Introduction
The OPTN/UNOS Liver and Intestinal Organ Transplantation Committee met by conference call on 11/8/2017 to discuss the following agenda items:

2. Variances

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

1. **Review of Current Policy Language**

The Committee discussed the current policy language for the *Enhancing Liver Distribution* proposal and voted.

**Summary of Discussion:**
During the Committee’s call on 11/2/2017, there was not a quorum of the Committee required to vote on the final policy language for the Committee’s proposal.

The Committee quickly reviewed the clarifications to final policy language that were discussed during the November 2nd conference call. One of those items was policy related to blood type compatibility for Status 1A/1B or MELD >30 candidates. The Committee previously discussed that policy would emphasize that the MELD >30 threshold would not include proximity points. A committee member asked for clarification that the policy would remain the same, and not include proximity points.

The Committee voted 17-Support, 1-Oppose, and 1-Abstention on the final policy language for the proposal.

2. **Variances**

The Committee discussed the currently programmed liver variances and their relation to the current proposal.

**Summary of Discussion**
During the Committee’s call on 11/2/2017, there was not a quorum of the Committee required to vote on a recommendation to the Board of Directors for the current liver variances. There are 5 current variances to liver allocation. The split liver variance is not being addressed as part of the Committee’s current review of liver variances.

Regions 1 and 10 share for Status 1 patients on a common regional list. Pediatric donor livers are offered first to Status 1 patients within Region 1 and 10. Current policy has separate classifications for the DSA and Region with regards to allocation to Status 1A candidates for this subset of donor livers. The current proposal allocates regionally for Status 1A candidates for pediatric donors, therefore this variance is encompassed in the current proposal.

The Hawaii DSA in Region 6 uses the standard distribution and allocation system with the following exception. Liver candidates with compatible blood types are included with identical
blood types for blood type O donors. A committee member asked for clarification about the
details of the Hawaii variance. It was clarified that this variance applies only to candidates and
the OPO in Hawaii regarding the allocation of blood type O donor livers simultaneously to liver
candidates within the DSA with compatible blood types in addition to identical blood types.

The Committee voted 19-Support, 0-Oppose, and 0-Abstentions to support extending the
Hawaii DSA variance and terminating the Regions 1 and 10 variances pending board approval
and implementation of the new proposal.

Region 9 utilizes the standard distribution and allocation system for allocating livers with the
following exception. As New York composes most of Region 9, the BOD approved an
alternative local unit where “Statewide” classifications replace the DSA and Regional
classifications. New York essentially shares all livers throughout Region 9. The Committee was
presented an option to amend the Region 9 variance. This option involves replacing all
references to “DSA” with “region” throughout Policy 9.8: Liver Allocation, Classifications, and
Rankings. Within the allocation classifications, instances of a liver recovered in New York being
allocated to the “DSA” would be replaced with regional allocation. Additionally, this variance
would provide proximity points to any candidate in Region 9 for a liver recovered in Region 9.
This is different from the proposed national policy that would provide proximity points to
candidates in the Circle or DSA. For a liver recovered in Region 9, this would effectively become
“Circle or Region”.

A committee member asked how the liver program outside of New York City (Rochester) would
be disadvantaged if the current variance was eliminated. A committee member replied that the
Rochester center would not receive proximity points with the new proposal for a liver recovered
in New York City. Currently the Rochester center receives a significant percentage of their
donor livers from the NYRT (New York City) DSA. Candidates at the Rochester Center could be
perceived as having a disadvantage compared to candidates in the NYRT DSA for a liver
recovered in the NYRT DSA. Currently, this potential does not exist due to the region-wide
sharing variance. A committee member stated that the SRTR modeling did not include the
existence of the variance. Another committee member stated that the high percentage
transplants in Rochester resulting from donors from NYRT suggests that this variance is
working for that program, in that the broadened sharing within Region 9 results in more
transplants occurring in a DSA outside of the DSA the liver was recovered in.

A committee member stated that prioritizing the candidates in Rochester for a liver recovered in
NYRT, would disadvantage candidates at centers outside of Region 9 but within the 150
nautical mile radius circle in Regions 1 and 2. A committee member replied that this variance
could also lower the MELD at transplant for candidates in Region 9, which would provide
candidates within the 150 mile circle, but outside of region 9 “less competition” because they
would have similar MELD scores to candidates within Region 9. A committee member stated
the modeling doesn’t represent this variance and that this causes an issue. Another committee
member stated that this could open the door for other areas wanting to establish a separate
variance that benefits their regions. A committee member replied that this was a possibility but
any variances that were brought forth would require consideration by the Committee and
ultimately approval by the Board of Directors.

A committee member stated that the center in upstate New York is an isolated area that
provides access to a specific population, and that this variance appears to support this program
without causing much effect on other programs outside of Region 9. A committee member
replied that they think the variance will indeed “hurt” candidates in Region 1 and 2. A committee
member stated that the disadvantage of not having the variance for this specific small program
is likely greater, than any potential disadvantage on the larger centers outside of Region 9 but within the circle of a liver recovered in Region 9.

The Committee voted 12-Support, 3-Oppose, and 4-Abstentions to recommend to the Board of Directors that the Region 9 variance is amended as described and extended pending board approval and implementation of the current proposal.

Upcoming Meetings

- November 8th, 2017 – Conference Call
- December 21st, 2017 – Conference Call