

OPTN/UNOS Liver and Intestinal Organ Transplantation Committee
Meeting Summary
September 18, 2015
Conference Call

Ryutaro Hirose, MD, Chair
Julie Heimbach, MD, Vice Chair

Discussions of the full committee on September 18, 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/>.

Review of Public Comment Proposals

1. Proposal to Establish Pediatric Training and Experience Requirements in the Bylaws

After a presentation of the proposal, the Chair expressed that this proposal has been well-developed over several years with a lot of input from stakeholders and fulfills the need for pediatric membership requirements. Although the proposed case volume requirements appear arbitrary, they were developed through clinical consensus. He believes the requirements are reasonable, citing the involvement and endorsement of the American Society of Transplant Surgeons (ASTS). These sentiments were echoed by several members.

Others had reservations about requiring transplant programs to have a pediatric component in order to perform transplants in teenagers. Members requested evidence that adolescents transplanted at pediatric programs have better post-transplant outcomes. They also wanted to know if teenagers comprised the majority of the estimated 4% of pediatric transplants performed in the past five years at programs that did not meet the proposed criteria. Members also expressed support for an emergency exception to the pediatric requirements.

2. Simultaneous Liver Kidney (SLK) Allocation Policy

After a presentation, the Committee voted unanimously to support the proposal with the amendments proposed by the leadership from both the Liver and Kidney Committees (13-Yes, 0-No, 0-Abstentions). These amendments include:

- A requirement that local SLK candidates meet the kidney medical eligibility criteria only and that regional SLK priority be contingent on both medical eligibility criteria and Liver "Share 35" priority.
- If an OPO chooses to allocate the kidney as an SLK combination, the OPO must offer to eligible local and regional SLK candidates before offering the kidney alternatively.
- The medical eligibility criteria does not apply to pediatric SLK candidates.

While there is not consensus about national allocation, out-of-region SLK offers should not be expressly prohibited, as is implied by the proposed language.

Several members were in favor that a program should be able to register a candidate within 30 days post-liver transplant, instead of the proposed minimum of 60 days post-transplant. They believe surgeons can make a determination about whether a candidate

will recover renal function within a 30-day timeframe, especially if the candidate showed signs of renal failure prior to transplant.

Upcoming Meetings

- October 20, 2015
- November 20, 2015
- December 18, 2015