

**OPTN/UNOS Liver and Intestinal Organ Transplantation Committee**  
**Meeting Minutes**  
**June 8, 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 06/08/2017 to discuss the following agenda items:

1. Announcements – NLRB approval by the Board
2. Broader Sharing Proposal

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

**1. Announcements - NLRB approval by the Board**

The Committee discussed the recent approval of the proposal to establish a national liver review board (NLRB) by the Board of Directors

Summary of discussion:

The Chair updated the Committee on the outcome of the National Liver Review Board proposal at the OPTN/UNOS Board of Directors meeting on June 4<sup>th</sup> 2017. It was stated that the proposal was overwhelmingly accepted and approved. The proposal is now pending programming and implementation. Included in the proposal were the three guidance documents for the HCC, Adult other, and pediatric specialty boards of the NLRB.

**2. Broader Sharing Proposal**

The Committee discussed the time considerations and options for a proposal to be ready for public comment in July 2017.

Summary of discussion:

The Chair stated that the Committee has been considering proposals involving concentric circles or neighborhoods/modified neighborhoods. It was stated that members have expressed concerns about these potential models because no matter what model is used, there will likely be an increased amount of flying, and thus financial and logistical concerns. As a result, the Chair intended for the Committee to revisit a concept that modifies the sharing between the current 11 UNOS regions before proceeding to other proposals.

It was stated that increasing sharing within the regions alone doesn't fix disparity because the 11 regions are not well-drawn. However, when a proximity circle is added to the UNOS regions the disparity is decreased. The Committee revisited previous modeling by the SRTR in 2015 that simulated a concept that included full regional sharing plus out-of-region proximity circles with 5 MELD or PELD proximity points provided to candidates within the circle. It was stated that adding proximity circles to the 11 regions addresses the problem of livers being flown because of small differences in MELD score. Although, the out-of-region circle concept with expanded sharing in the 11 regions reduces the disparity in access to transplant, the modeling shows it does not affect pre-transplant deaths the same as either districts, circles, or neighborhoods concepts.

The Committee discussed one of the most significant results of the previous modeling, that is, the concept of out-of-region circles with the 11 regions is the only proposal that reduces geographical disparity while not increasing the amount of flying or travel distance. The simulation actually predicted a decrease in the amount of travel compared to the current system. A committee member stated that it was possible to provide priority to Lab MELD candidates with the proposal. It was stated that with the initial broader sharing classification, calculated MELD candidates could be prioritized over candidates with a MELD score reflective of their exception points.

It was stated that this proposal may not address geographical disparity and save as many lives as the other two proposals (circles and neighborhoods). A committee member reinforced that this proposal would need to be considered a first step towards wider sharing. Several committee members agreed that the approach discussed today would successfully address the geographical disparity while addressing the major concerns associated with the other proposals. A Committee member asked how this proposal would fix geographical disparity. It was stated that a donor near the boundary of a current UNOS region would not be more easily allocated to transplant programs outside of the region through the use of the proximity circle and proximity points provided to the candidate. It was stated that the fact that this proposal addresses geographical disparity highlights the arbitrary nature of current liver distribution being limited to regional allocation.

A committee member stated that although the model appears to produce a small, incremental change nationally, it will in fact result in rather large swings in certain border hotspots. Large areas of the country might notice no difference, and certain small clusters of intense winners and losers may emerge. A committee member asked why the sharing threshold would be set at 29 and what the effect of changing Share35 to Share29 would be. It was stated that under the current system, the only patients who benefit from regional sharing are those with MELD scores above 35. If we implement this stepwise, with an eventual change in the 11 regional boundaries, we may see some change in the variance without a huge increase in flying or distance.

The Committee discussed this proposal in relation to the other concepts presented previously. A committee member stated that it might be strategically unwise to present both simultaneously. The committee member reiterated the amount of flying involved in the concentric circle proposal could provoke a visceral response in the community that might undermine our efforts. Several members agree on this point. The Committee agreed to move forward with this proposal for Fall 2017 public comment. It was stated that the Committee would begin meeting regularly though June to finalize a public comment proposal and request new modeling for this proposal. A committee member stated that it seemed unlikely that a new modeling request would be completed in time. Several committee members stated that the modeling results would be shared with the public as soon as possible.

### **Upcoming Meetings**

- June 12<sup>th</sup> 2017
- June 15<sup>th</sup> 2017
- June 19<sup>th</sup> 2017