

OPTN/UNOS Liver and Intestinal Organ Transplantation Committee
Meeting Minutes
November 16, 2017
Conference Call

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Introduction

The OPTN/UNOS Liver and Intestinal Organ Transplantation Committee met by conference call on 11/16/2017 to discuss the following agenda items:

1. Presentation by SRTR
2. Update on HCC Implementation
3. Feedback from the Board Policy Group

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

1. Presentation by SRTR

SRTR staff presented the results of a previous modeling request by the Committee.

Summary of Data:

On October 17th, 2017 the Committee requested the SRTR use the Liver Simulated Allocation Model (LSAM) to further assess the simulated impact of the current proposal. Specifically, this request looked at the M29 150m and M29 150m+DSA (MELD threshold of 29, proximity points to the 150 mile circle, or 150 mile circle plus DSA) on demographic subgroupings. Results were provided nationally and by region.

In summary the SRTR found no compelling disparate impact among insurance and "urbanicity" subgroupings. This was consistent across regions. The median MELD in candidates from counties with high CCRS (21-30 and 31-40) was projected to increase at the national level. Projected MELD scores were still lower than the scores for candidates from counties with CCRS 0-10 and 11-20. This pattern was not consistent for all regions. Finally, waitlist mortality rates were projected to decrease across all regions and all subgroups.

Summary of Discussion:

A committee member asked about the relationship between MELD scores increasing in the high CCRS counties, not corresponding with an increased mortality. SRTR staff stated that the increased priority for higher MELD candidates, and the resulting decrease in mortality offsets the increased MELD scores in high CCRS counties. A committee member pointed out that this modeling did not represent the current proposal under consideration by the Board of Directors at their upcoming meeting. A committee member replied that the proposal will likely lessen the impact that is seen with the modeling of a MELD/PELD 29 threshold due to the current proposal having a smaller subset of the waiting list exposed to the initial broader distribution (MELD/PELD threshold of 32). SRTR staff stated that their analyses are conducted without personal bias and under the direction of the Committee that requests the analysis.

2. Update on HCC Implementation

The Committee discussed the current implementation of the *HCC Criteria for Auto Approval* proposal approved by the Board of Directors in December 2016.

Summary of Discussion

UNOS Staff presented the Committee with a question regarding the current implementation of the preproposal. The previous HCC proposal included a change to HCC candidates' score on their 3rd, 4th, and 5th extensions. UNOS staff explained that there are two options regarding existing candidates at time of implementation. Adult candidate forms could be updated at the time of implementation to represent the new scores based on the candidates' current extension. Or, these scores could not be updated and existing adult candidates could wait until their next extension to receive the updated score, or apply to the review board to consider an increased score that matches the new policy.

A committee member commented that the National Liver Review Board scoring changes would address this situation and that the added UNOS evaluation may not be necessary. However, it was stated that the National Liver Review Board (NLRB) proposal is not expected to be implemented for several months and thus a change to existing candidates' scores on these specific extensions may be necessary. A committee member commented that whatever option was the easiest, should be implemented as it is not expected to make much of a difference. Several committee members stated that these candidate's scores should be updated with the new policy as it is the fairest decision as long as the solution was practical. UNOS IT commented that adjusting these candidate's scores would not delay the upcoming implementation. The Committee agreed that at implementation, candidates that meet the new policy criteria will be evaluated and their scores be aligned with the new scoring as part of the HCC proposal.

3. Feedback from the Board Policy Group

Committee leadership provided feedback from the Board Policy Group meeting held on November 15th, 2017.

Summary of Discussion

Committee leadership explained the process by which a small group of the Board of Directors meet to review committee proposals and make a recommendation to the full Board. The Board Policy Group was equally split on the appropriate sharing threshold (32 or 29). Several other themes arose from the Board Policy Group including the effect of varying population densities, the logistics of broader distribution, and the role of pediatric liver allocation as it relates to this proposal.

A committee member asked about the discussion on the sharing threshold. It was stated that some of the votes in opposition of the proposal would not change based on the sharing threshold. However, some of the votes in support would only be in support based on the sharing threshold. For example, some board member would support a sharing threshold of 32, but not a sharing threshold of 29. A committee member stated that there has been extensive conversation over the past year regarding a proposal that could reach a level of consensus in the community, and their sentiment was that the proposal recommended by the Committee (sharing threshold of 32) represents this consensus. A committee member stated that although this proposal has gained a significant amount of consensus within the community, the areas that oppose it, do so because the proposal has a disproportionate effect on their region compared to other areas. Another committee member stated that although there wasn't strong data evidence around the sharing threshold of 32, there was considerable consensus and agreement with the current proposal from individuals that originally did not support any change to liver distribution.

Upcoming Meetings

- December 21st, 2017 – Conference Call
- January 18th, 2018 – Conference Call