OPTN Ad Hoc Multi-Organ Transplantation Committee
Meeting Summary
September 13, 2023
Conference Call

Lisa Stocks, RN, MSN, FNP, Chair

Introduction

The Ad Hoc Multi-Organ Transplantation (MOT) Committee, the Committee, met via WebEx teleconference on 09/13/2023 to discuss the following agenda items:

1. Review of Previous MOT Discussions
2. Discussion: MOT Prioritization

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

1. Review of Previous MOT Discussions

Presentation Summary:

August 9, 2023, MOT Conference Call:

- It was previously suggested that for 0-34% Kidney Donor Profile Index (KDPI) donors, one kidney would go to a kidney alone recipient, the second kidney would go to an MOT or KP candidate
- Concern about numbers (approximately 135 per year) for when one kidney went to KP and the other to MOT
- Concern about grouping kidney-pancreas (KP) with MOT
- Discussion about procurement issues, and about how often a pancreas is declined following KP allocation
- The group suggested that they address these issues by considering and looking at prioritization

Previous Public Comment Feedback:

- The following groups emerged as needing priority considerations over MOT candidates listed in order of frequency mentioned:
  - Pediatric candidates, high Calculated Panel Reactive Antibody (CPRA) candidates, medically urgent kidney-alone candidates, prior living donors
- In addition to these groups these concepts were also frequently mentioned by the community:
  - Designating kidney with pancreas candidates as MOT, guidance for and prioritization of MOT for Organ Procurement Organizations (OPO), designating a one kidney for MOT and the other for kidney-alone candidates from the same donor

Summary of discussion:

The Committee did not make any formal recommendations or decisions regarding the review of previous MOT discussions. The Committee did discuss the challenges and inefficiencies they face when allocating organs to MOT combinations.

An OPO procurement coordinator, shared her experience in trying to allocate organs according to MOT policies and through the different organ lists. She stated that it takes a significant amount of time and

personnel to look at lists related to MOT donors. Since every person and organization interprets the policies differently, it can make allocation difficult and inefficient. The chair clarified that the current inefficiencies allow livers to be held up from lung allocation, and kidneys are held up by MOT allocation. In addition, she points out that there is no existing guidance that helps OPOs clarify different MOT situations.

A committee member noted that they also face challenges when allocating organs to MOT candidates. For example, if the initial organ is declined after allocation to a single organ candidate, the team must attempt to allocate the organ to MOT candidates, even though the OPO has already allocated other organs to single-organ candidates. This means the second organ may no longer be available for the MOT candidate. The OPO member responded that in these cases, if they have already placed an organ, they tend to move on and not be held up by the MOT combinations. She doesn't think that this would be a policy violation considering that the original intention was in accordance with policy.

2. Discussion: MOT Prioritization

The chair led the committee in discussion to determine how to prioritize MOT combinations, and how to address MOT allocation inefficiencies.

Summary of discussion:

Decision #1: The Committee decided that the best option would be to create one comprehensive MOT policy that addresses organ allocation to single organ and MOT candidates.

Discussion: The Committee discussed how kidney-pancreas should be classified, and further explored MOT prioritization.

Decision #1: The Committee decided that the best option would be to create one comprehensive MOT policy that addresses organ allocation to single organ and MOT candidates.

A unified policy for the allocation of organs to single organ and MOT candidates aims to provide clarity in the prioritization process for OPOs. By consolidating these guidelines, the allocation system gains more structure and direction. The Committee discussed how it is vital to include individuals in need of a single organ within this policy, particularly to determine how they fit into this framework. Some single organ candidates, specifically those who are seriously ill, should be given priority over MOT candidates, especially in the case of liver and heart patients up to a specific medical status and based on mortality.

While the Committee discussed how they would ultimately want one dynamic list for all MOT candidates to be on, they realized that this was not feasible. Considering that the current system utilizes multiple allocation schemes, it would be difficult to institute a single match run. A comprehensive and dynamic list would most likely only be possible once all organs are on the continuous distribution system.

The group discussed that since a single match run is not currently attainable, the single and comprehensive MOT policy is the best path forward. Now the Committee must understand and determine the prioritization of single organ and MOT candidates to be able to create this policy. Once the prioritization has been determined, the Committee may move forward with getting feedback from the community.

Discussion: The Committee discussed how kidney-pancreas should be classified, and further explored MOT prioritization.

A Committee member argued that kidney-pancreas (KP) transplants should still receive priority due to their unique nature. If a KP patient is unable to receive a quality kidney, this may result in a quality

pancreas being discarded. The member emphasized considering survival benefits and mortality rates in allocation, which would prioritize other high-risk cases as well.

A different Committee member argued that prioritizing KP too much negatively impacts pediatric patients, as KPs often receive kidneys that could have gone to these pediatric patients. They mention that KPs often have shorter wait times and these candidates are usually allocated a kidney with a Kidney Donor Profile Index (KDPI) of 35% or lower. These are organs that could go to pediatric candidates but are instead allocated to KPs.

The Committee further considered where to place KP. The group suggested that they place KP with the kidney alone list since KPs are not considered the same as a traditional MOT candidate. In the past, policy had dictated that KP would be grouped with kidney alone candidates, therefore a member suggested that it might be helpful to go back to that structure. Other Committee members agreed that putting KP and kidney alone candidates on the same match run would be sufficient. A member recommended that factoring in a score or points based on high mortality could provide a better way to intermingle these two groups in a single match run.

The Chair of the Committee mentioned that this might be a matter better suited to be addressed by the Kidney Committee and the Pancreas Committee. The MOT Committee and feedback received in public comment indicate that the general sentiment is to keep KP separate from traditional MOTs. In this case, the issue would need to be passed over to the Kidney Committee so that they are able to consider and include how KP will work in their kidney allocation scheme.

A member also suggested that there needed to be more restrictions on the quality of kidneys being allocated to MOTs. Some in the group agreed and said that allocating based on the quality of kidney and the quality of the recipient would be better for the pediatric community.

Next steps:

OPTN contractor staff will communicate with the Kidney and Pancreas Committees to explore the possibility of KP being placed on the kidney match run. In addition, Committee members will come prepared to the next Committee meeting with their vision of MOT prioritization.

Upcoming Meeting(s)

- October 11, 2023

Attendance

- **Committee Members**
  - Lisa Stocks
  - Sandra Amaral
  - Jim Bowman
  - Christopher Curran
  - Alden Doyle
  - Rachen Engen
  - Jonathan Fridell
  - Shelley Hall
  - Kenny Laferriere
  - Oyedolamu Olaitan
  - Nicole Turgeon
- **HRSA Representatives**
  - Marilyn Levi
- **SRTR Staff**
  - Katherine Audette
- **UNOS Staff**
  - Robert Hunter
  - Jenna Reformina
  - Rebecca Fitz Marino
  - Sara Langham
  - Tatenda Mupfudze
  - Laura Schmitt
  - Kaitlin Swanner
  - Susan Tlusty
  - Ross Walton
- **Other Attendees**
  - Jackie Russe