

**OPTN Liver and Intestinal Organ Transplantation Committee
National Liver Review Board (NLRB) Subcommittee
Meeting Summary
June 8, 2023
Conference Call**

James Trotter, MD, Chair

Introduction

The OPTN National Liver Review Board Subcommittee (the Subcommittee) met via Citrix GoToMeeting teleconference on 06/08/2023 to discuss the following agenda items:

1. National Liver Review Board (NLRB) Transplant Oncology
2. LI-RADS Update
3. Member Recognition

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

1. NLRB Transplant Oncology

The Subcommittee continued discussing three potential diagnoses to add to NLRB guidance or OPTN policy: Unresectable colorectal liver metastases, unresectable intrahepatic cholangiocarcinoma < 2 cm, and unresectable downstaged intrahepatic cholangiocarcinoma.

Summary of discussion:

Decision #1: The Subcommittee agreed that NLRB guidance should be developed for all three diagnoses: Unresectable colorectal liver metastases, unresectable intrahepatic cholangiocarcinoma < 2 cm, and unresectable downstaged intrahepatic cholangiocarcinoma.

A member supported creating guidance for all three diagnoses. The member noted that there are data in literature which demonstrate that highly selected candidates with these diagnoses can benefit from transplant. The member stated that creating guidance to have a pathway for candidates with these diagnoses to have access to transplant will help gain a better understanding of potential transplant benefit. The member added that the score recommendation for the exceptions should not disadvantage other populations and suggested that a MELD score of 15 may be sufficient. Another member reminded the Subcommittee that score recommendations have to be based on median MELD at transplant (MMaT). Staff clarified that the minimum exception score is set to MELD 15 which aligns with the national sharing threshold for acuity circles.

The member suggested a score recommendation of MMaT minus five or six. The member stated that the score recommendation should not place candidates with these diagnoses to compete with hepatocellular carcinoma (HCC) exceptions. A member agreed and supporting determining an MMaT that would allow most candidates with these diagnoses reach a MELD score between 15 and 20. Another member suggested a score recommendation of MMaT minus ten. A member agreed and stated support for a lower MMaT score recommendation in order to garner community support.

Another member noted that the rationale for a potential score recommendation should be that the candidates should have at least an exception MELD of 15 or higher on match runs to increase access to transplant while not disadvantaging other indications for transplant.

The Chair suggested creating guidance for unresectable downstaged intrahepatic cholangiocarcinoma that states there is insufficient data to support an exception. A member responded that guidance could outline criteria that may be acceptable for instances of an exception.

The Subcommittee agreed that NLRB guidance should be developed for all three diagnoses: Unresectable colorectal liver metastases, unresectable intrahepatic cholangiocarcinoma < 2 cm, and unresectable downstaged intrahepatic cholangiocarcinoma. The Subcommittee agreed to recommend this project to the OPTN Liver & Intestinal Organ Transplantation Committee for OPTN Policy Oversight Committee consideration.

Next steps:

The Subcommittee will continue to discuss the project in order to submit it OPTN Policy Oversight Committee consideration.

2. LI-RADS Update

OPTN Liver & Intestinal Organ Transplantation Committee met with colleagues in the American College of Radiology. It was indicated that contrast enhanced ultrasound (CEUS) is a technology that can accurately diagnosis HCC. The Subcommittee discussed the potential to include updates to HCC policy and guidance language to align with LI-RADS terminology in a broader transplant oncology project.

Summary of discussion:

Decision #1: The Subcommittee agreed to include updates to HCC policy and guidance language to include contrast-enhanced ultrasound as an acceptable diagnostic tool in order to align with American College of Radiology recommendations into a broader transplant oncology project.

The Chair stated that they have never experienced CEUS performed on any of their patients. The Chair stated that feedback from their radiologist colleagues noted that CEUS requires specific technicians and is time intensive. The Chair added that the feedback also noted that CEUS is only used when a patient is unable to have an MRI.

A member noted that CEUS is used in their transplant program, but it is not the first imaging modality that is used. The member stated it is an adjunct procedure if an MRI or CT does not come back conclusive. The member stated that their transplant program may use it more often if it was incorporated into policy as a way to receive HCC exceptions for their candidates. Two other members noted similar experiences with their transplant programs.

A member stated their program does not have experience using CEUS although they understand the role it may be used for. Another member stated the same experience.

Another member stated their program does have CEUS but their experience is to perform a biopsy instead of using CEUS. The member noted that if a transplant program prefers to use CEUS they could receive an HCC exception through the NLRB. Another member responded that as long as a patient is able to receive contrast, a CEUS is better for a patient than a biopsy.

The Subcommittee agreed to include potential updates to HCC policy and guidance language to include CEUS.

Next steps:

The Subcommittee will include LI-RADS updates into a broader transplant oncology project.

3. Member Recognition

Outgoing Subcommittee members were recognized for their service on the Subcommittee.

Upcoming Meeting

- July 11, 2023 @ 2:00 PM ET (teleconference)

Attendance

- **Subcommittee Members**
 - Alan Gunderson
 - Allison Kwong
 - James Markmann
 - Jennifer Muriett
 - Jim Trotter
 - Jim Pomposelli
 - Neil Shah
 - Scott Biggins
 - Shimul Shah
 - Sophoclis Alexopoulos
- **HRSA Representatives**
 - Jim Bowman
- **SRTR Representatives**
 - Jack Lake
 - Katie Audette
- **UNOS Staff**
 - Erin Schnellinger
 - Kayla Balfour
 - Laura Schmitt
 - Matt Cafarella
 - Meghan McDermott
 - Niyati Upadhyay
 - Susan Tlusty