

**OPTN Liver and Intestinal Organ Transplantation Committee  
National Liver Review Board (NLRB) Subcommittee  
Meeting Summary  
August 11, 2022  
Conference Call**

**James Trotter, MD, Chair**

**Introduction**

The OPTN National Liver Review Board Subcommittee (the Subcommittee) met via Citrix GoToMeeting teleconference on 08/11/2022 to discuss the following agenda items:

1. Challenges in the Multivisceral Transplant Allocation System

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

**1. Challenges in the Multivisceral Transplant Allocation System**

A member of the community (the presenter) presented their research of multivisceral transplant allocation system.<sup>1</sup>

Summary of discussion:

The Chair noted one problem is that there is organ procurement organization (OPO) discretion when deciding how to allocate these multi-organ transplants.

The Chair asked how many multivisceral candidates are transplanted a year. The presenter stated it is about around 60 multivisceral transplants a year, around 125 including isolated intestine. Another member of the community noted that determining the total number of multi-organ transplants is difficult due to how the database provides that information. The community member noted that ten intestine transplants must be performed annually to maintain a fellowship program and there are about two to three transplant programs that have that volume.

A member stated that multivisceral is its own disease process and needs its own allocation schema. A community member agreed that multivisceral does not align with liver-alone allocation because MELD score does not reflect the degree of sick that the multivisceral candidates are. Another member recommended that the multivisceral community may develop an independent score rather than relying on MELD scoring. The Chair stated that since there are few multivisceral candidates, it may be hard to develop a new scoring system.

The Chair suggested that after multivisceral candidates are listed, they could receive an additional two MELD points every month in order to give priority.

A community member stated that there is precedent for prioritizing kidney-pancreas candidates above kidney-alone candidates. The community member suggested that multivisceral candidates be prioritized above liver-alone candidates. The community member stated multivisceral transplants depend on select

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<sup>1</sup> Tommy Ivanics et al. "Impact of the Acuity Circle Model for Liver Allocation on Multivisceral Transplant Candidates," *American Journal of Transplantation* 22, no. 2 (2021): pp. 464-473, <https://doi.org/10.1111/ajt.16803>.

donors. The member explained that multivisceral candidates could receive higher priority if there is a high quality donor.

A member suggested that a creation of “status 1C” may be a solution for multivisceral candidates.

The Chair asked what metric or rationale would be used to determine where multivisceral candidates should be placed within an allocation sequence.

**Upcoming Meeting**

- September 8, 2022 @ 2:30 PM ET (teleconference)
- October 13, 2022 @ 2:30 PM ET (teleconference)

## Attendance

- **Subcommittee Members**
  - Alan Gunderson
  - Allison Kwong
  - Greg McKenna
  - James Markmann
  - Jim Trotter
  - Neil Shah
  - Sophoclis Alexopoulos
- **HRSA Representatives**
  - Jim Bowman
- **SRTR Staff**
  - John Lake
- **UNOS Staff**
  - Erin Schnellinger
  - Julia Foutz
  - Kaitlin Swanner
  - Krissy Laurie
  - Lauren Mauk
  - Matt Cafarella
  - Meghan McDermott
  - Niyati Upadhyay
  - Sarah Scott
- **Other Attendees**
  - Jonahtan Fridell
  - Shekhar Kubal
  - Shunji Nagai