

## *Notice of OPTN Policy Change*

# Expand Required Simultaneous Liver-Kidney Allocation

<b>Sponsoring Committee:</b>	<b>Ad Hoc Multi-Organ Transplantation Committee</b>
<b>Policy Affected:</b>	<b><i>9.9: Liver-Kidney Allocation</i></b>
<b>Public Comment:</b>	<b>January 19, 2023 – March 18, 2023</b>
<b>Board Approved:</b>	<b>June 26, 2023</b>
<b>Effective Date:</b>	<b>Pending implementation and notice to OPTN members</b>

### **Purpose of Policy Change**

The purpose of this policy change is to expand the mandatory threshold for simultaneous liver and kidney allocation from 250 nautical miles (NM) to 500 NM from the donor hospital for adult candidates with a model for end-stage liver disease (MELD) score of 29 or greater or adult Status 1A. The 500 NM required share will apply to all pediatric candidates regardless of pediatric end-stage liver disease (PELD) score or allocation status. This policy change will provide more clarity to organ procurement organizations during the allocation process and increase equity because the current policy allows for discretionary allocation of liver with kidney between 250 NM and 500 NM.

### **Proposal History**

In 2018, the OPTN Board of Directors approved the acuity circles allocation policy for livers and intestines. As a result, simultaneous liver-kidney (SLK) allocation adopted a geographic threshold of 250 NM, with other medical criteria. In September of 2022, the OPTN Policy Oversight Committee directed the OPTN Ad Hoc Multi-Organ Transplantation Committee (the Committee) to develop a policy that addresses the discrepancy in allocation distances for simultaneous liver with kidney and simultaneous heart with kidney. The Committee established the SLK Workgroup to develop the recommendations for the Committee.

The Workgroup presented its findings to the Committee which approved the proposal for public comment from January 2023 to March 2023. Following public comment, no substantive changes were made to the proposal. The OPTN Board of Directors approved these policy changes on June 26, 2023.

### **Summary of Changes**

The minimum geographic threshold for required simultaneous liver kidney allocation will change from 250 NM to 500 NM for adult candidates with a MELD of 29 or greater or in Status 1A. The 500 NM requirement will also apply to all pediatric candidates regardless of PELD score or allocation status.

## Implementation

Organ procurement organizations will need to train staff on the update to the SLK allocation policy. The OPTN will update the liver match run in the OPTN Donor Data and Matching System to reflect the expanded distance for required SLK offers. The OPTN will also provide education and communication on the changes to members.

## Affected Policy Language

New language is underlined (example) and language that is deleted is struck through (~~example~~).

### 9.9 Liver-Kidney Allocation

Unless otherwise stated, all mentions of MELD in this section reference a candidate's allocation MELD score.

~~If a host OPO is offering a kidney and a liver from the same deceased donor~~When an OPO is offering a liver, and a kidney is also available from the same deceased donor, then before allocating the kidney to kidney alone candidates, the host OPO must offer the kidney with the liver to candidates to a potential transplant recipient (PTR) who is registered for a liver and a kidney at the same transplant hospital, who meet eligibility criteria according to *Table 9-17: Medical Eligibility Criteria for Liver-Kidney Allocation* and are who meets one of the following criteria:

- a. PTR was less than 18 years old when registered on the liver waiting list
- b. PTR is registered at a transplant hospital at or wWithin 150 nautical miles of the donor hospital and have has a MELD or PELD of 15 or higher greater and meets eligibility criteria according to *Table 9-17: Medical Eligibility Criteria for Liver-Kidney Allocation*
- c. PTR is registered at a transplant hospital at or wWithin 250500 nautical miles of the donor hospital and have-has a MELD or PELD of at least 29 or greater and meets eligibility criteria according to *Table 9-17: Medical Eligibility Criteria for Liver-Kidney Allocation*
- d. PTR is registered at a transplant hospital at or wWithin 250500 nautical miles of the donor hospital and is adult status 1A or 1B and meets eligibility criteria according to *Table 9-17: Medical Eligibility Criteria for Liver-Kidney Allocation*

~~The host OPO may then do either of the following: Offer the kidney and liver to any candidates~~PTRs who meet eligibility criteria in *Table 9-17: Medical Eligibility Criteria for Liver-Kidney Allocation*, or offer the liver and the kidney separately according to policy.

- a. ~~Offer the liver to liver alone candidates according to *Policy 9: Allocation of Livers and Liver-Intestines* and offer the kidney to kidney alone candidates according to *Policy 8: Allocation of Kidneys*.~~

#### **9.9.A ~~Liver-Kidney Candidate Eligibility for Candidates Less than 18 Years Old~~**

~~Candidates who are less than 18 years old when registered on the liver waiting list are eligible to receive a liver and kidney from the same deceased donor when the candidate is registered on the waiting list for both organs. Before allocating the kidney to kidney alone candidates, the host OPO must offer the kidney with the liver to all candidates less than 18 years old at the time of registration.~~

### ~~9.9.B — Liver-Kidney Candidate Eligibility for Candidates 18 Years or Older~~

~~Candidates who are 18 years or older when registered on the liver waiting list are eligible to receive both a liver and a kidney from the same deceased donor when the candidate is registered on the waiting list for both organs and meets at least *one* of the criteria according to *Table 9-17* below.~~

**Table 9-17: Medical Eligibility Criteria for Liver-Kidney Allocation**

If the candidate’s transplant nephrologist confirms a diagnosis of:	Then the transplant program must report to the OPTN and document in the candidate’s medical record:
Chronic kidney disease (CKD) with a GFR less than or equal to 60 mL/min for greater than 90 consecutive days	<p>At least <i>one</i> of the following:</p> <ul style="list-style-type: none"> <li>• That the candidate has begun regularly administered dialysis as an end-stage renal disease (ESRD) patient in a hospital based, independent non-hospital based, or home setting.</li> <li>• At the time of registration on the kidney waiting list, that the candidate’s most recent GFR or measured or estimated creatinine clearance (CrCl) is less than or equal to 30 mL/min.</li> <li>• On a date after registration on the kidney waiting list, that the candidate’s GFR or measured or estimated CrCl is less than or equal to 30 mL/min.</li> </ul>
Sustained acute kidney injury	<p>At least <i>one</i> of the following, or a combination of <i>both</i> of the following, for the last 6 weeks:</p> <ul style="list-style-type: none"> <li>• That the candidate has been on dialysis at least once every 7 days.</li> <li>• That the candidate has a GFR or measured or estimated CrCl less than or equal to 25 mL/min at least once every 7 days.</li> </ul> <p>If the candidate’s eligibility is not confirmed at least once every seven days for the last 6 weeks, the candidate is not eligible to receive a liver and a kidney from the same donor.</p>
Metabolic disease	<p>A diagnosis of at least <i>one</i> of the following:</p> <ul style="list-style-type: none"> <li>• Hyperoxaluria</li> <li>• Atypical hemolytic uremic syndrome (HUS) from mutations in factor H or factor I</li> <li>• Familial non-neuropathic systemic amyloidosis</li> <li>• Methylmalonic aciduria</li> </ul>