

OPTN Liver and Intestinal Organ Transplantation Committee

Meeting Summary

August 18, 2023

Conference Call

Scott Biggins, MD, Chair

Shimul Shah, MD, MHCM, Vice Chair

Introduction

The OPTN Liver and Intestinal Organ Transplantation Committee (the Committee) met via Citrix GoToMeeting teleconference on 08/18/2023 to discuss the following agenda items:

1. Continuous Distribution: Rating Scale for Height/Body Surface Area (BSA)
2. National Liver Review Board (NLRB) Subcommittee Update

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

1. Continuous Distribution: Rating Scale for Height/Body Surface Area (BSA)

The Committee discussed utilizing height or BSA to develop a rating scale to address access to transplant for small-statured candidates in liver continuous distribution.

Summary of discussion:

Decision: The Committee has decided to use body surface area (BSA) as an attribute in liver continuous distribution.

The Chair noted concerns about the Bernards model due to how it incorporates medical urgency and access. The Chair added that there is also literature which observed that liver volume changes over time which may indicate that height may not be an appropriate attribute. A member asked why BSA has a strong correlation and how would one go about studying and validating anteroposterior (AP) diameter as a better tool. A member of the community, who is a subject-matter expert on BSA, said that there are standard ways to measure AP diameter, therefore it is widely accepted and used in the transplant community when measuring a liver for a potential transplant recipient. They said research has observed that BSA is better correlated to AP diameter than height. The member of the community noted this may be due to the fact that the liver is a three-dimensional organ and that three studies have shown validity between the BSA ratio between donors and recipients. The member of the community stated that AP diameter would be difficult to incorporate into OPTN policy because additional metrics would need to be captured in order to calculate it and there is not strong correlation between BSA, height, or AP diameter for candidates with ascites.

Another member asked if this solution would circumvent smaller livers from going to the larger candidates. The Chair said this may be the one fix for stature. They stated that the goal of this attribute would be to ensure small-statured candidates have access to appropriately sized liver offers. The Vice Chair said that the number one priority is the medically co-morbid candidate, so having a small candidate be higher on the match run compared to a very ill candidate is very hard to justify and questioned how this would exist in practice. The Vice Chair suggested focusing on prioritizing candidates

rather than incorporating donor-recipient size matching. The Vice Chair noted it will be important to understand the impact of MELD 3.0 on the female population and analyze whether access has improved. The Chair said that this could be modeled in the mathematical optimization which will be useful to understand the impact of various options. The Chair stated that donor-recipient size matching could be important in terms of efficiency.

A member asked when looking at the BSA model, will severe sarcopenic candidates get additional priority because of weight being included in the measurement? The Chair said that change in weight for sarcopenia is different, and that a candidate with sarcopenia may be more difficult to match due to size, thus incorporating a BSA-based attribute may help those candidates' access. They said that also this is an important consideration but noted that a BSA-based attribute would not be a solution for candidates with frailty.

A member said that when looking at height and BSA the case has been made for BSA, based on what the data has shown. Another member said that BSA has better data, and that height will still come into clinical decision making when an offer becomes available. The Chair agreed. The Committee agreed to review outcomes from modelling on using candidate-only BSA and donor-recipient size matching with BSA. The Chair agreed.

Next steps:

The Committee has decided to move forward using BSA to develop a rating scale.

2. National Liver Review Board (NLRB) Subcommittee Update

The Committee received an update about the NLRB Subcommittee's current project.

Summary of discussion:

Decision: No decisions were made.

The Vice Chair informed the Committee that the Policy Oversight Committee and Executive Committee approved the Committee's project to add contrast-enhanced ultrasound (CEUS) as an appropriate diagnostic tool to Hepatocellular Carcinoma (HCC) policy and guidance, and create NLRB guidance for unresectable colorectal liver metastases, unresectable metastases, unresectable intrahepatic cholangiocarcinoma < 2 cm, and unresectable downstaged intrahepatic cholangiocarcinoma.

There were no comments or questions.

Next steps:

The NLRB Subcommittee will continue to develop the project. The Committee will review draft guidance and policy at a future meeting.

Upcoming Meetings

- September 8, 2023 @ 2:00 PM ET (teleconference)
- September 15, 2023 @ 2:00 PM ET (teleconference)

Attendance

- **Committee Members**
 - Allison Kwong
 - Cal Matsumoto
 - Christine Radolovic
 - Colleen Reed
 - Dev Desai
 - Jenn Muriett
 - Jennifer Lau
 - Kym Watt
 - Lloyd Brown
 - Neil Shah
 - Scott Biggins
 - Shimul Shah
 - Shunji Nagai
 - Sophoclis Alexopoulos
 - Vanessa Pucciarelli
- **HRSA Representatives**
 - Jim Bowman
- **SRTR Staff**
 - Jack Lake
 - Katie Audette
 - Tim Weaver
- **UNOS Staff**
 - Betsy Gans
 - Erin Schnellinger
 - Katrina Gauntt
 - Kayla Balfour
 - Matt Cafarella
 - Meghan McDermott
 - Niyati Upadhyay
- **Other**
 - Catherine Kling
 - David Weimer
 - S. DeLair
 - Samantha Taylor