

**OPTN Ad Hoc Multi-Organ Transplantation Committee
Meeting Summary
July 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 7/10/2024 to discuss the following agenda items:

1. MOT Allocation Scheme Overview and Timeline
2. Values prioritization exercise (VPE) Poll Results
3. Finalize VPE Design
4. Preparation for August 8th In Person Committee Meeting

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

1. MOT Allocation Scheme Overview and Timeline

The Chair provided an overview of the timeline for development of a multi-organ allocation scheme that will help organ procurement organizations (OPOs) prioritize multi- and single-organ candidates on different match runs.

Summary of Presentation:

The Chair noted that the goal of today's meeting is for Committee members to provide final feedback and approve the VPE design. The next steps are:

- By ~ 7/17: OPTN contractor staff develop VPE
- By ~ 7/24: Committee members complete VPE
- By 8/8: Presentation of VPE results and data request results at in-person Committee meeting
- By ~ September: refine draft allocation scheme based on data request results, VPE results, and other factors including donor characteristics such as KDPI
- By ~ October: develop policy language and policy proposal
- January 2025: Proposal out for public comment
- June 2025: Target date for BOD approval
- June 2026: Implementation within 1 year of BOD approval

Summary of Discussion:

The Committee did not make any decisions.

Committee members noted the tight timeline and advocated for building consensus on major issues and not delaying progress where there is lack of consensus on minor issues. The Chair noted that the Committee will need to consider whether to expand the scheme to include donors with higher KDPIs and suggested the Committee discuss this issue at the in person meeting.

2. VPE Poll Results

Staff presented the VPE Poll Results to help finalize the Committee's VPE on the draft MOT allocation scheme. The poll addressed attributes in candidate profiles, other factors the Committee should consider in developing the scheme (e.g. waitlist mortality and potential organ non-use), and transition points between match runs.

Presentation summary:

Ten Committee members participated in the poll. They tended to agree with the recommended attributes, except for the proposed attributes for heart, where a few members suggested including sensitization. There was strong support for considering waitlist mortality in developing the MOT allocation scheme. Approximately half of the Committee members also support considering post-transplant survival, potential organ non-use, and time between offers. There was some support for considering donor characteristics and placement efficiency.

The poll included 8 questions in which Committee members were asked to determine priority between 2 candidate groups. In 6 of the 8 questions, there was limited consensus among respondents. These comparisons would benefit from further exploration through the VPE.

Summary of discussion:

The Committee did not make any decisions.

The Chair noted a lack of consensus on how to prioritize several patient groups. Members noted strong support for prioritizing Status 1A Liver patients.

The Committee's discussion focused on where to place medically urgent kidney patients (classification 7) in relation to Heart Status 3 and 1B (pediatric) candidates who also need a kidney. A member raised concerns about potentially disadvantaging pediatric heart-kidney candidates by placing them lower than medically urgent kidney-alone candidates. The member noted that this may be inconsistent with current kidney allocation policy. Members noted that pediatric heart-kidney transplants, medically urgent kidney alone candidates, and pediatric heart 1B candidates are relatively small populations. A member suggested that the Committee determine which candidates should receive priority within the MOT allocation scheme and consider revisions based on public comment feedback.

Next Steps:

The Committee plans to use the VPE results and data request results to refine the allocation scheme at the August 8th in person meeting.

3. Finalize VPE Design

Staff presented recommendations on VPE design and invited the Committee's feedback.

Summary of Presentation:

Recommendations on attributes:

1. Base attributes for organs on current OPTN allocation policy for each organ
 - The MOT allocation scheme will incorporate existing organ-specific allocation policies and match runs
 - It is out of scope for the MOT Committee to make changes to organ-specific policies
 - If attributes outside current policy are included, the VPE will not reflect the proposed design of the MOT allocation scheme

2. Consider whether alternate therapies (e.g. ECMO for heart, dialysis for kidneys, insulin for pancreas) is a useful attribute or difficult to interpret/confusing
3. If the Committee has recommendations on changes to single-organ policies, consider referring them to organ-specific committees

Recommendation on justification follow up:

1. To better understand discrepancies in candidate selections, the VPE could also include a follow up question on the primary justification for prioritizing one candidate over the other
 - Ex: What was your primary reasoning for prioritizing the candidate you selected?
 - Waiting list mortality concerns
 - Limited access to transplant
 - Post transplant survival
 - Potential organ non-use
 - Distance
 - None of the above
 - Option to write in a comment

Summary of discussion:

The Committee agreed on the VPE design.

Committee members supported removing the alternate therapies attribute because it may be confusing and is not likely to drive allocation in some cases. Members agreed to include justification follow up questions.

The Committee called for more contextual information for each scenario in the VPE, such as waitlist mortality rates, average waiting times, and post-transplant survival rates. Staff noted that there is limited data available for some multi-organ transplant candidates due to smaller patient populations and suggested providing single-organ data to provide context in such instances. Staff noted that more comprehensive data will be available at the August 8th in person meeting, and together with the VPE results, will inform revisions to the proposed allocation scheme.

Some committee members noted that it can be difficult to make decisions about candidate groups that they are less familiar with. There was general agreement that all committee members should attempt to answer all questions, as the policy will affect all organ systems. To help manage this issue, the Committee requested a confidence rating scale for each comparison. There will also be a comment field for participants to explain their rationale or express uncertainty.

Next Steps:

Staff will add contextual information for VPE scenarios, including waitlist mortality, median waiting times, and post-transplant survival rates, where available. They will remove the alternate therapies attribute and add a confidence scale and justification follow up for each scenario. Committee members will complete the VPE, and results will be presented at the August 8th in person meeting.

4. Preparation for 8/8 In Person Committee Meeting

Staff advised that the in-person meeting will take place on August 8, 2024, from 8:00am-3:00pm ET in Richmond, VA. Committee members should book travel following the instructions provided in the calendar appointment. There will be a dinner the evening before the meeting.

Upcoming Meeting

- August 8, 2024 (In person in Richmond, VA)

Attendance

- **Committee Members**
 - Lisa Stocks (Chair)
 - Marie Budev
 - Vincent Casingal
 - Chris Curran
 - Alden Doyle
 - Rachel Engen
 - Jonathan Fridell
 - Oyedolamu Olaitan
 - Nicole Turgeon
- **HRSA Representative**
 - Marilyn Levi
- **SRTR Staff**
 - Jon Miller
 - Bryn Thompson
- **UNOS Staff**
 - James Alcorn
 - Katrina Gauntt
 - Viktoria Filatova
 - Houlder Hudgins
 - Sarah Roache
 - Laura Schmitt
 - Ross Walton