

OPTN Liver and Intestinal Organ Transplantation Committee

Meeting Summary

July 22, 2022

Conference Call

James Pomposelli, MD, PhD, Chair

Scott Biggins, MD, Vice Chair

Introduction

The OPTN Liver and Intestinal Organ Transplantation Committee (the Committee) met via Citrix GoToMeeting on 07/22/2022 to discuss the following agenda items:

1. Simultaneous Liver Kidney (SLK) Project Update
2. Continuous Distribution: Lessons Learned from Lung
3. Continuous Distribution Attribute Re-Cap: Prior Living Donor
4. Continuous Distribution Attribute: Surgical Complexity and Re-Transplant

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

1. SLK Project Update

The Committee Vice Chair presented an update on the project to increase SLK allocation circle sizes.

Summary of discussion:

The Vice Chair informed the Committee that the proposed project to increase the circle sizes for required allocation of SLK combinations was presented to the OPTN Kidney Transplantation Committee for feedback. The Vice Chair reported that while there was no outright opposition from the OPTN Kidney Transplantation Committee there were some general reservations. Mainly, the OPTN Kidney Transplantation Committee asked for data showing there is a disparity in access to SLK transplant and any quantified impact on kidney-alone transplant that expanding the SLK circles would have. They understood the concern of the Liver Committee in trying to align the multi-organ allocation policies but want to ensure there is not an unintended impact on kidney-alone candidates.

Next steps:

The Committee is currently waiting for the OPTN Multi Organ Transplant Committee to discuss the SLK project in August. The project will be recommended to the OPTN Policy Oversight Committee in September instead of August.

2. Continuous Distribution: Lessons Learned from Lung

The former chair of the OPTN Lung Transplantation Committee Former joined the meeting to present and discuss continuous distribution. The former chair reviewed factors the OPTN Lung Transplantation Committee considered while establishing continuous distribution and the justifications used for establishing the policy allocation changes. The former Chair also reviewed the OPTN Board of Directors approved lung composite allocation score that is to be implemented in early 2023.

Summary of discussion:

A committee member asked for clarity regarding post-transplant outcome scoring. The former chair explained that while the current system uses one-year post-transplant survival for the allocation score, continuous distribution will use a five-year score among other factors within the equation. This change was made to allow for differentiation of candidates who will survive longer.

Another member asked if the OPTN Lung Transplantation Committee considered social determinants of health when assigning priority status. The former chair explained that social determinants of health and economic statuses were discussed but the committee did not feel confident they would be able to properly factor them into the continuous distribution framework in a way that could address those factors properly. The former chair did point out that those factors are being considered elsewhere in the process and therefore the OPTN Lung Transplantation Committee felt comfortable moving forward without those factors being included in their specific allocation process.

Several committee members discussed the use of post-transplant survival, and the effectiveness of modeling for this purpose.

A committee member asked the former chair to share the most successful strategies used by the OPTN Lung Transplantation Committee when developing continuous distribution. The former chair answered that at the very beginning of the process the committee discussed everything they would like to accomplish, then developed overarching goals. The committee then eliminated everything that did not fit into those goals, did not need to be included in the initial version of continuous distribution, things that could not be accomplished in a timely fashion, and things that cannot be solved by continuous distribution. The OPTN Lung Transplantation Committee was able to winnow down to things they could accomplish in a timely fashion to achieve the initial version of continuous distribution.

Next steps:

The Vice Chair recommended bringing the former OPTN Lung Transplantation Committee chair back for another meeting in the future to provide more advice as the committee begins to consider its own continuous distribution framework.

3. Continuous Distribution Attribute Re-Cap: Living Donor

Due to time constraints, the Vice Chair chose to skip this re-cap and bring it back up in a future committee meeting.

4. Continuous Distribution Attribute: Surgical Complexity and Re-Transplant

Several members of the Committee examined the surgical complexity and re-transplant as potential attributes in continuous distribution.

Summary of discussion:

The presenting Committee member explained that certain transplant procedures, like multi-organ, fell outside the scope of for this initial discussion. The group determined this should be considered a patient access issue rather than a biological disadvantage. The presenting Committee members explained that while adding priority for surgically complex candidates may portend worse outcomes, it may be needed to allow these candidates access to higher quality organs. The presenting Committee member acknowledged that much of the data on the topic is out of date, with most recent papers on the subject being ten years old and prior to modern hepatitis C treatments. After comparing the available data for retransplant patients and first-time transplant patients, the consensus from the group was priority should not be given to retransplant candidates who had a period of successful graft function ahead of candidates awaiting their first transplants. The group did reach a consensus that retransplant candidates with expedited access via Model for End-Stage Liver Disease (MELD) exceptions or Status 1A priority

should continue to receive additional priority. Lastly the group considered portal vein thrombosis (PVT). There is no data showing PVT is associated with increased waitlist mortality, and there is also no data demonstrating that increased priority for candidates with PVT would have an impact on waitlist or post-transplant outcomes, therefore the group determined that candidates with complex PVT do not require prioritization.

A committee member asked if age should be a factor, as in a pediatric candidate receiving a retransplant as an adolescent or young adult. The presenting Committee member agreed that it is worth considering, as is the time between transplants for those patients.

A HRSA representative asked if the MELD score system is still effective for candidates who have already received their first transplant. The presenting Committee member answered that the survival benefit starts at a MELD score of 21, but the data is about ten years old and needs to be updated. The Vice Chair pointed out that while there is not published data on the topic it is possible to intuit the inaccuracy of the MELD score to the retransplant population.

The Vice Chair reminded the group that the discussion was not only about a sickest-first policy, rather they can also consider the survival benefit for complex surgical procedures that should be done before they become more complex and how much priority, if any, should be given in continuous distribution.

Several committee members discussed the need for updated data on the topic. This included a discussion about what factors should be considered, surgeon or program specific factors and timing of transplant. UNOS staff elaborated on the process for making data requests and the timetable for such requests. The committee members also discussed reviewing data regarding MELD scores for retransplant patients, and the research factors that need to be considered.

Next steps:

The Committee will discuss submitting a data request on the topic during their next Committee meeting.

Upcoming Meeting(s)

- August 5, 2022 @ 12:00 PM ET (teleconference)
- August 19, 2022 @ 12:00 PM ET (teleconference)

Attendance

- **Committee Members**
 - Allison Kwong
 - Bailey Heiting
 - Diane Alonso
 - Gregory McKenna
 - Kymberly Watt
 - Neil Shah
 - Peter Abt
 - Scott Biggins
 - Vanessa Pucciarelli
 - James Eason
 - James Trotter
 - Colleen Reed
- **HRSA Representatives**
 - Jim Bowman
- **SRTR Staff**
 - John Lake
 - Simon Horslen
 - David Schladt
- **UNOS Staff**
 - Alex Carmack
 - Betsy Gans
 - Erin Schnellinger
 - James Alcorn
 - Joel Newman
 - Kaitlin Swanner
 - Krissy Laurie
 - Liz Robbins Callahan
 - Niyati Upadhyay
 - Sarah Scott
 - Susan Tlusty
- **Other Attendees**
 - Erika Lease