

OPTN/UNOS Liver & Intestinal Organ Transplantation Committee
Meeting Minutes
March 9, 2017
Conference Call

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Introduction

The Liver & Intestinal Organ Transplantation Committee (hereafter, the Committee) met via Citrix GoToTraining teleconference on 03/09/2017 to discuss the following agenda items:

1. Update from the Organ Procurement Organization (OPO) Committee
2. Liver Redistribution Update
3. National Liver Review Board (NLRB) Update

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

1. Update from the Organ Procurement Organization (OPO) Committee

The Committee was presented an update on the OPO Committee's project, *System Optimizations to Expedite Organ Allocation and Increase Utilization* by a member of the work group assigned to this project.

Summary of discussion:

Current progress of the project

The presenter detailed the current efforts of this project. These include the time limit for a final decision regarding organ offers and a limit on the number of organ acceptances for one candidate. A Committee member stated that limiting the number of acceptances for one candidate may have negative consequences for accepting from marginal donors. The Committee agreed that changes to acceptance policies is a balancing act between encouraging utilization and increasing efficiency in the system. A Committee member asked if there would be changes to the number of offers an OPO can make. The presenter responded that the topic had been discussed and the preliminary thoughts from the group were that this was something that would be addressed after the initial changes.

2. Liver Redistribution Update

The Committee reviewed the current status of the Liver Redistribution Project.

Summary of discussion:

The Liver Redistribution Subcommittee met and they continued their discussion about data sources for new supply and demand metrics. The previous supply metrics discussed were based on the total number of actual donors, eligible deaths and actual deaths. The Subcommittee has worked to develop a strategy to estimate the "true supply" of liver donors. The Subcommittee is confident with measuring the supply metric by using Center for Disease Control (CDC) mortality data. The Committee was presented with some recent data comparing the previous work done by other researchers with the recent maps created by UNOS staff using the CDC data.

A Committee member discussed their previous conversations with researchers outside of the Committee in regards to the demand for liver transplants. There are several different perspectives on the "true demand". The Committee's current approach of using multiple data

sources has been commended by those outside of the Committee. In addition to the number of candidates on the waiting list for a liver transplant, the Committee agreed that other metrics of demand were important to look at including the burden of liver disease. Many of the data sources to represent the burden of liver disease have limitations with regards to the data. For example, there is burden of liver disease by state, however, within this data set not every state is represented. UNOS staff has requested several data sources that will be used in the coming months to develop new supply and demand heat maps. These maps will be used by the Committee to better understand the variation in donor supply and demand for liver transplant as it relates to a future allocation proposal.

The Committee discussed the use of Medically Underserved Areas (MUAs) as a tool to address concerns for access to transplant in response to a liver redistribution project. There has been preliminary efforts by UNOS staff to look at the relationship between MUAs and Donor Service Areas (DSAs). This work is in its infancy and the Subcommittee will continue to discuss access to transplant metrics including MUAs.

3. National Liver Review Board (NLRB) Update

The Committee reviewed feedback from the recent regional meetings on the Committee's current NLRB proposal.

Summary of Discussion:

Region 11 and region 1 met recently and both approved the current NLRB proposal. Their comments included suggestions for a higher exception score to be provided for Cholangiocarcinoma candidates and the ability for candidates to request higher scores than what is provided in policy. The Committee commented that they would monitor regional feedback before making any changes to the exception scoring proposed in public comment. The Committee commented that programs would still be able to request higher scores than the standardized exception points by going through the related specialty board of the NLRB. The Committee was presented with regional voting thus far and the OPTN Committees that the proposal has been presented to.

Upcoming Meetings

- April 3, 2017 (teleconference)
- April 20, 2017 (teleconference)
- May 8, 2017 (Chicago)