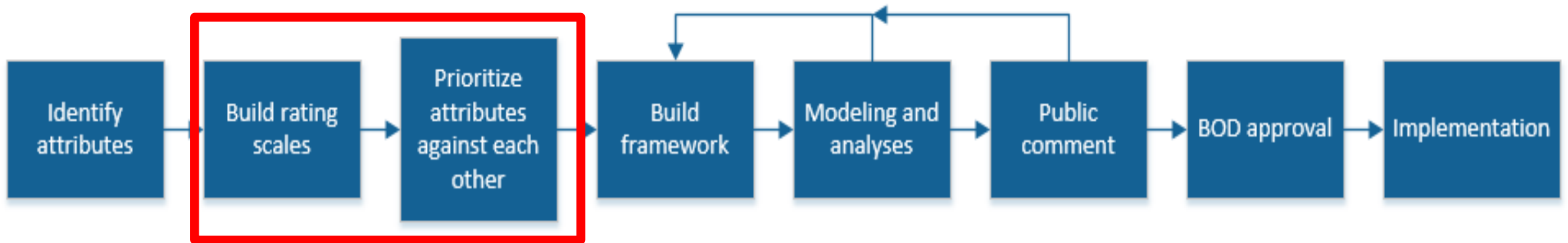


Update on Continuous Distribution of Livers and Intestines

OPTN Liver & Intestinal Organ Transplantation Committee

Purpose of Request for Feedback

- Update community on the progress to date
- Seek community feedback to help inform the new allocation framework



Request for Feedback

- Provides an update on the liver and intestine continuous distribution project
 - Provides further detail on the proposed attributes for the first iteration of continuous distribution
 - Overview of next steps in the project -> 1) develop rating scales; 2) weigh attributes against each other
- Asks for community feedback on:
 - Proposed attributes
 - Values-based decision-making for weighing attributes against each other
 - Project plan and approach

Request for Feedback (continued)

- Key questions for the community to consider:
 - **Rating scales:** how should the identified attributes be incorporated into the new allocation system?
 - **Relative weights:** how much weight should each attribute be assigned in the new allocation system?

Rationale

- Provide a more equitable approach to matching liver and intestine candidates and donors
- Remove hard boundaries that prevent liver and intestine candidates from being prioritized further on the match run
- Consider multiple candidate attributes all at once through a composite allocation score instead of within categories by sequence
- Establish a system that is flexible enough to work for each organ type

Identified Attributes - Liver

	Medical Urgency	Post-Transplant Survival	Candidate Biology	Patient Access	Placement Efficiency
Attributes	<ul style="list-style-type: none"> • Status 1A/1B • MELD/PELD/OPOM • Candidate Diagnosis points (Status 1B) • Liver-intestine registration 		<ul style="list-style-type: none"> • Candidate blood type • Height/Body Surface Area* 	<ul style="list-style-type: none"> • Candidate Age • Waiting time • Liver-intestine registration • Prior living donor* • Split liver transplant* 	<ul style="list-style-type: none"> • Travel Efficiency • Proximity Efficiency • Population density*

* New attributes identified by the Committee

Identified Attributes - Intestine

	Medical Urgency	Post-Transplant Survival	Candidate Biology	Patient Access	Placement Efficiency
Attributes	<ul style="list-style-type: none"> Status 1 vs. Status 2 		<ul style="list-style-type: none"> Candidate blood type 	<ul style="list-style-type: none"> Waiting time Prior living donor* 	<ul style="list-style-type: none"> Travel Efficiency Proximity Efficiency

* New attribute identified by the Committee

Next Phase of the Project

- For each attribute, the Committee will develop rating scales and weights to build a draft framework for liver and intestinal organs

Rating Scale

- Rating scales are mathematical functions that calculate how much priority is assigned to candidates for that specific attribute
- Rating scales are derived from clinical and operational data or value judgements.

Weights

- Weights reflect the relative importance of each attribute toward the overall goal of organ allocation.
- The sum of weights of all attributes will be 100% -> the overall composite allocation score (CAS)
- Weights are derived from value-based decisions.

Values Prioritization Exercise

- The values prioritization exercise utilizes analytical hierarchy process (AHP) methodology to aid in values-based decision-making.
 - AHP is a multi-criteria decision making methodology that asks participants a series of questions to compare the relative importance of a set of criteria through multiple pairwise comparisons.
- Participants will then be asked:
 - 1) which attribute is more important
 - 2) how much more important is that attribute than the other
 - Participants are also encouraged to leave comments to explain their rationale as this information is very helpful to the Committee's deliberations

Purpose: Values Prioritization Process

- Collect community sentiment on how much weight should be assigned to each attribute or goal
- Structured, pair-wise comparison allows Committee to quantify sentiment on values-based decisions from stakeholders across the transplant community

