

**OPTN/UNOS Liver and Intestinal Organ Transplantation Committee**  
**Meeting Minutes**  
**June 12, 2017**  
**Conference Call**

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

**Introduction**

The Liver and Intestinal Organ Transplantation Committee met via Citrix GoTo teleconference on 06/12/2017 to discuss the following agenda items:

1. Broader sharing proposal

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

**1. Broader sharing proposal**

The Committee continued its discussion of a new proposal that includes expanded regional sharing plus a 150 mile proximity circle around the donor hospital.

Summary of discussion:

The Chair introduced the meeting and acknowledged the group will continue its discussion from where they left off on June 8<sup>th</sup>. The Chair discussed how the allocation classification with the new proposal would work. It was stated that for adult donors, after allocation to the Status 1a and 1b candidates a liver would be allocated to candidates within the region or 150 mile proximity circle. The circle could include candidates in, or out of the region. Candidates within the 150 mile circle would receive proximity points prior to the match run. When a donor hospital is at the edge of a UNOS region, the circle could likely include candidates at transplant programs outside of the region. A committee member asked if the Committee feels that they should invest the rest of June to refining this proposal alone, or in combination with the two previous proposals, concentric circles and neighborhoods. A committee member stated that from his region's perspective, there would be no use in putting out circles or neighborhoods for public comment because there is no support for those proposals. Another committee member questioned why we would put forth a proposal that still utilizes the current regions. It was stated that the idea for this proposal is to expand sharing outside the current regions with 150 mile proximity circles, but that the member was correct, this proposal would not be as big of a change as districts, circles, or neighborhoods.

The Committee discussed the use of calculated MELD versus allocation MELD for the initial broader sharing classification of adult donors. It was stated that current policy does not differentiate between allocation and lab MELD. A committee member stated that there would likely be a lot of support from their region if the sharing threshold was based on a calculated MELD of 29. A committee member stated that there wasn't a need to allocate based on calculated MELD in the future because the national liver review board (NLRB) will place exception candidates three points behind the median MELD in the DSA. Other committee member expressed support that the broader sharing should be prioritized to lab MELD candidates above the sharing threshold.

A committee member brought up the idea that Region 5 will not be benefited at all from this proposal, and this is an area with geographical disparity in access to transplant. A committee member accepted that this was true, but the proposal would not make it worse and the increase in regional sharing might provide benefit. The problem is that the transplant programs in Region

5 are geographically isolated from one another, thus an out-of-region circle does not affect them. A committee member stated that any proposal that helps the west coast would increase the amount of flying and transportation distance, something the community expressed concern for. It was stated that the long-term solution might require different approaches for the west coast compared to the east coast of the country. It was stated that the current proposal is an incremental step towards the ultimate goal of resolving disparity in access to liver transplant.

Committee members discussed how the modeling results will be shared with the community due to the fact that the results will not be complete prior to public comment beginning. It was stated that the results would be shared with the community through multiple communication channels but that a “special” public comment period was not necessary. It was reinforced that there is considerable data and previous modeling of a similar concept to support this proposal.

The Committee began discussing the specifics of the proposal. There was considerable support from committee members that the proximity circle should be 150-nautical miles around the donor hospital. It was stated that a larger sharing circle would not be as well received by the community. There was discussion about whether to prioritize certain lab MELD candidates over allocation MELD candidates (score includes exception points). There was discussion that exception candidates drive the MELD up in certain regions. A committee member stated that using the lab MELD of candidates would address this concern. There was general support for prioritizing lab MELD candidates in the initial broader sharing classification for adult donors. The Committee discussed what subset of the waiting list would be exposed to the new sharing (sharing threshold). A committee member stated that the current modeling goes down to a MELD of 15, and asked if there was an argument against exposing the entire waiting list. Other committee members stated that the proposal needed to avoid every donor traveling across the region, it was stated that the threshold should start at 29. There was concern expressed by a committee member that a threshold of 29 would not provide enough of a change. It was agreed that the sharing threshold should start at 29.

The Committee discussed allocating certain donors differently, specifically DCD donors and donors age greater than 70. There was comment that these donors are utilized more locally and that it would be beneficial to allocate them differently (not as broadly). The Committee will revisit the specifics of this. At this point the Chair recapped the sentiment of the committee thus far. It was stated that the circle would be 150 miles around the donor hospital and 5 points would be added to candidates within the circle. For public comment, the sharing threshold for initial broader sharing of adult donor livers would be a MELD or PELD of 29. Adult candidates with a calculated MELD will be prioritized. The committee will develop a separate allocation classification for DCD donors and donors age greater than 70. The Committee will submit a modeling request based on these decisions to the SRTR shortly.

### **Upcoming Meetings**

- June 15<sup>th</sup> 2017
- June 19<sup>th</sup> 2017
- July 20<sup>th</sup> 2017

## Attendance

- **Committee Members**
  - Scott Biggins
  - Sandy Florman
  - Ryutaro Hirose
  - Mary Keating
  - Michael Schilsky
  - Jennifer Watkins
  - William Chapman
  - Julie Heimbach
  - Ruben Quiros
  - Shimul Shah
  - Shawn Pelletier
  - Kym Watt
  - George Loss
  - Richard Hasz
  - Andrew Bonham
  - James Trotter
  - Nikolaos Pyrsopoulos
  - Richard Hasz
- **HRSA Representatives**
  - Jim Bowman
  - Monica Lin
- **SRTR Staff**
  - Jessica Zeglin
  - Josh Pyke
- **OPTN/UNOS Staff**
  - Kim Kombs
  - James Alcorn
  - Shannon Edwards
  - Betsy Gans
  - Ann Harper
  - Maureen McBride
  - Anne Paschke
  - Mike Pressendo