# OPTN/UNOS Liver and Intestinal Organ Transplantation Committee Meeting Minutes September, 26 2017 Conference Call

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

#### Introduction

The OPTN/UNOS Liver and Intestinal Organ Transplantation Committee met by conference call on 09/26/2017 to discuss the following agenda items:

- 1. OPO Committee Proposal Improving the Efficiency of Organ Placement
- 2. Presentation and Discussion of the Final SRTR Report
- 3. Recap of Previous Subcommittee Meeting

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

### 1. OPO Committee Proposal – Improving the Efficiency of Organ Placement

A member of the OPO committee presented their current proposal out for public comment, *Improving the Efficiency of Organ Placement*. The Committee provided feedback on the proposal.

#### Summary of discussion:

The OPO Committee's current proposal addresses problems with the current organ offer and acceptance practices. The proposal includes several components:

- 1) Reducing the current time limits for responding to organ offers
- 2) Establishing new time limit for transplant hospitals to make a final decision
- 3) Limiting the number of simultaneous organ acceptances per candidate
- 4) Requiring OPOs to enter organ acceptance when received
- 5) Modifying current policy for deceased donor information.

A committee member requested feedback from the Committee specifically on the proposed time limit for transplant hospitals to make a decision. A committee member replied that 30 minutes, and 30 minutes is ok, but it would be preferential to just allow 60 minutes for both time frames. They reiterated that this would allow more flexibility without adding more time to the proposed 60 minutes. Another committee member stated that it would be important to maintain no more than 2 simultaneous offers per candidate. It was reiterated that 3 or 4 offer acceptances would slow the process and potentially result in an unused organ. A committee member stated that 2 acceptances was enough, and reiterated the idea of having a total of 60 minutes rather than two 30 minute time frames.

A committee member asked about the information regarding the inclusion of further information for DCD donors. The presenter acknowledged the difficulty in reaching consensus on this information and that it would be included in an upcoming guidance document. A committee member stated that it would be better to only allow one offer per candidate, because only large programs are able to send multiple teams out to procure two different donors. It was reiterated that there is variability across the country about having other procurement teams procure organs and that this was something that was discussed at length by the work group.

#### Next steps:

The Committee will formulate an official public comment on behalf of the Committee.

#### 2. Presentation and Discussion of the Final SRTR Report

SRTR staff presented the final report of the requested modeling by the Committee for the *Enhancing Liver Distribution* project. The full data report is available on the <u>OPTN Website</u>.

#### Summary of discussion:

A member of the public asked why the "micropolitan" designation was not included in one designation with "small town" and "rural" designations. A committee member reiterated that the Committee could request to have these designations combine to demonstrate a non-metropolitan population. Another member of the public asked if the data on socioeconomic factors was provided by Region. SRTR staff stated that it was not included in the data results but that it was something that could be provided following a formal request by the Committee. A committee member reiterated that the importance of region-specific data would address a lot of the concern from the regions. A committee member emphasized the importance of making sure any analyses of the subgroup populations had an appropriate sample size for statistical significance. Some of the subgroups (specifically pediatrics) represent a small population, and dividing that by Region is an even smaller sample population to use for the purposes of modeling.

#### 3. Recap of Previous Subcommittee Meeting

A committee member briefly recapped the discussion from the previous Liver Distribution Subcommittee meeting from September 12<sup>th</sup>.

#### Summary of discussion:

The Subcommittee had discussed the idea of uncapping MELD 40 for candidates within the proximity circle. This idea allows candidates in the MELD 34-40 population to go above 40 to allow continual differentiation between MELD scores. The committee member explained that this has been met with broad support during the regions but a couple regions did not find the change necessary. This is due to a perceived lack of difference between the MELD 35-40 population and allowing all of these candidates to receive a MELD 40 was sufficient.

The group also discussed the idea of only providing proximity points to candidates with a MELD or PELD of at least 15. This idea is out of concern that the use of proximity points would increase the access to transplant for candidates with a MELD or PELD below 15 in the proximity circle (following the addition of proximity points). The Committee member reiterated the discussion of the Subcommittee that there is not an intention to increase access for this population because current policy only allows allocation to candidates with a MELD or PELD below 15 after national allocation to candidates with a MELD or PELD above 15. The Committee did not have comment in opposition to this and provided support for this concept. These potential changes will be discussed in depth during the in-person meeting in Chicago on October 10<sup>th</sup>.

#### **Upcoming Meetings**

- October 10, 2017 Chicago
- October 19, 2017 Conference Call