

**OPTN/UNOS Liver and Intestinal Organ Transplantation Committee**  
**Meeting Minutes**  
**June, 15 2017**  
**Conference Call**

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

**Introduction**

The OPTN/UNOS Liver and Intestinal Organ Transplantation Committee met via Citrix GoTo teleconference on 06/15/2017 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 Committee continued its discussion from the June 12<sup>th</sup> meeting regarding the specifics of the current proposal. The Committee revisited the sharing threshold applied to the allocation of livers from donors greater than or equal to 18 years old. A committee member introduced the conversation by stating that the sharing threshold would only apply to the allocation of livers from candidates over 18 years old. It was stated that the current model is likely to address by geographical disparities by sharing the full waiting list over small distances. A sharing threshold would limit the amount of sharing within the region and proximity circle.

A committee member asked if the sharing threshold should be based on allocation MELD or PELD or lab MELD or PELD. It was stated that lab PELD is not how most children are transplanted therefore allocation MELD or PELD is best for pediatric candidates. A committee member reiterated that the sharing threshold should reflect allocation MELD or PELD for candidates under 18 years of age. Several committee members stated that the sharing threshold was essential to the proposal, and that the broader sharing should not be open to the entire waiting list. It was emphasized that this proposal should represent an iterative process and that the use of 150 mile circles with a sharing threshold is not the final proposal for years to come. It was stated that based on post-implementation data, the Committee should continue to consider future changes to the proposal including larger sharing circles and fewer priority points. The committee voted to use a sharing threshold of MELD or PELD 29 in the initial broader sharing classification for the allocation of adult donor livers. It will be a calculated MELD 29 for adult candidates and an allocation MELD or PELD for pediatric candidates. The motion is approved with 12 approvals and 3 abstentions.

A committee member asked for clarification on the distance used for the 150 mile radius proximity circle. It was explained that the mileage calculation actually uses Nautical Miles which are currently used for distance calculations in UNOS programming. Nautical miles are slightly larger than normal miles and a committee member stated that it would be useful to see a visual representation of nautical miles on a flat map.

A committee member asked if the group was in agreement regarding the 5 proximity points added to a candidate's MELD or PELD score within the proximity circle. The Committee was in

agreement but a committee member clarified that the 5 points would be added to the calculated MELD for adult candidates and the allocation MELD or PELD for pediatric candidates. A committee member suggested that the 5 points be added to the recovery DSA in addition to the proximity circle. A committee member stated that the problem with adding points to the DSA is that it actually adds to travel time because some DSAs are quite large (beyond 150 miles). A committee member stated that it would be best to hear feedback from the community regarding whether to provide points to candidates in the recovery DSA in addition to the proximity circle. A motion was made to add 5 proximity points to calculated MELD for adult candidates, and the allocation MELD or PELD for pediatric candidates. The motion was approved with 9 approved, 2 opposed, and 2 abstentions.

A committee member asked if the proximity circle would be around recovery centers instead of the donor hospitals, for instances when the donor is moved from the donor hospital. A committee member suggested that it should remain around the donor hospital because few OPOs are moving donors currently and it would add more complexity to the policy and programming. It was agreed that the Committee may need to revisit the circle if more DSAs begin using recovery centers.

The committee revisited the idea of creating a separate allocation classification for DCD donors and donors with age greater than or equal to 70 years old. A committee member reiterated that these donor livers should not be shared as broadly and that the best chance for them to be transplanted is by local programs. It was stated that it may not be in the purview of this committee to decide this because the OPO committee is working on a project similar to this issue. Another committee member stated that the additional programming and complexity was not worth this subset of donors. The Committee voted to exclude DCD donors and age over 70 donors from the broader sharing of adult donor livers. The motion was approved with 7 approve, 6 oppose, and 1 abstention. The Committee will need to meet in the next week to finalize the separate allocation for this subset of donors.

### **Upcoming Meetings**

- June 19, 2017
- July 20, 2017