

## **OPTN Ad Hoc Multi-Organ Transplantation Committee**

### **Meeting Summary**

**September 15, 2025**

### **Conference Call**

**Lisa Stocks, RN, MSN, FNP, Chair**

**Chris Sonnenday, MD, MHS, Chair**

### **Introduction**

The OPTN Ad Hoc Multi-Organ Transplantation Committee (the Committee) met via Teams teleconference on 09/15/2025 to discuss the following agenda items:

1. Public Comment updates
2. Potential new projects – follow up

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

### **1. Public Comment updates**

Committee leadership discussed the community's response to the MOT policy proposal at regional meetings and cross-committee presentations.

#### Presentation:

Leadership noted that the feedback has been robust, and that there has been general support for the policy proposal. Concerns tend to focus on operationalization of the policy and the system solution. OPTN Contractor staff (staff) provided an overview of the written comments received so far.

#### Summary of discussion:

No decisions were made.
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Leadership noted general support for the policy proposal, though some participants have expressed concern about multi-organ kidney candidates having priority over single-organ kidney candidates.

#### Next steps:

The Committee will continue reviewing public comment feedback at its next meeting.

### **2. New project ideas**

The Committee discussed new project ideas.

#### Presentation:

Leadership and staff presented follow-up information in response to the Committee's previous consideration of potential new projects.

In relation to medical eligibility criteria and safety net for heart-lung, heart-liver, and lung-liver, a recent consensus conference on heart-liver transplantation agreed on several indications for heart-liver transplant. There are no similar consensus statements for heart-lung and lung-liver. The presentation also included data on volume of heart-lung transplants (2005-2024), volume of heart-liver transplants

(2005-2024), volume of lung-liver transplants (2005-2024), and volume of heart-lung, heart-liver, liver-lung, liver-kidney, heart-kidney, lung-kidney transplants (2020-2024).

In relation to vessel allocation policy, if iliac vessels are not available for pancreas transplantation, pancreata may not be transplanted. OPTN policy does not provide direction on priority for allocating vessels and there is no direct guidance from societies or organizations. Academic literature indicates that it is common practice for the common iliac artery to go with the pancreas. The Committee may wish to consider policy granting pancreas candidates priority for choice of iliac vessel.

Summary of discussion:

No decisions were made.
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A member voiced support for the vessel allocation project, which had previously been discussed by the OPTN Pancreas Committee, but would be better addressed by the MOT Committee. The member suggested that the Committee pursue a project that would identify which organ receives which vessels during procurement. A Co-Chair noted that this would be a complicated project but worth pursuing. Another member expressed support for a safety net project for pancreas, as many of the other organ types have a safety net policy that enables them greater access for kidneys.

The Committee discussed the 2024 report from the consensus conference on heart-liver transplantation. It was noted that the Committee had previously considered medical eligibility criteria for heart-liver, but had paused that work knowing that the conference was taking place. The Vice Chair noted that the intention of the heart-liver consensus conference was more to add objectivity around what constitutes liver disease as it relates to the safety of heart-alone transplant. They emphasized that the goal was to prevent unnecessary heart-liver transplants in patients with compensated liver disease. A member queried why there aren't eligibility criteria for all organ types. A member clarified that for liver there are criteria which dictate priority on the list through guidance documents that assign points for atypical diagnoses. Another member added context for lung-liver transplants, highlighting that there are few centers that perform these transplants in the US and each center has their own criteria and reaching a consensus is difficult for a variety of reasons rooted in differing medical reasoning. Leadership asked the group whether eligibility criteria and policy around this is prudent at this time, or whether waiting till further medical advancements are made and more information is available would be best. A member supported waiting on developing policy at this time, given the lack of available data, and they would support encouraging other organizations such as ISHLT and AST to pursue developing a consensus document.

Members discussed whether it would be best to move forward with the proposed MOT policy and conduct thorough post-implementation evaluation before pursuing any additional policies, as the proposed policy might mitigate some of the issues discussed. A member agreed, and leadership suggested revisiting the conversation at a later date.

The Committee then discussed the project idea of vessel sharing and splitting, with emphasis on the current challenges posed when iliac vessels are not available for pancreas transplants. Leadership emphasized that a lack of these vessels creates greater difficulties for pancreas transplantation, and conflicts arise during multi-organ procurements involving pancreas, liver, and intestine. Staff noted that there is no OPTN policy or society guidance on vessel allocation. A member explained that while reconstruction without iliac vessels is technically possible, it is not standard practice and frequently results in non-use of the pancreas. They noted that broader organ sharing has amplified these conflicts, which were previously rare.

The Committee considered options, including establishing policy to ensure that pancreas receives at least one set of iliac vessels when allocated and granting pancreas first choice of vessels, reflecting current informal practice. A member suggested considering uncoupling artery and vein allocation to reduce disputes. Another member added that, in practice, pancreas usually takes priority, and formalizing this approach would align policy with reality.

A member volunteered to assist with drafting policy language for a proposed project, and another member offered input on the frequency and scope of the vessel concerns. Staff sought clarification on the prevalence, and members confirmed that while vessel sharing conflicts are infrequent, they are increasing with broader sharing, whereas vessel splitting is a constant issue during pancreas procurements.

Next steps:

The Committee agreed that this project should move forward, with next steps focused on drafting a problem statement and high-level project plan for POC consideration.

**Upcoming Meetings**

- October 6, 2025
- October 15, 2025

## **Attendance**

- **Committee Members**
  - Chris Sonnenday (Chair)
  - Lisa Stocks (Vice Chair)
  - Marie Budev
  - Rocky Daly
  - Daniel DiSante
  - Jonathan Fridell
  - Jim Kim
  - Precious McCowan
  - Dolamu Olaitan
  - Nicole Turgeon
- **SRTR Staff**
  - Katie Siegert
  - Jon Miller
- **UNOS Staff**
  - Kelsi Lindblad
  - Sarah Roache
  - Kaitlin Swanner
  - Stryker-Ann Vosteen