

OPTN Ad Hoc Multi-Organ Transplantation Committee

Meeting Summary

April 9, 2025

Conference Call

Lisa Stocks, RN, MSN, FNP, Chair

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

Introduction

The OPTN Ad Hoc Multi-Organ Transplantation Committee (the Committee) met via WebEx teleconference on 04/09/2025 to discuss the following agenda items:

1. Welcome and updates
2. Lung-MOT Workgroup: recommendations
3. Outstanding policy and system questions

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

1. Welcome and updates

OPTN Contractor staff reviewed the meeting agenda and the timeline for finalizing the policy proposal, which the Committee plans to release for public comment in Summer 2025. Final decisions on policy and system questions are needed today. The Committee will vote on policy language during its May meeting.

2. Lung-MOT Workgroup: recommendations

The Committee received an update from the Lung-MOT Workgroup on the proposed lung CAS thresholds.

Summary of presentation:

The Workgroup has completed its review of the proposed lung CAS thresholds for all seven donor groups. The recommended lung CAS thresholds are:

- Blood type O donors: High threshold of 35, low threshold of 34
- Non-O donors: High threshold of 31, low threshold of 30

The proposed thresholds provide similar access to transplant for lung-alone and lung multi-organ candidates across donor groups.

Some questions remain about access for heart-lung candidates. The Workgroup is considering whether anything should be done on this issue in the context of the MOT policy proposal or if this should be addressed through a separate effort. The Workgroup Chair thanked OPTN Heart Committee leadership and Workgroup members for working through this issues.

Summary of discussion:

There was no discussion.

Next steps:

The Workgroup will report back to the Committee on potential further action on access to transplant for heart-lung candidates.

3. Outstanding policy and systems questions

OPTN Contractor Staff presented four outstanding issues for the Committee's consideration: 1) pancreas allocation; 2) vascularized composite allografts (VCAs); 3) streamlining requirements for multi-organ offers; and 4) eligibility criteria for candidates needing more than two organs.

Summary of presentation:

Pancreas allocation

During the last Committee meeting, a Committee member suggested making a kidney available for a simultaneous pancreas kidney (SPK) recipient when there is no pancreas alone recipient. This approach would help avoid non-use of pancreata.

The Committee considered a similar approach previously, whereby one kidney would be allocated to kidney alone candidates and the other would be allocated to multi-organ candidates. Additionally, this approach would likely be challenging to operationalize in the context of the MOT policy proposal. It would potentially require OPOs to identify whether there are pancreas alone potential transplant recipients on the match run before beginning allocation. If there were none, it would require holding a kidney for an SPK recipient, rather than allocating the kidney to kidney-MOT or kidney alone candidates higher in the allocation tables.

During the last Committee meeting, a Committee member suggested monitoring the number of pancreata that are not used because there was no kidney available for SPK. This would help assess the impacts of policy changes on non use of pancreata. Staff noted that it is possible to assess use and utilization rates of pancreata, but it is not possible to assess whether any changes in those rates relate to kidneys being unavailable.

Vascularized Composite allografts

The issue of potentially incorporating VCAs into the MOT policy proposal was raised at the last Committee meeting. Staff reviewed the definition of "covered VCAs," meaning VCAs that are subject to OPTN Policy. Staff asked the Committee whether it supported primary organs "pulling" VCAs e.g. intestine pulling abdominal wall.

Streamlining requirements for multi-organ offers

In current policy, there are several different approaches to multi-organ offers: required share, permissible offer, not eligible. Staff displayed example match runs showing how multi-organ offers are communicated in the system, noting differences between match runs. These different approaches may contribute to inconsistencies in MOT allocation practices. Staff asked whether the Committee supports simplifying requirements for multi-organ offers so that candidates are either eligible or ineligible. The concept of permissible shares would not be incorporated under this approach.

Eligibility criteria for candidates needing more than two organs

Under current policy, there is eligibility criteria for heart-kidney, lung-kidney, and liver-kidney offers and the Committee plans to incorporate this criteria into the upcoming policy proposal. These policies do not explicitly address whether the criteria would apply when a candidate needs a kidney and two or more other organs. Staff asked whether the Committee supports applying eligibility criteria for heart-kidney, lung-kidney, and liver-kidney when candidates need more than two organs.

Summary of discussion:

On the issue of pancreas allocation, a Committee member noted that a similar suggestion was received during public comment. The Co-Chair advised against holding a kidney that would otherwise be

allocated to a high priority kidney alone or kidney multi-organ candidate. A member agreed with the assessment that this would be difficult to operationalize without affording higher priority to kidney-pancreas candidates within the allocation tables and that the Committee should not change the tables at this time. Members emphasized the importance of monitoring impacts of the policy changes, if implemented, including on use and utilization rates of pancreata.

On the issue of VCAs, the Committee tended to support primary organs pulling VCAs. A member asked whether VCAs pulling other organs is addressed in current policy and staff confirmed that policy is silent on this issue. The Co-Chair requested follow up analysis on circumstances in which it may be desirable for VCAs to pull other organs.

On the issue of streamlining multi-organ offers, a member asked whether programs would receive an offer for a single organ if the other organ(s) they are eligible for were not available. Staff confirmed they would receive the single organ offer. Another member noted that this approach could be burdensome for programs that only want to receive offers when all organs are available. A member asked whether programs can designate whether or not they wish to receive single organ offers for multi-organ candidates. Members tended to agree that this would be a useful filter. The Co-Chair noted that there are different considerations across different organ types.

On the issue of eligibility criteria for candidates needing more than two organs, members tended to support the applicability criteria. Members felt that it is appropriate to apply the same requirements to multi-organ candidates whether they need two or more organs.

Next steps:

Staff will consult with the Committee's VCA representative on whether VCAs should pull other organs.

4. Open forum

Summary of discussion:

There were no open forum requests.

Upcoming Meetings

- April 23, 2025
- May 14, 2025
- May 28, 2025

Attendance

- **Committee Members**
 - Zoe Stewart Lewis, Co-Chair
 - Marie Budev
 - Vincent Casingal
 - Rocky Daly
 - Rachel Engen
 - Jonathan Fridell
 - Shelley Hall
 - Precious McCowan
 - Oyedolamu Olaitan
 - Nicole Turgeon
- **SRTR Staff**

- Avery Cook
 - Jon Miller
- **UNOS Staff**
 - Sara Langham
 - Sarah Roache
 - Erin Schnellinger
 - Kaitlin Swanner
 - Stryker-Ann Vosteen