

**OPTN/UNOS Executive Committee
Meeting Minutes
June 18, 2018
Conference Call**

Yolanda Becker, Chair

Introduction

The Board of Directors' Executive Committee met via conference call on June 18, 2018, to discuss the following agenda items:

1. Revised policy

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

1. Revised policy

UNOS Staff provided some background on the reason for the call. The policy that is in question was approved by the Board in 2017 that brought liver distribution within the region and the circle, that being a 150-nautical mile radius around the donor hospital. The goal was to connect candidates and donors that are within close proximity but are outside of the DSA or region from one another. Adult candidates are allocated based on a calculated MELD score of 32 or above within the region and circle. Pediatric candidates are allocated based on their allocation MELD of 32. Following the broader distribution to candidates in the region and the proximity circle, the liver is then offered after those candidates have not accepted to candidates within the DSA with a meld of greater than 15.

There is also a concept of proximity points. The policy provides 3 MELD or PELD points to candidates within the 150-nautical mile circle or to candidates within the same DSA as the donor. The points were developed as a way to maintain an element of efficiency in allocation to try to mitigate traveling for small differences in urgency among candidates. Finally, one part that's relevant to the discussion and noted in the letter from the HRSA administrator was the concept of providing an exception score. The NLRB policy was approved previously to the changes in liver distribution in June 2017, and with that policy approval it's to the idea of providing the exception score to liver candidates that have a MELD score not calculated on their lab values. The exception candidates receive a score in the new NLRB policy based on the median MELD at transplant in the DSA.

Staff highlighted the requested OPTN response and what was in the letter that the Board had already seen.

Moving to the Liver Committee response, staff reviewed the high-level conversation on the Committee call discussing using the four parts from the HRSA letter. Overall, there's general support of the current proposal. The Liver Committee discussed at length now the DSA could be removed from current policy and how that could result in allocating the candidates down to a MELD 15 for candidates in the regions or circle. Overall, the Committee talked about the benefits in relation to the specific questions from the administrator's letter and their preference for a step-wise approach.

In all aspects of liver policy now, there is no longer any use of the solitary region. The region + circle policy has a significant effect on disparity in access to transplant. The concept of proximity points was discussed trying to address the efficiency component of the final rule. Any new policy could not have proximity points at all. They are a novel concept, or they could be edited in a way that provides them to candidates that are in a local proximity to the donor represented by some distance measurement and perhaps not using the DSA as that unit to provide proximity points.

Overall, there is a lot of support from the Liver Committee to maintain proximity points. Finally, using the exceptions core based on DSA is appropriate to current policy as the current revised liver allocation policy approved by the Board in December 2017. The DSA is the primary unit of allocation for exception patients because that liver is previously offered to candidates with a lab meld, adult candidates with a lab meld of 32 and above or to pediatric candidates before being allocated to candidates with a MELD 15 to 31. Exception candidates fall in that classification. Under the current policy, if the use of the DSA remains, basing the median MELD at transplant exception score on the DSA does make sense from the Committee's perspective. If that unit were to change and if the equilibrium of the median MELD among DSAs across the country began to come down over years, the Liver Committee always expected that the unit to base the median MELD score on would change with that evolution.

A question as raised about whether the Committee talked about making proximity points only apply to the circle and not the circle plus DSA. The topic of whether the points should be provided to the DSA or the proximity circle or the proximity circle and not the DSA was a very large component of discussion in public comment. The Committee believes that proximity points are appropriate, and DSA was trying to address areas where the proximity circle would leave out certain donor hospitals in some DSAs. Under the current policy if you were to provide a median MELD at transplant based on national, that would be the argument, that in the high-MELD areas they are getting a lower than appropriate score. The Executive Committee has chosen a wider number than 150 nautical miles for lung. A question was raised if that was discussed in the Liver Committee, but the size of the proximity circle wasn't called out in the administrator's letter so they did not.

Moving to the POC's response to the liver draft memo, the POC agreed that DSAs are not a long-term solution.

It was suggested that the first response from the Liver Committee starts with a statement that a shift to proximity circles with a DSA priority for DCD and donors greater than 70 is designed to minimize organ discards. The stepwise approach allows discards to be minimized every step of the way, and it is a moderately different pool of donors over 70 and DCD candidates for liver donation as opposed to a lung policy. The current proposal does allocate to the most medically urgent candidates with regional share with proximity circles and will minimize discards and at least allow to look at the impact on discards given the priority for DCD in donors greater than 70.

The point was made that the Liver Committee has been struggling with coming to consensus, and the point was raised of whether they will be able to do it regardless of the timeframe. Perhaps they will need input from other groups, like the Geography Committee, to advise.

Drafts will be circulated to the Committee members, and they should pay attention and respond to them before the next meeting on June 22nd, 2018.

The Chair adjourned the meeting.