

**OPTN/UNOS Liver and Intestinal Organ Transplantation Committee**  
**Meeting Minutes**  
**June, 19 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 06/19/2017 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. Specifically this meeting was to finalize the separate allocation for DCD and age greater than or equal to 70 donors.

Summary of discussion:

The committee reviewed data related to the the utilization of DCD donor and donors over 70 years of age. This data included the share type (national, local, regional) and volume of transplants. A committee member raised a concern about prioritizing candidates in the recovery DSA over regional candidates. They stated that candidates at a higher medical urgency in the region should have equal access to these organs compared to local candidates. Another committee member stated that these organs are used selectively by liver programs and there is considerable effort in allocating organs, thus supporting the idea of prioritizing local allocation to aid in the complexity. Another committee member supported prioritizing local allocation for these organs and commented that other donors could be allocated this way too, including donors with hepatitis. A committee member stated that the OPO committee was working to address these logistical problems as a separate effort from the liver committee's project.

A committee member pointed out that other clinical recommendations suggest that DCD organs are best utilized in recipients with MELD scores lower than 20, and allocating these organs to high-MELD centers may be more difficult. Another committee member pointed out that the data showed that almost half were being used in patients with MELD scores over 29. In which the committee member replied that this data was based on allocation MELD, and that the calculated MELD is going to be much lower. A committee member reiterated the idea of including donors with viral hepatitis in this separate allocation. It was stated that there are very few patients to take these organs and that local prioritization may not be effective to increase utilization.

The Committee began working through draft allocation classifications for DCD and age over 70 donors. A committee member suggests that the after regional allocation for status 1a and 1b candidates, that the next classification be DSA before allocating back to the region. This table represents the sentiment of the vote and discussion during the June 15<sup>th</sup> call and a committee member suggested that the group focus on this table. A committee member expressed concern about local (DSA) priority before allocating the region and wants to emphasize that these donors are not being "excluded" from broader sharing, instead they are just being allocated differently. The Committee voted to approve the new table for the allocation of DCD and age over 70

donors, 12 approve and 4 abstentions. The committee members that abstained felt that there shouldn't be a separate allocation for DCD and age over 70 donors.

A committee member makes a motion to included positive hepatitis serologies in this separate allocation table. Several committee members expressed concern with including these donors into the separate allocation table with DCD and age over 70 donors. A committee member stated that the positive hepatitis livers should not be restricted to travel until the clinical practice evolves to the point that these livers can be consistently transplanted into hepatitis negative patients. A committee member reiterated that these donors are being allocated appropriately now and questioned the need to disrupt the current allocation. The committee votes to include hepatitis positive donors into the separate DCD allocation. The committee voted against the motion, with 12 oppositions, 2 abstentions, and 3 approvals.

A committee member addressed the idea of pediatric donor allocation. It was stated that broader sharing for pediatrics allows more children to be transplanted. A committee member re-addressed the idea of going out for public comment without sufficient modeling completed. A committee member replied that a similar concept has been modeled and in the past, the effect of different concepts did not vary much based on the cohort of data used. A committee member asked if there was priority for pediatric candidates, for a donor who is over 35 years of age. He noted that this donor is the source of split liver transplants. A committee member replied that there is not a special policy for this situation. A motion was made for the proposal to go out for public comment in July 2017, this motion was approved with 16 in support, no abstentions, and 1 opposition.

A committee member asked about the upcoming modeling request, regarding the due date and if the Committee will be able to review. The committee member requests that the Committee have the opportunity to review it before the data request is submitted. It was reinforced that the Committee will have the opportunity to review through email in the coming week.

### **Upcoming Meetings**

- July 20, 2017
- August 17, 2017