OPTN Liver and Intestinal Organ Transplantation Committee
Meeting Summary
July 8, 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 07/8/2022 to discuss the following agenda items:

1. New Committee Member Orientation
2. OPTN Board of Directors and Project Implementation Update
3. Continuous Distribution Attribute: Post-transplant Survival
4. Continuous Distribution Attribute: Prior Living Donor
5. Simultaneous Liver-Kidney (SLK) Project Discussion and Vote

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

1. New Committee Member Orientation

New members were oriented to the ongoing work of the Committee and the structure of the OPTN.

2. OPTN Board of Directors and Project Implementation Update

The Committee was updated that the OPTN Board of Directors unanimously approved the following Committee projects at its June 27, 2022 meeting.

- *Improving Liver Allocation: MELD, PELD, Status 1A and Status 1B*
- *Ongoing Review of National Liver Review Board (NLRB) Diagnoses*
- *Correction to Primary Pediatric Liver Transplant Program Requirements*

3. Continuous Distribution Attribute: Post-transplant Survival

The Committee reviewed their discussions from the June 24, 2022 Committee meeting, and continued discussing post-transplant survival as a potential attribute to incorporate into continuous distribution of livers and intestines.

Summary of discussion:

Some members agreed that incorporating a futility model into the first iteration of continuous distribution may be feasible. A member of the community advocated for utilizing risk stratification instead of futility. The member stated that risk stratification is beneficial because it will separate patients in the top and bottom quartiles. The member reasoned that transplant programs already incorporate futility considerations on a patient by patient basis. The member added that including futility into continuous distribution would not have much impact for any patient. The member stated that while the c-statistic for the previously reviewed models are low, it is better than some of the models used by lung or kidney.

The Chair suggested the Committee should consider keeping post-transplant survival as an attribute for now as there may be additional literature being published that would be beneficial for the Committee to review.

4. Continuous Distribution Attribute: Prior Living Donor

The Committee discussed prior living donor priority as a potential attribute to incorporate into continuous distribution of livers and intestines.

Summary of discussion:

The ex-officio chair of the OPTN Living Donor Committee presented the Living Donor Committee's recommendations regarding prior living donor priority. A summary of background information and the recommendations are as follows:

- Background
    - The Living Donor Committee (LDC) collaborated with the OPTN Ethics and OPTN Vascularized Composite Allograft (VCA) Committees for these recommendations
    - Currently, prior living donor priority is not included in liver and intestine allocation policy
        - Prior living donors currently only receive priority if they are on the kidney waitlist
    - The OPTN Lung Transplantation Committee incorporated prior living donor priority into their points-based allocation system
        - A candidate who previously donated any organ will receive points for priority (5% of the composite allocation score)
    - The OPTN Kidney and Pancreas Transplantation Committee are recommending to incorporate prior living donor priority into their continuous distribution framework (policy proposal is not finalized)
- Recommendations
    - Prior living donors should receive priority if they are listed for transplant
    - All prior living donors should receive priority for any organ needed
    - Prior living donor priority should not have a time restriction
    - Prior living donor should not be valued differently based on organ donated

The Chair asked whether the LDC considered that candidates should receive more priority for the organ they donated should they need that organ in the future. The ex-officio chair of the LDC stated that the low number of prior living donors who become transplant candidates combined with the fundamental concept that the transplant system should support living donors, led the LDC to agree that prior living donors should not be prioritized differently irrespective of the organ donated.

The Chair suggested that the National Liver Review Board (NLRB) Subcommittee may develop guidance for exception requests related to prior living donors on the liver waitlist as a short-term solution.

The Vice Chair asked if bone marrow donors are considered prior living donors. The ex-officio chair of the LDC stated that prior living donors are defined as organs covered by the OPTN.

A member suggested that the Committee may consider incorporating priority for those who have signed up to be deceased donors, or authorized organ donation for next of kin.

Another member asked if the LDC considered the possible manipulation of the priority by living VCA donors. The ex-officio chair of the LDC said that the recommendations to include living VCA donors into the recommendations rested on the trust and judgement of the medical professionals to consider those

intentions during the evaluation processes. The ex-officio chair stated that if there appears to be manipulation in the future then the policy should be revisited.

Members agreed that prior living donor priority should be an attribute of continuous distribution for livers and intestines.

5. Simultaneous Liver-Kidney (SLK) Project Discussion and Vote

The Committee discussed simultaneous liver-kidney allocation.

Summary of discussion:

Simultaneous liver-kidney (SLK) allocation

The Committee has received feedback that SLK policy should align with other multi-organ policy which utilizes a 500 NM distance for allocation. Currently, OPTN Policy requires SLK allocation to candidates who are within 150 nautical miles (NM) of the donor hospital and have a MELD or PELD of 15 or higher; or are within 250 NM of the donor hospital and have a MELD or PELD of 29 or higher or Status 1A or 1B.

Some members noted experience of not receiving an offer for an SLK candidate who is outside of the current 250 NM threshold in policy. Members supported adjusting the current 250 NM threshold to be 500 NM.

The committee voted on the following:

- Do you support sending a project to expand SLK circles sizes to the OPTN Policy Oversight Committee for project approval?
    - Support - 11, Abstain – 0, Oppose - 0

Next steps:

The Committee will submit this project for approval to the OPTN Policy Oversight Committee.

Upcoming Meeting

- July 22, 2022 @ 12:00 PM ET (teleconference)
- August 5, 2022 @ 12:00 PM ET (teleconference)

Attendance

- **Committee Members**
  - Alan Gunderson
  - Allison Kwong
  - Christopher Sonnenday
  - Colleen Reed
  - James Pomposelli
  - James Trotter
  - Kym Watt
  - Neil Shah
  - Scott Biggins
  - Sophoclis Alexopoulos
  - Vanessa Pucciarelli
- **HRSA Representatives**
  - Jim Bowman
- **SRTR Staff**
  - John Lake
  - Katie Audette
- **UNOS Staff**
  - Alison Wilhelm
  - Erin Schnellinger
  - James Alcorn
  - Joel Newman
  - Julia Foutz
  - Krissy Laurie
  - Matt Cafarella
  - Meghan McDermott
  - Niyati Upadhyay
  - Samantha Weiss
  - Susan Tlusty
- **Other Attendees**
  - Catherine Kling
  - Dave Weimer
  - Heather Hunt
  - Jesse Schold
  - Pratima Sharma
  - Sanjay Mehrotra