

**OPTN Board Policy Group
Ad Hoc Disease Transmission Advisory Committee, Pediatric Transplantation Committee, Liver and
Intestinal Organ Transplantation Committee
Meeting Summary
May 24, 2022
Conference Call**

Adam Frank, Board Policy Group Leader

Introduction

The OPTN Board Policy Group met via WebEx teleconference on 05/24/2022 to discuss the following agenda items:

1. Pediatric Candidate Pre-Transplant HIV, HBV, HCV, Testing
2. Improving Liver Allocation: MELD, PELD, Status 1A and 1B
3. Ongoing Review of National Liver Review Board (NLRB) Diagnoses
4. Correction to Primary Pediatric Liver Transplant Physician Requirements

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

1. Pediatric Candidate Pre-Transplant HIV, HBV, HCV, Testing

The Ad Hoc Disease Transmission Advisory Committee and the Pediatric Transplantation Committee aims to modify the requirement for pre-transplant HIV, HBV, and HCV testing of pediatric candidates to balance risk of blood overdraw.

Summary of discussion:

Group members gave extensive support to this proposal due to the population being low risk and due to this decreasing discomfort for pediatric candidates.

0 Discussion | 11 Consent | 0 Abstain

2. Improving Liver Allocation: MELD, PELD, Status 1A and 1B

The Liver and Intestinal Organ Transplantation Committee aims to create a more equitable and efficient liver allocation system by updating policy for the MELD score, PELD score, and Status 1A and 1B requirements.

Summary of discussion:

It was noted that the shift in MELD Score will be more impactful and beneficial to women. There was discussion about whether this change to Status 1A and 1B will help prioritize those with chronic liver disease over those with metabolic liver disease, hepatoblastoma etc. – it was explained that when looking at waitlist deaths, children with chronic liver disease had the most waitlist deaths and these deaths are infrequent. It was suggested that hepatoblastoma may need to move into the chronic liver failure group. It was asked how gender identification and sex would impact score. That is dependent on hormone levels/how long candidates have been transitioning, and therefore the best course of action is

to leave that between the physician and the candidate. A group member suggested creating a guidance document for this matter.

8 Approve | 0 Decline | 2 Undecided
10 Discussion | 1 Consent | 0 Abstain

3. Ongoing Review of National Liver Review Board (NLRB) Diagnoses

The Liver and Intestinal Organ Transplantation Committee aims to ensure NLRB guidance and policy remain clear and aligned with current research so the appropriate candidates receive MELD or PELD exceptions. There was a question of whether or not this would impact people wanting DCD organs – question of should we give candidates more points for ischemic cholangiopathy. It was noted that the risk of a DCD organ is lower than the risk of being on the list. A group member stated that Ex Vivo Perfusion that has substantially reduced ischemic cholangiopathy.

11 Approve | 0 Decline | 1 Undecided
7 Discussion | 3 Consent | 1 Abstain

4. Correction to Primary Pediatric Liver Transplant Physician Requirements

The Liver and Intestinal Organ Transplantation Committee aims to correct pediatric specific requirements for primary pediatric physician/surgeon in OPTN Bylaws. There was no discussion on the proposal.

0 Discussion | 12 Consent | 0 Abstain

Group Members:

Adam Frank
Alan Langnas
Christopher Woody
David Mulligan
Jeff Orlowski
Marian Michaels
Melissa McQueen
Mindy Dison
Pay Healey
Stacey Lerret
William Bry