

# Enhancements to the National Liver Review Board

*OPTN Liver and Intestinal Organ Transplantation Committee*

# Purpose of the Proposal

- Incorporate improvements to NLRB based on first six months of experience
- Improvements include:
  - Clearer policy language to improve efficiency of the system
  - Changes to guidelines to match practice
  - Updated guidance documents based on clinical experience
- Will increase efficiency and provide more equitable access to transplant

# National Liver Review Board

- Three specialty boards
  - Adult HCC
  - Adult other diagnosis
  - Pediatric
- Appeals
  - 1<sup>st</sup> to same review group
  - 2<sup>nd</sup> to Appeals Review Team (ART)
  - 3<sup>rd</sup> to Liver Committee

# Proposal

- The proposal includes changes to:
  - **NLRB policy language:** increase and standardize HCC automatic approvals and clarify MMaT/MPaT update schedule
  - **Operational Guidelines:** clarify NLRB reviewer scope, update threshold for inactive reviewer removal, and clarify process for final appeals
  - **Guidance Documents:** add guidance for secondary sclerosing cholangitis (SSC) and adults with metabolic disease, clarify guidance for portopulmonary hypertension and candidates with prior history of HCC

# Policy Language – HCC Extensions

- Currently, HCC extension requests are automatically approved **only** if:
  - Meets standard extension criteria
  - Requesting policy-assigned score
  - Was automatically approved previously
- Proposal:
  - Remove requirement that candidate must be automatically approved previously

# Policy Language – Recalculation of MMaT and MPaT

- **Current Policy:**
  - MMaT and MPaT scores must be updated every 180 days based on past 365 days
  - No time for calculation, communication, and programming
- **Proposal:**
  - Maintain semi-annual recalculation but give discretion for when the new scores are implemented

# Operational Guidelines – Review Board Scope

- Currently, no guidance for how reviewers should make decisions if lack of applicable guidance or policy
- Proposal: Add language outlining that in such cases, these factors should be considered:
  - medical urgency of the candidate
  - anticipated transplant efficacy
  - waitlist dropout rates
  - waitlist mortality risk

# Operational Guidelines – Removal of Inactive Reviewers

- Currently, reviewers not voting on three separate occasions within 12 months are to be removed from NLRB
- First four months: 25% of NLRB reviewers were reassigned at least three times
- Proposal:
  - Change threshold for removal to 5% of all cases assigned within a 12 month period
  - Give discretion for removal to NLRB Chair



# Operational Guidelines – Committee Appeal Process

- Final appeal is to Liver Committee
- Currently, no information on format or participants in final appeal
- Proposal:
  - Liver Committee can delegate final appeal to a subcommittee
  - Appeal must achieve majority of affirmative votes
  - Majority is based on size of subcommittee
  - Final appeal will be reviewed electronically unless subcommittee member requests conference call

# Guidance Documents – Adult Other Diagnosis

- **Portopulmonary Hypertension (PH):**
  - Currently, candidates with PH are eligible for automatic approval
  - Remove unnecessary and outdated language in guidance
- **Secondary Sclerosing Cholangitis (SSC):**
  - Current guidance includes primary sclerosing cholangitis (PSC) but not SSC
  - Add SSC to section for PSC so candidates receive similar consideration
- **Adults with Metabolic Disorders**
  - Currently, no guidance for adults with metabolic disorders
  - Add guidance that adults should be considered for MMaT-3, but allow for higher score if life threatening complications

# Guidance Documents – Adult HCC

- Unclear if guidance on adults with history of HCC at least two years prior includes candidates with existing HCC exception
- Should only apply to candidates on initial MELD exception

# Feedback Requested

- **Review Board Scope:** are these the appropriate factors for reviewers to consider for cases where there is no policy or guidance?
- **Removal of Inactive Reviewers:** is the proposed threshold (5% of cases within 12 months) the right threshold for removal?
- **SSC Guidance:** should SSC be treated in same way as PSC?
- **Adults with Metabolic Disorders:** is MMaT-3 an appropriate score for this population?
- Are other changes helpful and clear?
- Any other suggestions for improvements to the NLRB?

# Discussion:

- **The proposal includes changes to:**
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