancreata “pulling” other organs. Specifically, the Committee was asked to consider:

- Should all primary organs require multi-organ offers?
- Should all organs follow primary organs?

Example:

- The OPO is working through the kidney match run. A highly sensitized kidney candidate may also need another organ. Should the kidney “pull” any other organ needed (heart, lung, liver, etc.)?

Summary of Discussion:

The Committee did not make any decisions.

The Committee’s discussion of this agenda item follows item 2, below.

2. Primary organs and required multi-organ offers

The Committee considered options for medical eligibility criteria for multi-organ offers.

Summary of Presentation:

OPTN contractor staff reviewed current OPTN policies on medical eligibility criteria for multi-organ offers. Current policy addresses some, but not all, multi-organ combinations.

Heart-lung criteria is addressed in *Policy 6.6.F Allocation of Heart-Lungs from Deceased Donors at Least 18 Years Old* and *Policy 6.6.F.ii Allocation of Heart-Lungs from Deceased Donors Less Than 18 Years Old*. Candidates in all Heart Classifications are eligible for Heart-Lung transplantation. Candidates with Lung CAS Scores of 25 or greater are eligible for Heart-Lung transplantation. There are no additional medical eligibility requirements for hearts or lungs as secondary organs.

Heart-liver and Lung-liver criteria are addressed in *Policy 5.10.G Allocation of Heart-Liver and Lung-Liver*. Candidates in all Heart Classifications are eligible for Heart-Liver transplantation. Candidates with Lung CAS Scores of 25 or higher are eligible for Lung-Liver transplantation. There are no additional medical eligibility requirements for livers as secondary organs.

Liver-intestine criteria is addressed in *Policy 9.1.F Liver-Intestine Candidates*. All Liver Candidates are eligible for Liver-Intestine transplantation. There are no specific medical eligibility requirements for intestines as secondary organs, but medical justification for the combined transplant must be documented in the candidate's medical record.

Multi-organ kidney criteria are addressed in *Policy 5.10.E (Heart-Kidney)*, *Policy 5.10.f (Lung-Kidney)*, and *Policy 9.9 (Liver-Kidney)*. Criteria for multi-organ-kidney combinations address both the primary organ and the kidney (including GFR/CrCl thresholds and diagnosis).

The Committee considered whether to incorporate existing medical eligibility criteria into the policy proposal. Depending on the Committee's decision on which organs can "pull" other organs, the Committee may wish to develop additional medical eligibility criteria.

Summary of Discussion:

The Committee did not make any decisions.

The Committee discussed the interrelated issues of primary organs and required multi-organ offers and medical eligibility criteria.

The Committee's discussions focused on whether kidney candidates should also be offered livers and if liver candidates should also be offered hearts. Some members expressed support for high priority also receiving a liver. Others expressed concern that this approach could disadvantage high-MELD liver patients, who fall below some kidney candidates in the initial draft algorithm. Members debated whether medical eligibility criteria for livers following kidneys could alleviate these concerns. Members also expressed support for liver candidates also receiving a heart, especially in the context of Fontan-associated liver disease.

Some members suggested to develop specific criteria for when one organ can pull another. There was debate about whether this workgroup should define this criteria and or if it should be left to organ-specific committees.

Concerns were raised about balancing rare cases vs overall system integrity. Some questioned making major policy changes based on rare scenarios, while others noted the need to consider impact on patients with high medical urgency.

Members agreed that further discussions were needed on multivisceral offers in the context of the algorithms and policy proposal. They noted that pediatric donors are a significant source for certain multi-organ transplants.

Next Steps:

Members will continue discussing these issues and multivisceral offers in future meetings.

3. Offers not covered by algorithms

The Committee considered how policy should direct allocation in circumstances that are not covered by one of the MOT allocation algorithms.

Presentation summary:

Staff noted that the algorithms cover approximately 96% of MOT donors. The Committee was invited to consider how policy should direct allocation of organs in circumstances that are not covered by an algorithm.

- Possible approach:
 - Allocate in accordance with single-organ policies and match runs
 - OPO discretion on order to work through match runs
 - OPOs may offer multiple organs to candidates meeting medical eligibility criteria, *but* no expectation to hold organs for multi-organ candidates

Summary of discussion:

The Committee did not make any decisions.

Members discussed whether multi-organ offers should be mandatory or option outside of the algorithms, but did not reach a conclusion.

A member raised concerns about pediatric donors not covered by an algorithm, seeking to ensure that pediatric candidates would not be disadvantaged.

A member emphasized the need to monitor MOT shares, especially as improvements in preservation techniques might increase the use of these donors for MOTs in the future.

Next Steps:

Non discussed.

Upcoming Meeting

- October 4, 2024

Attendance

- **Committee Members**
 - Zoe Stewart Lewis (Chair)
 - Lisa Stocks (Chair)
 - Vincent Casingal
 - Rachel Engen
 - Jonathan Fridell
 - Shelley Hall
 - Heather Miller Webb
 - Shunji Nagai
 - Oyedolamu Olaitan
 - Sharyn Sawczak
 - Chris Sonnenday
 - Nicole Turgeon
- **HRSA Representatives**
 - Marilyn Levi
- **SRTR Representatives**
 - Katie Audette
 - Jon Miller
- **UNOS Staff**
 - Viktoria Filatova
 - Katrina Gauntt
 - Sara Langham
 - Sarah Roache
 - Laura Schmitt
 - Kaitlin Swanner