# OPTN/UNOS Pediatric Transplantation Committee
# Meeting Summary
# July 9, 2014
# Conference Call

**Eileen Brewer, MD, Chair**
**William Mahle, MD, Vice Chair**

*Discussions of the full committee on July 9, 2014 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 Project

### 1. Proposal to Automatically Transfer Pediatric Classification for Registered Liver Candidates Turning 18

The Committee met by conference call to discuss and vote on whether to approve the "Proposal to Automatically Transfer Pediatric Classification for Registered Liver Candidates Turning 18" for Fall Public Comment. By advancing this proposal, the Committee is seeking to clarify current liver policy and bring it into alignment with other organ policies. The Chair explained that, under current policy, if a candidate turns 18 years old while waiting and has a MELD score, he does not automatically retain a pediatric classification. Rather the listing transplant program is responsible for requesting a pediatric classification exception from the Regional Review Board (RRB). Additionally, if a candidate was ever listed as a pediatric patient but subsequently removed from the list, the transplant program has the ability to apply to the RRB for a pediatric classification exception for this candidate later as an adult. Both of these exception processes are inconsistent with other organ allocation policy. The Chair explained that the RRBs have been consistent in their decision-making on these applications; candidates that turn 18 while waiting for liver transplant have been approved for pediatric classification, while adult candidates that were ever listed as pediatric candidates but have since been removed from the list were denied. The Chair suggested that current policy historically has not been well-understood in the community and only recently have requests to the RRB become more frequent. Of the 15 exceptions that have been requested since 5/24/04, 12 were requested after a 6/13/13 Transplant Pro℠ informational article regarding current policy.

The Chair presented the specifics of the policy proposal that 1) would automatically transfer pediatric classification for all candidates who turn 18 while waiting for a liver transplant and 2) would eliminate application for a pediatric classification for an adult candidate who had ever been on the waiting list prior to age 18 but had since been removed. Pediatric classification for an affected candidate operationally means prioritization as a 12 to 17 year old candidate on the match run.

The Research Liaison presented data describing candidates who were younger than 18 at listing and were still waiting on 6/20/14, with a MELD score after turning 18. Of these 38 candidates, 42% (16) were 17 years old at listing, followed by 16% (6) who were 16 and 13% (5) who were 15. Most candidates had a MELD score lower than 13. Listed at 22 different centers, candidate age ranged from 18 to 33 years, and time spent on the

waiting list ranged from less than 1 to 18 years. Five candidates had re-certifications that were past due, so they had been assigned a MELD score of 6. None of the candidates had a previous liver transplant. Most had received at least one offer, and the most common refusal reason was donor age or quality. There was not a prevalent diagnosis among candidates. In addition to the 38 candidates with MELD scores, the Research Liaison reported an additional 46 inactive candidates 18 years or older, waiting on 6/20/14, that were listed prior to turning 18.

A robust discussion among Committee members ensued. Members concluded that data supports the proposed policy. They believe any candidate waiting longer than 5 years is an anomaly. The Committee briefly discussed introducing a cap for time waiting with a pediatric exception after age 18, but decided against it since such a cap would be inconsistent with other organ allocation policies, including kidney and heart. The group affirmed that adequate and appropriate listing of patients is always necessary.

Committee members spent time discussing specific scenarios to understand the impact the policy would have. The group was in agreement that once removed from the list, a patient 18 years and older should reregister as an adult and not as a pediatric candidate. Members also confirmed that this policy would apply to patients that are Status 7, or inactive, on their 18th birthday.

The Committee Liaison reviewed the proposed policy language with the group. The Committee voted to approve this proposal for Fall Public Comment (14 yes, 0 no, 0 abstentions).

**Upcoming Meeting**

- August 26, 2014