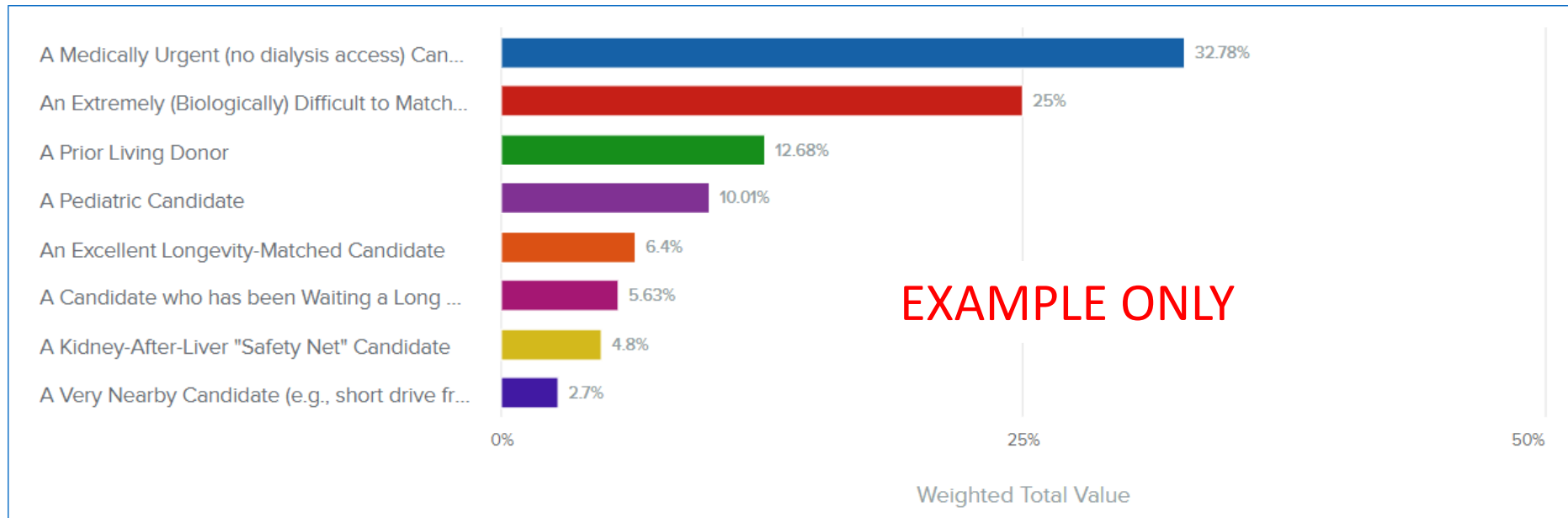
How this be used?

- Look at trends across and within demographic groups
 - Which attributes received the most/least priority?
 - Which demographic groups disagreed?
 - Why?
- The Committee will discuss the results

Figure 7: Ranking of Attributes



Preliminary Weights



- Results will be compiled and analyzed by location and type of respondent
- Results are purely advisory to the Committee
- The Committee ultimately has the responsibility for developing the eventual policy proposal and is not bound by the results of the exercise
- NOTA and the Final Rule still govern policy development

How to Participate

- Link on public comment page on OPTN Website
- Asks for:
 - Name
 - Demographic information
- Will not share personally identified results
- Will share aggregated results



The screenshot displays the OPTN (Organ Procurement & Transplantation Network) website. The header includes the OPTN logo, the U.S. Department of Health & Human Services logo, and the HRSA logo. The navigation menu contains links for About, Policies & bylaws, Patients, Professionals, Data & calculators, and News & events. The breadcrumb trail shows the path: Home » Policies & bylaws » Public comment » Continuous Distribution of Livers and Intestines Concept Paper. The main content area features a 'Read proposal' button and a 'Comments' link. Below this, there is a 'Committee Review' section with a purple icon, and a 'Documentation' section with a dropdown arrow. The 'Committee' section identifies the 'Liver and Intestinal Organ Transplantation' committee, and a 'Contact' section is also visible. The main heading is 'Continuous Distribution of Livers and Intestines Concept Paper', followed by an 'At a glance' section with an eye icon. The 'Background' section explains that in December 2018, the OPTN Board of Directors approved a continuous distribution framework for organ allocation, based on medical urgency, post-transplant survival, candidate biology, patient access, and placement efficiency. It notes that this framework will remove classification boundaries and increase equity and transparency. A final paragraph states that the concept paper provides an overview of the project's development and requests community feedback to assist the committee's work.

Next Steps

- Review community feedback
- The Committee will:
 - Finalize rating scales for each attribute
 - Determine weight for each attribute compared to other attributes
 - Build draft framework and submit modeling request
 - Continuously update and engage community throughout the entirety of the project development

What do you think?

- The Committee requests the community participate in the values prioritization exercise
- Additionally, the request for feedback contains specific questions on:
 - Attributes for livers and intestines
 - How to incorporate the attributes
 - Whether the medical urgency score in liver allocation should switch from MELD and PELD to OPOM