

OPTN/UNOS Liver and Intestinal Organ Transplantation Committee
Meeting Summary
January 26, 2015
Conference Call

David Mulligan, MD, Chair
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Discussions of the full committee on January 26, 2015 are summarized below and will be reflected in the committee's next report to the OPTN/UNOS Board of Directors. Meeting summaries and reports to the Board are available at <http://optn.transplant.hrsa.gov/>.

Committee Projects

1. Update on the Proposed Intestinal Membership and Personnel Requirements

Currently there is no OPTN/UNOS definition for a designated intestine transplant program or criteria for intestine transplant surgeons or physicians. The Committee circulated a proposal for community consideration in August 2006. It was not well supported and was withdrawn from consideration, never forwarded to the Board. In response to the concerns raised by the community, the Committee and the MPSC created a joint working group in the fall of 2013 and circulated a refined proposal in the spring of 2014.

While this second proposal was well supported, the Committee recognized an opportunity for further improvement and opted to withhold the proposal from Board consideration until modifications could be made to fine tune and clarify some of the requirements.

During their December 2014 meeting the Committee voted to forward the refined Proposed Intestinal Membership and Personnel Requirements for public comment circulation during January-March, 2015, which seeks to define a designated intestine transplant program and to establish minimum qualifications for the primary intestine transplant surgeon and physician.

Members reviewed the proposal summary and slides in preparation for the upcoming Regional Meetings.

2. Redesigning Liver Distribution

Following the September forum, the committee established three ad hoc subcommittees to further refine the metrics of access and disparity as well as ways to optimize distribution, to identify financial implications of alternative sharing methods, and to address transportation and logistical issues associated with broader sharing.

The Committee was updated on the progress of each Ad Hoc Subcommittee regarding recommendations and requests, both for data and modeling. The Committee agreed that goal of a late spring to early summer Forum is still obtainable and that the early phases of planning the event should commence. The Committee also agreed that continued involvement with the community is of the utmost importance and periodic updates on the Ad Hoc Subcommittees progress should be communicated.

Committee Projects Pending Implementation

3. Adding Serum Sodium to the MELD Score

The Board approved the proposal to incorporate serum sodium into the MELD score in June 2014 with implementation upon programming. During the December 2014 meeting, the Executive Committee prioritized this project for programming with an anticipated go-live date of December 2015 through January 2016.

The Committee requested a 7-day grace period during implementation for those candidates whose scores would be moved from one recertification category to another and may as a result, require immediate recertification (i.e., the candidates would face an immediate downgrade of their MELD score). If a center has not recertified these candidates on the 8th day after implementation, the candidates will be downgraded to their lower previous MELD score as is done currently when certification expires. This request required the insertion of language into the policy which is scheduled to be reviewed by the Executive Committee during the April 2015 meeting.

4. Cap the Hepatocellular Carcinoma (HCC) Score at 34

The Board approved the proposal to Cap the HCC Exception Score at 34 in November 2014 with implementation upon programming. During the December 2014 meeting, the Executive Committee prioritized this project for programming with an anticipated go-live date of August through September 2015. Programming for the policy to Cap HCC Score at 34 will coincide with the policy to Delay the HCC Exception Score Assignment.

5. Delay the HCC Exception Score Assignment

The Board approved the proposal to Delay the HCC Exception Score Assignment in November 2014 with implementation upon programming. During the December 2014 meeting, the Executive Committee prioritized this project for programming with an anticipated go-live date of August through September 2015. Programming for the policy to Delay the HCC Exception Score Assignment will coincide with the policy to Cap the HCC Exception Score at 34.

Other Significant Items

6. Changes to the OPTN Public Comment Website and Process

UNOS has been making improvements to the OPTN website over the course of last year and plans to implement some of these improvements during the upcoming public comment cycle. The public comment page will now house a blog-type feature making all comments publically available.

The Committee reviewed the guidelines that have been developed and will be displayed prominently on the page for anyone submitting public comment as well as the process by which the Committee will officially submit comments or respond to any comments received.

Additionally the Committee briefly reviewed the list of proposals to be circulated and opted to solicit the Disease Transmission Advisory Committee and the Pediatric Committee for review of their proposals.

7. Simultaneous Liver Kidney (SLK) Workgroup Efforts and Forthcoming Proposal

Over the course of the last few months, several members of the Committee have participated in a joint working group focused on the issue of Simultaneous Liver Kidney (SLK) Allocation. Current policy does require that a kidney be allocated with the liver if a

donor and candidate are within the same Donor Service Area (DSA) but does not specify rules for regional or national allocation. Currently there are no standard rules or medical criteria specified in OPTN policy for SLK allocation. The recent implementation of the new Kidney Allocation System (KAS) eliminated the “kidney payback” system which dissolved any incentive for OPOs to share the kidney with the liver regionally or nationally.

The working group aimed to develop a policy with two main elements:

1. Medical eligibility criteria for SLK allocation
2. “Safety Net” or prioritization on the kidney alone waiting list for liver recipients with post-operative dialysis dependency or significant renal dysfunction

The Committee reviewed the recommended SLK eligibility criteria, Safety Net and policy recommendations. Although no formal vote was taken, the Committee endorsed this concept and was supportive of the proposed details.

8. Expedited Donor Placement Profile

In response to community feedback the Committee opted to revitalize and repurpose the previous subcommittee in a parallel effort to Redesigning Liver Distribution. The Ad Hoc Subcommittee on Increasing Donation and Utilization is charged with exploring the relationships and processes between Transplant Centers, OPOs and the community to maximize the number of livers donated and utilized for transplantation.

In review of the historical decisions made by the Committee and previous efforts on increasing liver utilization, the Subcommittee opted to reconsider the idea of a donor profile for expedited placement. Updated data was reviewed and the Subcommittee agreed to again pursue this donor profile for expedited placement as a potential policy proposal. The Committee reviewed this concept and voted unanimously in favor of moving forward.

This project proposal will be reviewed by the Policy Oversight Committee for formal approval in March 2015.

Upcoming Meeting

- February, 2015