

OPTN Liver and Intestinal Organ Transplantation Committee

Meeting Summary

December 2, 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 12/02/2022 to discuss the following agenda items:

1. Multivisceral Transplant National Liver Review Board (NLRB) Guidance Project: Score Recommendation

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

1. Multivisceral Transplant National Liver Review Board (NLRB) Guidance Project Update

The Committee reviewed the OPTN National Liver Review Board (NLRB) Subcommittee's previous discussions. The Committee discussed a score recommendation for the multivisceral transplant NLRB guidance project.

Summary of discussion:

A member of the community stated that during the first full year after implementation of acuity circles, their transplant program had three multivisceral candidates die while waiting for a transplant with MELD scores between 30 and 36. The member of the community noted these are young candidates, between the ages of 20 and 32. The member of the community stated that these candidates cannot wait until their lab MELD scores reach 40. The member of the community supported a score recommendation of median MELD at transplant (MMaT) plus six with a three point increase every three months for multivisceral candidates.

The Chair stated that this proposal will need to be monitored to ensure that transplant programs are misusing the guidance to advantage other candidates at their transplant programs.

Another member of the community stated that multivisceral candidates medical needs are very different from liver-alone candidates. The member of the community noted that the population of multivisceral candidates is very small compared to the liver-alone candidate population. The member of community emphasized the multivisceral candidate population should be transplanted as fast as possible. A member noted that the graft loss outcomes for multivisceral recipients are worse compared to liver-alone recipients.

The Vice Chair stated that a long-term solution may be to create a separate match run for multivisceral transplant candidates. The Vice Chair stated that as a short-term solution it will be important to have the community support the NLRB guidance proposal for multivisceral candidates. The Vice Chair stated that the community will likely not support an NLRB guidance proposal with a score recommendation of MELD 40 for multivisceral candidates. The Vice Chair supported a score recommendation of MMaT plus six with either a two or three point increase every three months for multivisceral candidates.

A member suggested that the guidance clarify that a multivisceral candidate with an exception score of MELD 40 would not be prioritized ahead of a candidate with a lab MELD score of 40. The member also suggested that this be clarified during public comment presentations so the community understands current sorting within allocation classifications.

Another member asked how candidates are classified if both have exception scores of MELD 40. The Chair stated that whichever candidate received the exception first would be prioritized per *Policy 9.8.D: Sorting Within Each Classification*. The member stated that the candidate with hepatic artery thrombosis should receive priority regardless of time at exception. The Chair noted that it would be a very uncommon situation in which two candidates with MELD exception scores of 40 are competing for the same organ offer.

The Chair stated support for the score recommendation of MMaT plus six with a three point increase every three months for multivisceral candidates. A member agreed. The member stated that prioritizing multivisceral candidates is important to resolve the increase seen in waitlist mortality. The member also noted it is a small population. Another member agreed.

A member noted that liver candidates with MELD scores of 40 have an estimated 98 percent three-month mortality. The member stated that it would be difficult to justify prioritizing multivisceral candidates that may have less mortality risk and a greater risk of post-transplant outcomes than liver candidates.

The Committee agreed with the NLRB score recommendation of MMaT plus six with a three point increase every three months for multivisceral candidates.

Next steps:

The Committee will finalize the multivisceral transplant NLRB guidance project.

Upcoming Meeting

- December 16, 2022 @ 3:00 PM ET (teleconference)

Attendance

- **Committee Members**
 - Alan Gunderson
 - Allison Kwong
 - Colleen Reed
 - Erin Maynard
 - Greg McKenna
 - James Markmann
 - James Trotter
 - Jim Pomposelli
 - Joseph DiNorcia
 - Kym Watt
 - Neil Shah
 - Scott Biggins
 - Shunji Nagai
 - Sophoclis Alexopoulos
- **HRSA Representatives**
 - Jim Bowman
 - Marilyn Levi
- **SRTR Staff**
 - John Lake
 - Nicholas Wood
 - Ryo Hirose
 - Simon Horslen
- **UNOS Staff**
 - Betsy Gans
 - Erin Schnellinger
 - James Alcorn
 - Katrina Gauntt
 - Krissy Laurie
 - Matt Cafarella
 - Megan Oley
 - Meghan McDermott
 - Niyati Upadhyay
 - Rob McTier
 - Susan Tlusty
- **Other Attendees**
 - Catherine Kling
 - Dave Weimer
 - Kishore Iyer
 - Jonathan Fridell
 - Marwan Abouljoud
 - S DeLair
 - S Taylor
 - Shekhar Kubal