

**OPTN/UNOS Liver & Intestinal Organ Transplantation Committee**  
**Meeting Minutes**  
**May 18, 2017**  
**Conference Call**

**Ryutaro Hirose, MD, Chair**  
**Julie Heimbach, MD, Vice Chair**

**Introduction**

The OPTN/UNOS Liver and Intestinal Organ Transplantation Committee (hereafter, the Committee) met via Citrix GoTo teleconference on 05/18/2017 to discuss the following agenda items:

1. Liver Redistribution

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

**1. Liver Redistribution**

The Committee met to debrief the decisions from the in-person meeting and discuss a potential data request.

Summary of discussion:

The Chair began the call by stating the intention for the call was to re-visit the discussion at the in-person meeting in Chicago on May 8<sup>th</sup> and discuss a data request to the Scientific Registry of Transplant Recipients (SRTR). It was stated that at the Chicago meeting, the Committee voted to not pursue the 8-district model for public comment. In Chicago, there was also a "straw" vote to support either the concentric circle, or *neighborhoods* model. The Chair recapped the summary of discussion at the Chicago meeting and identified the remaining decisions that needed to be discussed by the Committee. A Committee member asked what the difference in flying distance would be between providing 5 points for local priority, versus 3 points for local priority for candidates near the donor hospital. Data was shared from the previous SRTR data request which showed a slight difference between the two different proximity point thresholds. The Committee stated that all of the modeling showed an increase in the percentage of organs flown to above 70%, and that this would have consequences on transplant center finances. A Committee member stated that it was true that any of the concepts modeled (districts, circles, or neighborhoods) would increase the percentage of organs flown.

A Committee member asked if there was the ability to model a circle concept, but with a smaller radius than 500 miles. It was stated that the "percentage of organs flown" is a bit of a misnomer because some Donor Service Areas (DSA) already fly a lot, and the more important data point was the percentage of organs transplanted outside the DSA. The recent data results show that all of the concepts modeled show a decrease in the percentage of transplants performed within the DSA the organ was recovered in. A Committee member asked how the previous discussion of supply and demand metrics was incorporated into the current concepts under review by the Committee. It was stated that the neighborhoods, and concentric circles models do not rely on metrics of supply and demand. A Committee member stated that there was still variability in the way exception requests were granted around the country, and that this would cause issues with broader sharing based on allocation MELD. A Committee member replied that the National Liver Review Board (NLRB) proposal is addressing that issue. It was further stated that a way to address this concern regarding exception candidates, was to limit the initial broader sharing classification to candidates with a calculated MELD above the sharing threshold. In Chicago, the

Committee had agreed that the initial broader sharing classification would be limited to calculated MELD candidates.

A Committee member raised the question about how to address the donors that the Committee agreed should be handled differently. At the Chicago meeting the Committee had agreed to identify certain donors (potentially DCD and age greater than 70) that should be allocated differently from the proposed allocation for donors greater than 18 years old. A Committee member replied that the proposal should not include restrictions that limit the number of livers that are shared more broadly. In reply, a Committee member stated that broader sharing will disadvantage transplant programs that are “more rural”, because they will need to fly more than centers in more metropolitan areas. The Committee discussed that there needs to be a balance between the goals of the proposal and the considerations for the financial implications of broader sharing.

The Committee began discussing a new data request to the SRTR with modifications from the previous request. A Committee member discussed new outputs to see the effect of broader sharing on candidate metrics, including public versus private insurance and distance from transplant center. A Committee member mentioned changing the sharing threshold to see the effect on geographic disparity, as well as transportation metrics. A Committee member stated that they needed to be thoughtful about what they request because every additional detail of the data request adds more time before the results are provided back to the Committee. This could affect the timing of a July public comment proposal. The Committee stated that they would revisit the data requests in an upcoming subcommittee call.

#### **Upcoming Meeting(s)**

- June 15<sup>th</sup>, 2017 Conference Call
- July 20<sup>th</sup>, 2017 Conference Call