

**OPTN ad hoc Multi-Organ Transplantation Committee
Meeting Summary
December 14, 2022
Conference Call**

Lisa Stocks, RN, MSN, FNP, Committee Chair

Introduction

The ad hoc Multi-Organ Transplantation Committee met via Citrix GoToMeeting teleconference on 12/14/2022 to discuss the following agenda items:

1. Simultaneous Liver-Kidney Data Request Results
2. SLK Workgroup Recommendation
3. Policy Language Review, Vote
4. Transition Plan Discussion

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

1. Simultaneous Liver-Kidney Data Request Results

OPTN Contractor's Biostatistician presented the results of the Simultaneous Liver-Kidney (SLK) Workgroup's data request. This request was intended to quantify the extent of variation in donor availability for SLK transplants within 250 NM versus 250-500 NM of donor hospitals. The cohort examined was SLK and Simultaneous Heart-Kidney (SHK) OPTN Waiting List registrations added to the waiting list between 2/4/2020-2/3/2022. The full data report was available within the meeting materials.

Data summary:

- About half of SLK candidates listed two years after acuity circles implementation are transplanted in that timeframe, similar to SHK candidates
- The majority of SHK recipients received a kidney with a KDPI of 20% or less while 38.84% of SLK recipients received a kidney with a KDPI of 20% or less.
- The majority of SLK recipients had an allocation MELD or PELD score of 30 or above at transplant (61%)
- The overall removal-to-waiting ratio for SLK was higher than that for SHK, regardless of distance for candidates removed for death or too sick
- Candidates listed for an SLK had a lower transplant- to-waiting ratio compared to candidates listed for an SHK
- When applying the 250 NM SLK transplant-to-waiting ratio to the 250-500 NM range, the estimated average number of SLK transplants would be similar to what is currently observed, although this prediction varies by region

Summary of discussion:

One member asked the pediatric representatives of the committee if they had any concerns about the high number of SHK and SLK recipients receiving sequence A kidneys, which are allocated preferentially to pediatric and young adult candidates. One pediatric representative stated that it might not be the most equitable approach for so many of these sequence A kidneys to go to MOT recipients. Another

pediatric representative concurred and stated that was one of the initial concerns about the proposal. The representative then went on to state that based on the rest of the data request, it doesn't seem too concerning, but this is an avenue to further revisit for all kidney MOT combinations especially with the development of continuous distribution.

One member stated that the transplant to waiting ratio by medical urgency category may be more descriptive, but felt that it was not necessary to examine for this proposal. He felt that low medical urgency candidates waiting may slightly dilute the number, because they would be unlikely to receive an organ offer.

One member asked if the increase in transplant rate was more focused in any area of the country, and the presenter clarified that the middle of the country was more impacted by an increase in transplant rates.

One member asked if the presenter knew how many of the transplanted organs were allocated out of sequence for SLK. The member stated that they thought many times the SLK transplants >250 NM from the donor hospital were happening due to out of sequence allocation. The presenter stated that this was not included in the analysis.

A pediatric member asked if the workgroup had considered making mandatory shares only for KDPI >20% kidneys. The Chair clarified that this was a topic of discussion for the multi-organ vs single organ kidney transplant proposal under development, but not specifically for the SLK workgroup. OPTN Contractor Policy staff re-iterated this and stated that they hoped this would be a topic of discussion with the concept paper in the regional meetings. Another pediatric member mentioned that this proposal was meant to decrease the amount of OPO discretion in organ allocation to increase equity, and that there is only expected to be a small increase in the number of SLK transplants.

2. SLK Workgroup Recommendation

The Committee Chair presented the recommendations from the SLK workgroup for member feedback.

Data summary:

- Workgroup recommends expanding required SLK shares out to 500 NM for candidates with MELD 29+, Status 1A, or Status 1B
- Justification:
 - Many organ procurement organizations (OPOs) are sharing between 250-500 NM, but not all – it makes sense to align the policies for consistency in practice across OPOs
 - There are other ways to potentially improve access for kidney-alone candidates
- Considerations
 - Members discussed how this change fits with continuous distribution
 - No changes would need to be made to kidney allocation policy to accommodate this change
 - Liver representatives noted that liver continuous distribution will not be implemented for a few years and recommended making this policy change sooner
 - Recommend having a strong post-implementation monitoring plan, and ensuring the information from the data request is explained clearly

Summary of discussion:

Members discussed the timing of the monitoring plan. The monitoring plan as written included evaluation at six months and one-year post-implementation. Multiple members stated that OPOs may begin to implement the requirements in this proposal prior to OPTN Implementation, as they already

have the discretion to make these offers and it is not a large effort to implement. Members recommended monitoring from the time the community receives notice of the change, instead of from implementation. Multiple members recommended beginning the monitoring plan at 3 months post-implementation instead of six months, as well as examining the changes by age and region, as well as looking at the impacts to kidney transplantation rates to ensure there isn't an unintended impact on kidney alone candidates.

3. Policy Language Review, Vote

UNOS Policy staff reviewed the proposed policy language with the committee, including all proposed changes.

Summary of discussion:

One member asked if there was a policy definition for allocation MELD/PELD already, and the OPTN Contractor's Policy staff clarified that this is already defined.

The Committee then took a vote to send the proposal with the language as written to public comment: 0 no, 0 abstained, 16 yes

Next steps:

The proposal will be submitted to the Policy Oversight Committee for review for January 2023 Public Comment.

4. Transition Plan Discussion

UNOS Policy Staff and the committee chair presented on the need for the committee to consider whether any candidates would be treated less favorably under the changed policy and require a transition plan.

Summary of discussion:

Members felt that this proposal would not treat any candidates less favorably, as it did not change the listing criteria for SLK and only the distance of shares, and so only would require member communications and education for a transition plan.

Upcoming Meetings

- January 11, 2023, 3 PM ET, Teleconference

Attendance

- **Committee Members**
 - Alden Doyle
 - Alejandro Diez
 - Christopher Curran
 - Dolamu Olaitan
 - Jennifer Prinz
 - Jim Sharrock
 - Kenny Laferriere
 - Lisa Stocks
 - Marie Budev
 - Nicole Turgeon
 - Peter Abt
 - Rachel Engen
 - Sandra Amaral
 - Shelley Hall
 - Valerie Chipman
 - Vince Casingal
- **HRSA Representatives**
 - Jim Bowman
 - Marilyn Levi
- **SRTR Staff**
 - Jonathan Miller
 - Katherine Audette
- **UNOS Staff**
 - Alex Carmack
 - Andy Belden
 - Courtney Jett
 - Kaitlin Swanner
 - Katrina Gauntt
 - Kelsi Lindblad
 - Matt Cafarella
 - Meghan McDermott
 - Paul Franklin
 - Rebecca Fitz Marino
 - Ross Walton
 - Sara Langham
 - Susan Tlusty