

**OPTN/UNOS Liver and Intestinal Organ Transplantation Committee**  
**Meeting Minutes**  
**July, 20 2017**  
**Conference Call**

**Julie Heimbach, MD, Chair**  
**James Trotter, MD, Vice Chair**

**Introduction**

The OPTN/Unos Liver and Intestinal Organ Transplantation Committee met via Citrix GoTo teleconference on 07/20/2017 to discuss the following agenda items:

1. Upcoming Project Implementation
2. Enhancing Liver Distribution - Proposal

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

**1. Upcoming Project Implementation**

The Committee was updated on the upcoming implementation of the Simultaneous Liver Kidney (SLK) project and the Revisions to Hepatocellular Carcinoma (HCC) project.

Summary of discussion:

The Chair presented an update on the SLK and HCC projects. These projects were developed over the last few years and are nearing implementation. The SLK project is being fully implemented on August 10<sup>th</sup> 2017. The Chair explained the changes to allocation, medical eligibility criteria, and "safety net". A committee member asked about patients that are already listed for an SLK prior to the date of implementation and whether they would be "grandfathered in". Following August 10<sup>th</sup>, any candidate registered prior to the implementation date would need to meet the eligibility criteria at time of implementation.

The next update was related to the HCC policy changes that the board approved in December 2016. The Chair explained that this project will implement downstaging criteria and provide an Alpha-fetoprotein (AFP) threshold for candidates that meet initial HCC tumor criteria. The Committee did not have any questions regarding the implementation of this project.

**2. Enhancing Liver distribution - Proposal**

The Committee discussed the Enhancing Liver Distribution proposal which is going out for public comment on July 31<sup>st</sup> 2017.

Summary of discussion:

The Chair reviewed the major concepts within the current proposal. The 4 significant concepts of the proposal include:

- 1) Increased sharing with a 150 nautical mile radius circle around the donor hospital
- 2) 5 MELD or PELD proximity points to candidates within the circle
- 3) Sharing to the circle and region is expanded to a MELD or PELD of 29. For adult candidates its based on calculated MELD
- 4) Alternative allocation for DCD donors and donors at least 70 years old

A committee member asked about how the proximity points will be added to exception candidates. It was explained that the proximity points are added to the calculated MELD of exception candidates. Exception candidates are not excluded from the initial broader sharing

classification, but they will be allocated based on their calculated MELD not their exception score. This only applies to the initial broader sharing classification for adult liver donors.

A committee member stated that by providing 5 proximity points, this proposal could actually reduce broader sharing within regions because the current Share 35 policy does not have proximity points. It was stated that with large regions, and areas with large DSAs, there could be some region and DSA-specific effects, but as a whole the data shows a decrease in disparity with a smaller effect on travel and logistics compared to previous proposals.

UNOS staff presented a dashboard tool that shows the donor hospitals around a 150 mile radius of liver programs. The tool allows the community to see the effect of this proposal on their program. A committee member asked about whether coastal programs would see a different effect with this proposal because a portion of their circles would be in the ocean. It was stated that the difference with coastal programs is that there is a higher population density and more liver programs, so although a portion of a program's circle may include the ocean, there is a larger density of donor hospitals and programs on the coast.

A committee member asked about the changes to acceptance policies and other logistical concerns with liver allocation currently. A committee member replied that the Organ Procurement Organization (OPO) committee has finalized a proposal for July public comment that addresses this topic.

The committee discussed how exception candidates will be affected by this proposal. A committee member stated that their recollection was that this proposal was only supposed to increase broader sharing for candidates with a calculated MELD above the sharing threshold. A committee member replied that they will need to discuss this further because certain exceptions currently receive a high exception score and should be included in the initial broader sharing classification. OPTN leadership stated that the committee has requested feedback on this detail and will discuss making modifications to include certain exception candidates which have historically received an increased score.

The committee discussed the scenario of a candidate having a similar MELD score based on their proximity points within the proximity circle. The ordering of candidates remains the same, and with candidates at the same MELD points, waiting time remains the tiebreaker. A committee member stated that in large DSAs, you could have two candidates in the same DSA with different access to a local liver depending on whether they were included in the proximity circle. It was stated that the Committee has requested feedback on this and has asked the community for feedback on whether to provide proximity points to candidates in the OPO's DSA, in addition to candidates in the 150 mile circle.

The Chair provided the timeline on how the current data request with the SRTR will be provided to the Committee. Preliminary results are expected in August and a final report will be provided to the Committee in October. A committee member stated the concerns with beginning public comment without modeling of the current proposal. It was stated that UNOS staff will post the preliminary results on the OPTN website and will share the results with the community through emails and multiple communication channels. It was reinforced that the preliminary results in August will be the majority of the data request, and the Committee should only anticipate the new subgroup analyses on vulnerable populations (education level, insurance status) in October.

The Committee was provided an overview of the upcoming events including the start of public comment and the regional meetings.

## **Upcoming Meetings**

- August 17<sup>th</sup>, 2017
- September 21<sup>st</sup>, 2017
- October 10<sup>th</sup>, 2017 – In person meeting in Chicago