OPTN Liver and Intestinal Organ Transplantation Committee
National Liver Review Board (NLRB) Subcommittee
February 13, 2024
Conference Call

James Pomposelli, MD, PhD, Chair

Introduction

The OPTN National Liver Review Board Subcommittee (the Subcommittee) met via WebEx teleconference on 02/13/2024 to discuss the following agenda items:

1. Liver Imaging Reporting and Data System (LI-RADS) Presentation
2. Project Prioritization

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

1. Liver Imaging Reporting and Data System (LI-RADS) Presentation

The Subcommittee received a presentation about contrast-enhanced ultrasound (CEUS) and aligning hepatocellular carcinoma (HCC) policy and guidance language with LI-RADS terminology.

Summary of discussion:

> Decision: The Subcommittee has decided to move forward with incorporating CEUS and aligning HCC policy and guidance with LI-RADS terminology.

A member indicated that their transplant program does not anticipate using CEUS for HCC imaging, as they feel that magnetic resonance imaging (MRI) is the best option to use right now. They asked if the transplant program would use the size read from the CEUS or the diagnostic imaging of computed tomography (CT) or MRI if there were discrepancies in sizing between these technologies when analyzing liver tumors, specifically asking which radiologic methodology is more sensitive. A LI-RADS representative responded, noting that they would defer to the radiologist's opinion. Another LI-RADS representative added that this is an infrequent scenario, and they would likely utilize the size that would allow the candidate to access an HCC exception.

A member questioned how well-adopted CEUS is within the radiology community. A LI-RADS representative noted that having CEUS adopted into OPTN guidance and policy will help increase its acceptance. Currently, it is not ordered frequently since it will not allow candidates to receive an HCC exception. A member asked how this information about CEUS will be disseminated to the community. A LI-RADS representative replied, indicating that it has been published since 2017 in several papers and journals.

A member asked if any other new technologies like CEUS are in development. A LI-RADS representative noted that there are not any for diagnostic purposes, but the treatment response, specifically the down-staging, still has some gaps and LI-RADS is developing treatment response algorithms that could potentially be used in the future.

A member asked if CEUS should be performed within a specific timeframe in relation to CT or MRI. Staff noted that if the Subcommittee seeks to proceed with this as a project, the members will continue to develop the specific policy language needed for implementation.

The Chair proposed that the Subcommittee should consider incorporating CEUS and aligning HCC policy and guidance with LI-RADS terminology. Members agreed this could be incorporated into their new project under development.

Next steps:

The Committee will determine if they want this project to be OPTN guidance or OPTN policy.

Project Prioritization

The Subcommittee reflected upon previous project prioritization and discussed reviewing NLRB guidance.

Summary of discussion:

> Decision: The Subcommittee will determine if, within NLRB guidance, 1) certain diagnoses need to have an associated score recommendation and 2) what that score recommendation would be based on peer-reviewed literature and data.

Score Assignments

A member explained that the purpose of creating score recommendations for diagnoses in the Adult MELD Exception Review guidance document is that it would give the review board a recommendation for the amount of exception points that should be associated with certain diagnoses. This would allow scores to be more standardized for each diagnosis, regardless of where in the country a candidate resides. A member agreed, citing that this would allow for reasonable recommendations based on need and acuity. A member raised the point that it is important to analyze waitlist mortality data for diagnoses. They continued, suggesting that a minimum score is given and if a candidate requires more exception points, the transplant program can provide more information if they feel the candidate should have more than the minimum points given. A member commented that although scores may seem uniform across the country, they have heard from transplant programs that it is not as uniform as one may think.

A member mentioned that the Subcommittee had attempted to revisit score assignments in the past, and when they did, they reviewed them a handful at a time, based on what people thought were more pressing ones at the time. They continued, noting that they had members pull data on each diagnosis and evaluate if there was new information to guide a score recommendation.

A member highlighted that the Adult MELD Exception Review guidance document is confusing to interpret, as some diagnoses do not specifically mention a score recommendation. A member recommended developing score recommendations for some of these diagnoses to help reviewers.

Next steps:

The Subcommittee will determine which diagnoses require updates and determine if a score recommendation is warranted based on current data and literature.

Upcoming Meetings

- March 12, 2024 @ 2pm ET (teleconference)

Attendance

- **Committee Members**
  - Allison Kwong
  - Chris Sonnenday
  - Jim Pomposelli
  - Kym Watt
  - Neil Shah
  - Shimul Shah
  - Sophoclis Alexopoulos
- **HRSA Representatives**
  - Jim Bowman
- **SRTR Staff**
  - Jack Lake
  - Katie Audette
  - Simon Horslen
- **UNOS Staff**
  - Erin Schnellinger
  - Joel Newman
  - Katrina Gauntt
  - Kayla Balfour
  - Meghan McDermott
  - Rob McTier
- **Other**
  - Andrej Lyshchik
  - Elizabeth Hecht
  - Kathryn Fowler
  - Victoria Chernyak