

**OPTN/UNOS Pediatric Transplantation Committee  
Meeting Minutes  
March 15, 2015  
Conference Call**

**William Mahle, M.D., Chair  
George Mazariegos, M.D., Vice Chair**

**Introduction**

The Pediatric Transplantation Committee met via teleconference on March 15, 2017 to discuss the following agenda items:

1. National Liver Review Board
2. Liver Review Board Guidance
3. Future Projects Discussion

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

**1. National Liver Review Board**

The Committee heard a presentation from the Vice Chair of the OPTN/UNOS Liver and Intestine Transplantation Committee to establish a national liver review board.

Summary of discussion:

The Pediatric Transplantation Committee heard a presentation on the proposal during the conference call. The speaker summarized the key problems that the proposal intends to solve:

- Regional agreements lead to variation in MELD exception score assignments
- Inefficiencies that lead to delays in awarding exception points
- Possible contribution of current MELD exception policy of scores increasing by fixed steps every three months to the escalation of median MELD score at transplant across every region

The proposal contains the following solutions to the aforementioned problems:

- NLRB is comprised of three specialty review boards
  - Adult HCC
  - Adult Other Diagnosis
  - Pediatrics
- Review Board Representation
  - Every liver transplant program may appoint a representative
- Responsibilities of members
  - Representatives must vote within seven days on all exception requests
  - Non-responsiveness may result in suspension of program's participation in the review boards

With respect to MELD scores, the Liver and Intestine Committee feels a "Fixed Floor" score is optimal. The affect known as "MELD Elevator" is proposed to be removed and replaced by a fixed score fixed based on Median MELD at Transplant (MMaT). The Liver and Intestine Committee also agreed that the cap of 34 points should remain in place for HCC candidates, and ultimately agreed it should be extended to all adult candidates with approved standardized exceptions, except hepatic artery thrombosis. This follows a practice that is already adopted in Region four that caps non-standardized exceptions at a MELD of 34. This would help achieve greater nationwide uniformity, by preventing candidates in regions with particularly high median

MELD scores at transplant from receiving an undue advantage under the new policy. It also provides greater access for candidates that are registered according to their lab MELD instead of an exception.

The speaker then provided an overview of:

- review board composition
- member responsibilities
- changes to voting procedures
- Adult and pediatric (12-17 years old, <12 years old) standard exception scores
- Supporting evidence for the changes
- How liver transplant programs and the OPTN will implement this proposal

At the conclusion of the presentation, the Chair opened the floor for questions. One Committee member felt it was prudent to ensure pediatric candidates were not disadvantaged if their MELD or PELD score was below MMat. They asked, should transplant programs consider requesting a certain amount of points over MMat or exercise an appeal if the candidate is not transplanted at MMat? For standard MELD or PELD exceptions, the option will always exist to approach the pediatric review board and request a higher score. The speaker clarified that most pediatric candidates do not have standard MELD or PELD exceptions. Further, the review board guidance that will be discussed later in the call will provide insight to the process.

Another member asked, were there plans to allow review board members to participate on mobile devices? The speaker acknowledged this point and indicated other colleagues have shared similar wishes. UNOS staff are investigating the possibility of this modification.

The Pediatric Committee understands the goals of the national liver review board proposal in to standardize how MELD, hepatocellular carcinoma (HCC), and pediatric exceptions are handled. The Committee was pleased to hear that the pediatric review board would be staffed by wholly pediatric liver transplant specialists. The Committee was also glad to hear of changes to review board structure that will allow the OPTN to deal with slow responding/non-responding review board members.

At the conclusion of the discussion, the Pediatric Committee unanimously supported the proposal as presented.

#### Next steps:

- UNOS staff will draft a response from the Pediatric Committee and share with leadership for review. Thereafter, the response will be posted on the OPTN website.

## **2. Liver Review Board Guidance**

The Committee heard a presentation from the Vice Chair of the OPTN/UNOS Liver and Intestine Transplantation Committee guidance for the liver review boards.

#### Summary of discussion:

The Pediatric Transplantation Committee reviewed the proposal during the conference call. The presenter clarified that standard exceptions are included in OPTN Policy and the guidance presented applied to *non-standard* exceptions. The speaker then shared a brief synopsis of the diagnoses that appeared in the guidance, as well as the Liver and Intestine Committee's recommendations.

Although not explicitly stated in the document, the Pediatric Committee felt transplant programs applying for non-standardized exceptions may need request scores above the median MELD (or PELD). Clarifying this post-public comment would be helpful.

The Committee discussed and understands the inherent flexibility in guidance documents, and this proposal is not linked to policy language changes. Changes to the OPTN Policy would not require modifications to this guidance and vice versa.

The speaker shared that public comments on this proposal have been isolated. One Committee member stated that colleagues at Studies in Pediatric Liver Transplantation (SPLIT) had received the guidance with the intent to stimulate responses from the pediatric community. The presenter also commented that this guidance is needed until such time as conversations on addressing pediatric liver allocation begin in the next year. This new project would reduce the volumes of pediatric exceptions that would come before the review board. The Committee was glad to hear of efforts to reduce the volume of nonessential information submitted on exception applications.

The speaker reminded the Pediatric Committee that guidance documents are now subject to public comment solicitation. The current public comment period concludes on March 24, 2017.

At the conclusion of the discussion, the Pediatric Committee unanimously supported the proposal.

Next steps:

- UNOS staff will draft a response from the Pediatric Committee and share with leadership for review. Thereafter, the response will be posted on the OPTN website.

### **3. Future Projects Discussion**

The Chair previewed the future projects brainstorming that would take place during the Committee's in-person meeting on April 21, 2017. The Committee briefly reviewed the current catalog of project ideas:

- Revise Pediatric Emergency Membership Exception Pathway (*in-flight*)
- Reduce Pediatric Liver Waiting List Mortality (*on-hold*)
- Tracking Pediatric Transplant Outcomes Following Transition to Adult Transplant Programs (*in-flight*)
- Promote living donation (altruistic, living unrelated related, KPD)
- Encouraging use of increased risk donor organs (e.g. ABO incompatible)

Members were asked to bring new project ideas to the in-person meeting in Chicago

With no further business to discuss, the meeting was adjourned.

### **Upcoming Meetings**

- April 21, 2017 10:00 AM-4:00 PM Eastern (Chicago, IL)
- May 17, 2017, 4:00-5:00 PM Eastern (conference call)
- June 21, 2017 4:00-5:00 PM Eastern (conference call)