

OPTN Liver and Intestinal Organ Transplantation Committee

Meeting Summary

November 10, 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 teleconference on 11/10/2022 to discuss the following agenda items:

1. National Academies of Science, Engineering, and Medicine Report: Realizing the Promise of Equity in the Organ Transplantation System
2. Simultaneous Liver-Kidney (SLK) Project Update

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

1. National Academies of Science, Engineering, and Medicine Report: Realizing the Promise of Equity in the Organ Transplantation System

The Committee discussed recommendations from the National Academies on Science, Engineering, and Medicine (NASEM) report and brainstormed potential project ideas for the OPTN.

Summary of discussion:

The Chair stated that recent research has observed that the benefit of transplant, for both living and deceased donation, starts at MELD 12 and higher. The Chair noted that previous research observed that transplant benefit began at a MELD of 15 and higher. The Chair suggested that the Committee may consider lowering the national share threshold from a MELD score of 15 to a MELD score of 12.

A member of the community suggested that social determinants of health factors be included in data collection and policy projects. The member of the community added that the scope of the OPTN should be expanded to include referrals and evaluations for transplant. The member of the community stated disagreement with NASEM's suggestion to remove pre-dialysis waiting time. The member of the community stated removal of pre-dialysis waiting time would be counter to the efforts to promote early access to care for end-stage organ disease patients. Another member of the community agreed.

An SRTR representative stated that if the transplant community seeks to create equity, then more data needs to be collected. A member of the community agreed and stated that the burden of data collection does not outweigh how critical the data are.

A member stated that the greatest source of inequities and access issues are related to where an individual lives. The member explained that un-insurance rates vary across states. Another member agreed and stated that the transplant system operates within a larger healthcare environment, which may dictate inequities, and these issues were not addressed in the NASEM report.

Another member stated that the NASEM report has a focus on system performance. The member suggested the OPTN may consider utilizing data to identify quality improvement in a collaborative way.

An SRTR representative stated that some suggestions may better align with other organizations in the transplant community.

Next steps:

The Committee will continue to discuss potential project ideas. These project ideas will be reported to the OPTN Policy Oversight Committee for further consideration and prioritization.

2. Simultaneous Liver-Kidney (SLK) Project Update

The Committee reviewed the progress to date and the data report¹ for the SLK project, sponsored by the OPTN Multi-organ Transplantation Committee.

Data summary:

About half of SLK candidates listed two years after acuity circles implementation are transplanted in that timeframe, similar to simultaneous heart-kidney (SHK) candidates.

The majority of SHK recipients received a kidney with a kidney donor profile index (KDPI) of 20 percent or less while 38.84 percent of SLK recipients received a kidney with a KDPI of 20 percent or less.

The majority of SLK recipients had an allocation MELD or PELD score of 30 or above at transplant (61 percent).

The overall removal-to-waiting ratio for SLK was higher than that for SHK, regardless of distance for candidates removed for death or too sick.

Candidates listed for an SLK had a lower transplant- to-waiting ratio compared to candidates listed for an SHK.

When applying the 250 nautical miles (NM) SLK transplant-to-waiting ratio to the 250-500 NM range, the estimated average number of SLK transplants would be similar to what is currently observed, although this prediction varies by region.

Summary of discussion:

The Chair noted that there are about 100 more SLK transplants performed within 250 to 500 NM, than there were less than 250 NM. The Chair stated this may show that most organ procurement organizations are already sharing SLK offers out to 500 NM when a candidate meets SLK criteria. The Chair also stated that this project seeks to improve fairness. The Chair stated that if a candidate meets SLK criteria, then the candidate should receive an SLK offer regardless of their location.

Next steps:

The Committee will continue to receive updates on the SLK project.

Upcoming Meeting

- November 18, 2022 @ 3:00 PM ET (teleconference)
- December 2, 2022 @ 3:00 PM ET (teleconference)

¹ OPTN Ad Hoc Multi Organ Transplantation Committee, Simultaneous Liver-Kidney Workgroup, *Meeting Summary*, November 7, 2022.

Attendance

- **Committee Members**
 - Alan Gunderson
 - Allison Kwong
 - Bailey Heiting
 - Christopher Sonnenday
 - Colleen Reed
 - Erin Maynard
 - Greg McKenna
 - James Eason
 - James Markmann
 - James Pomposelli
 - James Trotter
 - Kym Watt
 - Neil Shah
 - Peter Abt
 - Sophoclis Alexopoulos
 - Sumeet Asrani
 - Vanessa Pucciarelli
- **HRSA Representatives**
 - Jim Bowman
 - Marilyn Levi
- **SRTR Staff**
 - Katie Audette
 - Ryo Hirose
- **UNOS Staff**
 - Betsy Gans
 - Erin Schnellinger
 - James Alcorn
 - Julia Foutz
 - Kaitlin Swanner
 - Katrina Gauntt
 - Matt Cafarella
 - Meghan McDermott
 - Niyati Upadhyay
 - Rob McTier
 - Susan Tlusty
- **Other Attendees**
 - Catherine Kling
 - Dave Weimer
 - Jesse Schold
 - S DeLair
 - Samantha Taylor
 - Simon Horslen