

**OPTN/UNOS Liver and Intestinal Organ Transplantation Committee**  
**Meeting Minutes**  
**August, 17 2017**  
**Conference Call**

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

**Introduction**

The OPTN/UNOS Liver and Intestinal Organ Transplantation met via Citrix GoTo teleconference on 08/17/2017 to discuss the following agenda items:

1. SRTR preliminary results
2. Review of current public comment

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

**1. SRTR Preliminary Results**

The Committee were presented the preliminary results of the LSAM modeling by the SRTR of the current proposal. Committee members had the opportunity to ask questions and discuss the implications of the proposal

Summary of discussion:

A committee member asked about the decrease in transplant rates for HCC exceptions with the details of this proposal. SRTR staff commented that the decrease in transplant rate for exception candidates is due to them being essentially excluded from Tier 3 of the proposed allocation classification. A committee member asked how the modeling takes into consideration the changes to exception scores with the National Liver Review Board (NLRB) proposal. The modeling does not incorporate the changes to the NLRB proposal since this has not been implemented yet. A committee member stated that changes with the NLRB would not likely effect the results seen with the modeling. A committee member reiterated that exception candidates may potentially be excessively disadvantaged by this proposal and it will be important to closely monitor the post-implementation data.

A committee member asked why the data showed that removing the sharing threshold shows an increase in waitlist mortality rates compared to a sharing threshold of 22. The committee member hypothesized that sharing to the full list may open up more low-MELD candidates to transplant thus reducing the transplant rate of high MELD candidates with corresponding high waitlist mortality. A committee member asked for clarification that the broader distribution with this proposal was by lab MELD. This was confirmed, and the data that shows the effect on non-exception candidates represents the patient population that are allocated based on their lab MELD (no exception points).

A committee member stated the potential modifications to the current proposal that may be altered based on public comment. These include changes to the number of proximity points, adding proximity points to the DSA in addition to the proximity circle, modifying the sharing threshold, and uncapping MELD 40 to allow differentiation between the MELD 35-40 candidates in the proximity circle. A committee member stated that providing proximity points to the DSA in addition to the circle continues the relationships between OPOs and transplant centers. The committee member stated that the data does not show much a of difference when you add proximity points to the DSA. A committee member stated that this proposal does not have the same effect to areas in the West where programs and DSAs are more significantly

geographically isolated from one another. A committee member replied that the challenge with areas in the west is that the proximity circles would be significantly larger in the west, and would correlate with increases in travel and flying. A committee member stated that a potential solution to this problem would be circles that vary by population density. Another solution stated was the idea of a “bullseye” solution, where proximity points would be provided to candidates within 150 miles of the donor hospital, and a larger circle of 250 or 300 miles could extend further to allow broader distribution. This committee member reiterated that it is troubling that this proposal may not improve certain areas of disparity, however it is important to make this incremental step rather than to do nothing.

An individual stated that there may be other ideas that directly share organs with areas of disparity. These ideas are in their infancy, but they may be the only option to address areas of the west coast instead of using very large geographical sharing areas. A committee member stated that moving from Share15 to Share20 is another small tweak that may help high-MELD areas of the country, and its important to move forward with the current proposal and then add on future enhancements in coming years. A committee reiterated that efforts to make this current proposal “perfect” distract from the goal of improving the current liver distribution.

A committee member explained the idea that with the current proposed 5 MELD/PELD proximity points, candidates within the proximity circles with a MELD 35-40 would all be MELD 40 due to the current cap on MELD at 40. This would eliminate the MELD differentiation between the MELD 35-40 population. Committee members voiced support of allowing candidates to be ranked above MELD 40 due to their proximity points. For example, a candidate with a lab MELD of 38 in the proximity circle would receive a MELD 42, and a lab MELD 40 would receive a MELD 45.

A committee member asked about how HAT candiates are included in this proposal. HAT candidates currently receive an allocation MELD 40 based on their exception. With the current proposal, HAT candidates with a low lab MELD (less than 29) would not be included in the initial broader sharing classification. The committee will discuss how to address HAT candidates more in depth. A committee member brought up the fact that candidates with a MELD below 15, within the proximity circle, would now have a MELD above 15. The committee member wanted the committee to consider whether it was appropriate for candidates with a low lab-MELD to be included above the Share15 level. It was stated that this is another topic that the committee wants feedback from the regions on.

### **Upcoming Meetings**

- September 21, 2017 (Teleconference)
- October 10<sup>th</sup>, 2017 (In-person meeting in Chicago)

## Attendance

- **Committee Members**
  - Scott Biggins
  - Sandy Florman
  - Ryutaro Hirose
  - Jennifer Watkins
  - William Chapman
  - Julie Heimbach
  - Ruben Quiros
  - Shimul Shah
  - Shawn Pelletier
  - George Loss
  - Parsia Vagefi
  - Patrick Kamath
  - Eddie Island
  - Kevin O'Connor
  - Joe Roth
  - Sarah Schwarzenberg
  - Andrew Bonham
  - James Trotter
- **HRSA Representatives**
  - Jim Bowman
  - Monica Lin
  - Raelene Skerda
  - Joyce Hager
  - Janet Kuramoto-Crawford
- **SRTR Staff**
  - Jack Lake
  - Josh Pyke
- **OPTN/UNOS Staff**
  - Kim Kombs
  - James Alcorn
  - Yolanda Becker
  - Stuart Sweet
  - Shannon Edwards
  - Betsy Gans
  - Ann Harper
  - Maureen McBride
  - Anne Paschke
  - Mike Pressendo