

Changes to Policy 3.6 (Adult Donor Liver Allocation Algorithm) for Regional Distribution of Livers for Critically Ill Candidates and to Extend the “Share 15” Regional Distribution Policy to “Share 15 National”

**Sponsoring Committee:** Liver and Intestinal Organ Transplantation Committee

**Policy Affected:** 3.6 (Adult Donor Liver Allocation Algorithm)

**Distributed for Public Comment:** September 2011

**Amended After Public Comment:** No

**Effective Date:** Pending programming in UNet<sup>SM</sup>

<b>Problem Statement</b>
Despite improvements in liver allocation and distribution, waitlist mortality remains high for patients with higher MELD/PELD scores.

<b>Changes</b>
The adult donor liver algorithm will be modified so that deceased donor livers (age 18 and older) will be offered to local and regional candidates with MELD/PELD scores of 35 or higher before those livers are offered to local candidates with lower MELD/PELD scores. Livers will also be offered to all candidates with MELD/PELD scores of 15 or higher locally, regionally, and nationally before being offered to candidates with lower MELD/PELD scores. Although these changes are presented in one policy notice, it should be noted that each element was considered separately during public comment and by the OPTN/UNOS Board of Directors.

<b>Action Required</b>
Members should familiarize themselves with the new policy language. The OPTN Contractor will send a system notice when these changes have been programmed in UNet <sup>SM</sup> .

**Affected Policy Language:**

*\*\* Please note: At its June 2012 meeting, the OPTN/UNOS Board of Directors approved two separate resolutions that modified Policy 3.6 (Allocation of Livers). Below, Policy 3.6 reflects the changes from both of these proposals: Changes to Policy 3.6 (Adult Donor Liver Allocation Algorithm) for Regional Distribution of Livers for Critically Ill Candidates and to Extend the "Share 15" Regional Distribution Policy to "Share 15 National" (sponsored by the Liver and Intestinal Organ Transplantation Committee) and Proposal to Clarify and Improve Variance Policies (sponsored by the Policy Oversight Committee).*

*Additionally, amendments to the Adult Donor Liver Allocation Algorithm in Policy 3.6 that the Board of Directors approved at its November 2011 meeting are still awaiting programming for implementation. The complete allocation algorithm for adult donor livers upon the implementation of the approved policy changes from both the November 2011 and June 2012 meetings is provided below. To distinguish the changes to Policy 3.6 approved by the Board of Directors, policy language changes from the November 2011 meeting are marked with a ~~single strikethrough~~ or a single underline and those policy changes from the June 2012 meeting are marked with a ~~double strikethrough~~ or double underline.*

**3.6 ALLOCATION OF LIVERS.** Unless otherwise approved according to Policy 3.4.8 (Variances) Policies 3.1.7 (Local and Alternative Local Unit), 3.1.8 (Sharing Arrangement and Sharing Agreement), 3.1.9 (Alternate Point Assignments (Variances), Policy 3.4.6 (Application, Review, Dissolution and Modification Processes for Alternative Organ Distribution or Allocation Systems), Policy 3.9.3 (Organ Allocation to Multiple Organ Transplant Candidates) and Policy 3.11.4 (Combined Intestine-Liver Organ Candidates), the allocation of livers according to the following system is mandatory. For the purpose of enabling physicians to apply their consensus medical judgement for the benefit of liver transplant candidates as a group, each candidate will be assigned a status code or probability of candidate death derived from a mortality risk score corresponding to the degree of medical urgency as described in Policy 3.6.4 below. Mortality risk scores shall be determined by the prognostic factors specified in Tables 1 and 2 and calculated in accordance with the Model for End-Stage Liver Disease (MELD) Scoring System and Pediatric End Stage Liver Disease (PELD) Scoring System described in Policy 3.6.4.1 and 3.6.4.2, respectively. Candidates will be stratified within MELD or PELD score by blood type similarity as described in Policy 3.6.2. No individual or property rights are conferred by this system of liver allocation.

Livers will be offered to candidates with an assigned Status of 1A and 1B in descending point sequence with the candidate having the highest number of points receiving the highest priority before being offered for candidates listed in other categories within distribution areas as noted below. Following Status 1, livers will be offered to candidates based upon their probability of candidate death derived from assigned MELD or PELD scores, as applicable, in descending point sequence with the candidate having the highest probability ranking receiving the highest priority before being offered to candidates having lower probability rankings. Additionally, Alternative Allocation/ Distribution Systems, as described in Policy 3.1.7, shall no longer contain liver payback provisions.

At each level of distribution, adult livers (i.e., greater than or equal to 18 years old) will be allocated in the following sequence (adult donor liver allocation algorithm):

### Adult Donor Liver Allocation Algorithm

#### Combined Local and Regional

1. Status 1A candidates in descending point order
2. Status 1B candidates in descending order

#### Local and Regional

3. Candidates with MELD/PELD Scores  $\geq 35$  in descending order of mortality risk (MELD) scores, with Local candidates ranked above Regional candidates at each level of MELD score

#### Local

- ~~34.~~ Candidates with MELD/PELD Scores  ~~$\geq 15$~~  29-34 in descending order of mortality risk scores (probability of candidate death)

#### National

45. Liver-Intestine Candidates in descending order of mortality risk scores (probability of candidate death)

#### Local

56. Candidates with MELD/PELD Scores 15-28 in descending order of mortality risk scores (probability of candidate death)

#### Regional

- ~~46~~7. Candidates with MELD/PELD Scores  ~~$\geq 15$~~  15-34 in descending order of mortality risk scores (probability of candidate death)

#### National

8. Status 1A candidates in descending point order
9. Status 1B candidates in descending point order
10. Candidates with MELD/PELD Scores  $\geq 15$  in descending order of mortality risk scores (probability of candidate death)

#### Local

- ~~57~~11. Candidates with MELD/PELD Scores  $< 15$  in descending order of mortality risk scores (probability of candidate death)

#### Regional

- ~~68~~12. Candidates with MELD/PELD Scores  $< 15$  in descending order of mortality risk scores (probability of candidate death)

#### National

- ~~79~~ ~~Status 1A candidates in descending point order~~
- ~~810~~ ~~Status 1B candidates in descending point order~~
- ~~911~~13. All other eCandidates with MELD/PELD Scores  $< 15$  in descending order of mortality risk scores (probability of candidate death)