

**OPTN/UNOS Liver and Intestinal Organ Transplantation Committee**  
**Meeting Summary**  
**February 23, 2015**  
**Conference Call**

**David Mulligan, MD, Chair**  
**Ryutaro Hirose, MD, Vice Chair**

*Discussions of the full committee on February 23, 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. 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 planning already underway for the second Public Forum on Redesigning Liver Distribution, to be held in June 2015 at the Loew's Chicago O'Hare. The subcommittees are continuing their deliberations and review of data. Although the format of the forum and specific agenda items have not yet been finalized the Committee plans to have representatives from the subcommittees present the findings and recommendations to the community and to solicit further feedback.

**2. Guidance Document on MELD/PELD Exceptions, PSC Updates**

The first of two installments on the Guidance Document on MELD/PELD Exceptions was presented and approved during the June 2014 Board of Directors Meeting. The Committee has continued to develop guidelines for Regional Review Board (RRB) representatives in order to aid in the case review and approval of exception applications for common diagnoses, specifically for Primary Sclerosing Cholangitis (PSC) on this installment.

The Subcommittee leadership presented the updated recommendations to the full Committee for feedback. The Committee suggested minor changes to the recommendations proposed and requested the Subcommittee incorporate them before forwarding to the Board for consideration during the June 2015 meeting.

**Other Significant Items**

**3. Pediatric Proposal to Establish Pediatric Training & Experience Bylaw Requirements**

A representative from the Pediatric Committee presented the proposal to Establish Pediatric Training & Experience Bylaw Requirements. Although the Liver Committee is generally supportive of the concept of developing experience and training bylaws for the specialty of pediatric transplantation, they are not supportive of the proposal as written.

The policy as written does not adequately address the idea that children and adolescents require providers with special expertise. There were great concerns raised over classifying all candidates under the age of 18 as pediatric. Members felt that there

is a significant difference in the training and experience required for a surgeon and a physician caring for an 18 month old as opposed to an 18 year old. The Committee suggests that the Pediatric Committee take a closer look at this factor by stratifying candidates and classifying them as infant, pediatric, adolescent & adult. The Committee also suggest that the Pediatric Committee entertain the idea of incorporating size or weight into the classification system but acknowledges that relying on these factors alone may be challenging on an independent candidate level.

Outcomes were emphasized as another point to incorporate, on a center by center level rather than focusing on the primary surgeon and primary physician. The Committee feels that ultimately outcomes determine whether a policy or bylaw is truly effective in regards to patient safety.

The Committee also acknowledges that many pediatric candidates are currently traveling to programs outside of their local area but is concerned that this proposal may limit access for those candidates that do not have the means to travel.

In conclusion, the Committee would urge the Pediatric Committee to re-evaluate whether or not this proposal will actually lead to an increase in patient safety, whether that increase in patient safety is worth the decrease in patient access and the continued resources that would be required to bring this concept to fruition. The Committee thanks the Pediatric Committee for their presentation and the opportunity to comment on this important issue.

#### **Upcoming Meeting**

- March, 2015