

OPTN Liver and Intestinal Organ Transplantation Committee

Meeting Summary

May 6, 2022

Conference Call

James Pomposelli, MD, PhD, Chair

Scott Biggins, MD, Vice Chair

Introduction

The OPTN Liver and Intestinal Organ Transplantation Committee (the Committee) met via Citrix GoToMeeting teleconference on 05/06/2022 to discuss the following agenda items:

1. Review and Vote: Updated MELD, PELD, Status 1A, Status 1B Language
2. Review and Vote: Correction to Primary Pediatric Liver Transplant Physician Requirements
3. Discussion Options for Region 8 Split Liver Variance and Aligning Variance End Dates
4. Continuous Distribution: Review Plan for Attribute Presentations and Discussions

The following is a summary of the Committee's discussions.

1. Review and Vote: Updated MELD, PELD, Status 1A, Status 1B Language

The Committee reviewed updated language for the *Improving Liver Allocation: MELD, PELD, Status 1A and Status 1B* proposal. The Committee voted to send the proposal to the OPTN Board of Directors for consideration.

Summary of discussion:

The Committee reviewed a minor policy language clarification regarding the growth failure calculation in the PELD creatinine calculation. Previously, the policy language stated that the PELD creatinine calculation uses the candidate's age in months at the time of most recent submission of height or weight values. The language clarification specifies that the candidate's age in months should be captured relative to when the height and weight values were measured. This clarification ensures that the ages of very young pediatric candidates are captured appropriately in relation the height and weight values.

The OPTN Pediatric Transplantation Committee leadership reviewed and supported this language clarification.

Other minor policy language clarifications are as follows:

- Adding units for some measurements
- More specific language regarding the seven days prior to serum creatinine test requirements

There were no comments or questions.

The Committee voted on the following:

- Do you support sending the *Improving Liver Allocation: MELD, PELD, Status 1A, Status 1B* proposal as presented today to the OPTN Board of Directors for consideration?
 - Support - 17 , Abstain – 0, Oppose - 0

Next steps:

The OPTN Board of Directors will review and vote on the Committee’s proposal during its June 27, 2022 meeting.

2. Review and Vote: Correction to Primary Pediatric Liver Transplant Physician Requirements

The Committee reviewed a clarification to OPTN Bylaws F.4.E.4 and F.7.C.2.D.

Summary of discussion:

The clarification adds the phrase “acute liver failure” to the combined Pediatric Gastroenterology/Transplant Hepatology Training and Experience Pathway. Inclusion of this phrase will ensure that proposed primary pediatric liver physician has adequate experience in this area and will maintain consistency in experience across the pathways.

There were no comments or questions.

The Committee voted on the following:

- Do you support sending the proposed bylaw clarification as presented today to the OPTN Board of Directors for consideration?
 - Support - 17 , Abstain – 0, Oppose - 0

Next steps:

The OPTN Board of Directors will review and vote on the Committee’s bylaw clarification during its June 27, 2022 meeting.

3. Discuss Options for Region 8 Split Liver Variance and Aligning Variance End Dates

The Committee discussed the Region 8 variance for split livers, which is set to expire in December 2022.

Summary of discussion:

The Chair suggested that the Committee may extend all variances within OPTN liver policy to expire on a set date after implementation of continuous distribution of livers and intestines. The Committee could work to incorporate aspects of variances into continuous distribution.

In relation to the Region 8 split liver variance, the Committee discussed whether to propose narrowing circle size or changing the MELD/PELD threshold for allocation of the second segment. It was noted that should the Committee choose to lower the MELD/PELD threshold for allocating the second segment in the Region 8 split liver variance, it would need to align with established thresholds in acuity circles. This makes the options to lower the threshold to either MELD/EPLD 29 or MELD/PELD 15.

A member suggested lowering the MELD/PELD threshold because a split is more likely to be used in a lower MELD candidate . Another member agreed. A member stated that lowering the threshold may encourage lower MELD candidates to accept a split. However, the member disagreed with lowering the threshold because transplant programs want to keep the split liver within their own transplant program. Another member agreed that lowering the MELD/PELD threshold may increase the likelihood that a split liver is accepted by an different transplant program, which is not the intent of the variance. The majority of the Committee agreed to keep the MELD/PELD threshold as is.

Another member offered support for extending the Region 8 split liver variance to a national level, once more data is collected.

A member suggested that the variance should stipulate to allocate with all transplant programs within a certain nautical mile radius of the pediatric transplant program. The member explained that not all adult

transplant programs have a pediatric transplant program partner, and this stipulation would help ensure certain transplant programs are not advantaged.

A member questioned whether the decision to split a liver should be binding. The Chair suggested that may be incorporated into continuous distribution.

The member questioned whether the Region 8 split liver variance should continue. The Committee reasoned the Region 8 split liver variance should stay in effect in order to gather more data to analyze the impact.

The majority of the Committee agreed to continue the Region 8 split liver variance without changing the circle size or the MELD/PELD threshold. A member requested modifying the MELD/PELD threshold for allocating the second segment in Region 8.

Next steps:

The Committee will continue discussions on liver variances in OPTN policy during their next meeting.

4. Continuous Distribution: Review Plan for Attribute Presentations and Discussions

The Committee reviewed the plan for identifying and discussing attributes for the continuous distribution of liver and intestinal organs.

Summary of discussion:

A member asked whether multi-organ transplants should be an attribute. Staff responded that there are various aspects of multi-organ transplantation that may be considered in the development of continuous distribution. For example, amount of points for a multi-organ candidate. Additionally, it was noted that there is an OPTN Ad Hoc Multi-Organ Transplantation Committee that is discussing several multi-organ transplant considerations.

Another member suggested consideration of donation after circulatory death (DCD) donors or older donors. A member responded that is being researched within the donor factors attribute.

Next steps:

Committee members will sign up for specific attributes to research and present their findings during the next meeting.

Upcoming Meeting

- June 10, 2022 @ 12:00 PM ET (teleconference)
- June 24, 2022 @ 12:00 PM ET (teleconference)

Attendance

- **Committee Members**
 - Allison Kwong
 - Bailey Heiting
 - Dave Weimer
 - Derek DuBay
 - Diane Alonso
 - Greg McKenna
 - James Markmann
 - James Pomposelli
 - James Trotter
 - Mark Orloff
 - Pete Abt
 - Peter Matthews
 - Sanjay Mehrotra
 - Scott Biggins
 - Shekhar Kubal
 - Sumeet Asrani
 - Sophoclis Alexopoulos
- **HRSA Representatives**
 - Jim Bowman
- **SRTR Staff**
 - John Lake
 - Katherine Audette
 - Tim Weaver
- **UNOS Staff**
 - Betsy Gans
 - Julia Foutz
 - Kaitlin Swanner
 - Matt Cafarella
 - Meghan McDermott
 - Niyati Upadhyav
 - Olivia Taylor
 - Susan Tlusty
- **Other Attendees**
 - Chris Sonnenday
 - Erin Maynard
 - Evelyn Hsu
 - Neil Shah