

OPTN Liver and Intestinal Organ Transplantation Committee

Meeting Summary

November 18, 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 11/18/2022 to discuss the following agenda items:

1. Multivisceral Transplant National Liver Review Board (NLRB) Guidance Project Update
2. Continuous Distribution of Livers and Intestines: Next Steps in the Project Development Process

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 progress to date and discussed the multivisceral transplant NLRB guidance project.

Summary of discussion:

The Vice Chair suggested the Committee consider whether there is defined criteria for multivisceral candidates to ensure the appropriate access is given to the correct candidates. A member agreed that defining criteria in guidance is important due to the wide spectrum of multivisceral candidate clinical histories.

A member stated that median MELD at transplant (MMaT) plus six with three point increase every three months seems to be too high of an exception score. The member suggested MMaT plus two with two point increase every three months. The member expressed concern with having all multivisceral candidates receive MMaT plus six.

Another member suggested the Committee consider whether multivisceral candidates should be placed behind hepatocellular carcinoma (HCC) candidates as a way to determine an appropriate exception score. The member also asked whether it is necessary to list every possible indication for a multivisceral candidate. The member suggested the guidance could state the indication for a multivisceral candidate to be intestine failure complicated by liver disease. Another member responded that intestine failure complicated by liver disease as an indication does not encompass every multivisceral candidate.

A member stated that MMaT plus six with a three point increase every three months is supported by the multivisceral transplant community. A member of the community noted that the multivisceral candidates are in need of a very specific quality of deceased donor organs, which is why a high exception score is necessary. The member of the community stated that MMaT plus two with a two point increase every three months is too low and the slow increase may result in high waitlist mortality. The member of the community stated that multivisceral candidates cannot wait on the list for a year.

A member stated the due to the various clinical backgrounds of multivisceral candidates, it is difficult to categorize specific indications or criteria.

The Chair of the OPTN Pediatric Transplantation Committee asked how the guidance would apply to pediatric candidates. Staff responded that the multivisceral guidance is specific to the adult NLRB guidance. Staff explained that the NLRB Subcommittee reviewed data and found that adult multivisceral candidates had worse outcomes. Staff noted this might be due to pediatric candidates receiving an additional 23 MELD/PELD points automatically, per *Policy 9.1.F: Liver-Intestine Candidates*. The Chair of the OPTN Pediatric Transplantation Committee urged the Committee to discuss this topic with pediatric intestine specialists as they often have the similar concern regarding access to high quality deceased donor organs. A member responded that literature showed that the worse waitlist outcomes were observed in adult multivisceral candidates and not pediatric multivisceral candidates. The member added that the outcomes of pediatric multivisceral candidates can continue to be monitored. The Chair of the OPTN Pediatric Transplantation Committee suggested the Committee may consider aligning policy for pediatric multivisceral candidates to receive median PELD at transplant (MPaT) instead of an automatic addition of MELD points to ensure geographic disparities are not continued.

The Vice Chair stated that the guidance should detail which candidates should have access, particularly if high exception scores are being granted. A member of the community emphasized that high quality deceased organs are necessary for multivisceral candidates, and access to those organs needs to be increased.

Another member stated that they may support an exception score of a high MMaT without any subsequent increase. The member explained increasing the MELD scores every three months may open up the opportunity for other exception requests to also have an “escalator” approach to exception requests. A member responded that the “escalator” approach slows down access but still allows unrestricted access over time. The Vice Chair added that exceptions will need to be reevaluated in the continuous distribution project. The Vice Chair explained that concerns of opening the door to an “escalator” approach may not be necessary as exceptions will likely change in a continuous distribution framework.

An SRTR representative stated that an additional solution may entail creating a separate match run for multivisceral candidates. Members agreed this may be a long-term solution but noted that the development of NLRB guidance is a necessary short-term solution.

Next steps:

The Committee and NLRB Subcommittee will continue discussing and developing NLRB guidance for multivisceral candidates.

2. Continuous Distribution of Livers and Intestines: Next Steps in the Project Development Process

The Committee reviewed and discussed the next steps for the continuous distribution project.

Summary of discussion:

The Committee reviewed the next phases of the continuous distribution project, including developing rating scales and weighting the attributes

Next steps:

The Committee will continue forward with their work on developing the continuous distribution of liver and intestinal organs.

Upcoming Meeting

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

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

Attendance

- **Committee Members**
 - Allison Kwong
 - Bailey Heiting
 - Christopher Sonnenday
 - Erin Maynard
 - James Trotter
 - Joseph DiNorcia
 - Kym Watt
 - Neil Shah
 - Peter Abt
 - Scott Biggins
 - Shunji Nagai
 - Sophoclis Alexopoulos
 - Sumeet Asrani
 - Vanessa Pucciarelli
- **HRSA Representatives**
 - Jim Bowman
 - Marilyn Levi
- **SRTR Staff**
 - John Lake
 - Katie Audette
 - Nicholas Wood
 - Ryo Hirose
- **UNOS Staff**
 - Betsy Gans
 - Erin Schnellinger
 - James Alcorn
 - Jennifer Musick
 - Joel Newman
 - Julia Foutz
 - Kaitlin Swanner
 - Katrina Gauntt
 - Krissy Laurie
 - Matt Cafarella
 - Meghan McDermott
 - Niyati Upadhyay
- **Other Attendees**
 - Andy Belden
 - Catherine Kling
 - Ellie Karls
 - Emily Perito
 - Jonathan Fridell