

**OPTN Ad Hoc Multi-Organ Transplantation Committee
Meeting Summary
August 21, 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 8/21/2024 to discuss the following agenda items:

1. Welcome and updates
2. Review data request
3. Determine donors to whom the proposed allocation policy would apply and review algorithms
4. Plan for addressing laterality

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

1. Welcome and updates

The Chair and OPTN contractor staff reviewed key takeaways from the 08/08/2024 in person meeting, the 08/19/2024 Lung-MOT Workgroup, and the 08/15/2024 update to the OPTN Board of Directors.

Summary of Presentation:

During the 08/08/2024 in person meeting, the Committee reviewed the results of its values prioritization exercise (VPE) and data requests (waitlist outcomes, median time to transplant, waitlist survival, and post-transplant survival), and revised the initial draft algorithm. The Committee made the following revisions:

- Increased priority of liver Classifications 1-4, based on waitlist survival and to increase access to transplant
- Requested that the Lung-MOT Workgroup recommend 2 CAS thresholds for inclusion in the scheme, to better stratify lung candidates by medical urgency
- Increased priority of kidney Classifications 1-4 (highly sensitized), to increase access to transplant
- Increased priority of kidney Classification 5 (prior living donor), to honor the gift of life and support living donation (Vote: 8 yes; 5 no; 0 abstain)
- Increased priority of heart Classifications 5 and 6 above P/KP Classification 3, because pancreata are not typically shared nationally
- Included P/KP Classification 4 in the scheme and increased priority of P/KP Classifications 3 and 4 above kidney Classifications 6 (pediatric) and 7 (medically urgent), to promote access to transplant and organ utilization (Vote: 9 yes; 4 no; 0 abstain)

The Chair noted that the OPTN Board of Directors expressed support for the MOT allocation project and requested regular updates on the Committee's progress. The Chair noted the work of the Lung-MOT

Workgroup which will consider data and make recommendations on appropriate CAS thresholds for inclusion in the MOT allocation algorithms.

Summary of Discussion:

The Committee did not make any decisions.

A member noted that liver candidates with MELD scores above 15 and pediatric liver-kidney candidates are currently prioritized for mandatory multi-organ shares. The member noted that the current draft algorithm does not include these candidates and expressed concern that they may have lower priority under the proposed policy.

Next Steps:

The Chair reviewed the workplan in preparation for sending the policy proposal out for public comment in January 2025.

2. Review data request

OPTN contractor staff reviewed the proposed data request addressing match run efficiency and small populations.

Presentation summary:

The purpose of the request is to confirm the size of different candidate groups impacted by the proposed policy changes and to assess how many offers would be made in each classification, based on historical data.

The data request will cover the period January-December 2023 and include:

- Number of donors where all organs had a match run with an acceptance
- For each organ, number of donors with at least one match run with an acceptance
- The distribution of the sequence number and percentile of the required cut off candidate in the match run stratified by organ (as well as region and DSA if possible)
- The distribution of the sequence number of the acceptance in the match run stratified by organ (as well as region and DSA if possible)
- The average total number of offers sent out across all organ match runs based on required MOT scheme, stratified by classification

Lung will be excluded from the request because the Lung-MOT Workgroup will make a separate request.

Summary of discussion:

The Committee did not make any decisions.

Members confirmed that acceptance data should be stratified by classification. Members noted that the results will show, on average, how many candidates appear in each classification.

Next Steps:

Leadership will review and approve the data request.

3. Determine donors to whom the proposed allocation policy would apply and review algorithms

The Committee discussed which donors should go through the proposed allocation algorithms.

Summary of Presentation:

OPTN Contractor staff noted that the initial draft algorithm is based on a 30-year-old brain dead donor, with all organs available, and KDPI of 0-20%. Some organs have different allocation sequences based on donor characteristics, which changes how the classifications are ordered. For example, heart and heart-lung policies have different sequences for adult and pediatric donors. Liver and liver-intestine policies have difference sequences for DCD donors as compared to DBD donors. Kidney allocation sequences differ based on donor KDPI.

OPTN contractor staff reviewed 16 potential donor profiles and reviewed 12 in depth. Staff reviewed the proportions of donors in each profile. They noted that 65% of multi-organ donors are brain dead donors aged 18-69, with KDPI of 0-34%; 15% are brain dead donors aged 18-69, with KDPI of 35-85%; and 10% are brain dead donors aged 11-17, with KDPI of 0-24%. The other donor populations are small, between <1 and 4%.

Summary of discussion:

The Committee did not make any decisions

A member asked for clarification on whether the proposal is for one kidney to go to multi-organ candidates and the other to kidney alone or kidney-pancreas candidates. This approach had been considered by the Committee previously. Members noted some public comment support for one kidney to multi-organ and one to kidney alone, however data showed that this approach would not significantly impact access to transplant for kidney alone candidates. The Committee agreed that the policy proposal has been developed on the basis that both kidneys would be allocated according to the relevant MOT allocation algorithm. Members noted important differences in allocation sequences between adult and pediatric donors and between DBD and DCD donors. A member commented that use of DCD donor organs is increasing.

Members discussed balancing comprehensiveness with practicality. There was general agreement among members that 12 algorithms would be too complex, and that the Committee should narrow the scope by determining which algorithms are most important.

Next Steps:

The Committee will determine which of the 12 algorithms to develop for inclusion in the policy proposal.

4. Plan to address laterality

This item was deferred due to lack of time.

Upcoming Meeting

- September 11, 2024

Attendance

- **Committee Members**
 - Zoe Stewart Lewis (Chair)
 - Lisa Stocks (Chair)
 - Marie Budev
 - Vincent Casingal
 - Richard Daly
 - Rachel Engen
 - Jonathan Fridell
 - Shelley Hall
 - Jim Kim
 - Heather Miller Webb
 - Shunji Nagai
 - Sharyn Sawczak
- **HRSA Representatives**
 - Jim Bowman
 - Marilyn Levi
- **UNOS Staff**
 - Viktoria Filatova
 - Katrina Gauntt
 - Houlder Hudgins
 - Sara Langham
 - Sarah Roache
 - Kaitlin Swanner