OPTN/UNOS Liver and Intestinal Organ Transplantation Committee
Meeting Minutes
February 15, 2018
Conference Call

Julie Heimbach, MD, Chair
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Introduction

The OPTN/UNOS Liver and Intestinal Organ Transplantation met via Citrix GoToTraining teleconference on 02/15/2018 to discuss the following agenda items:

1. Review of Expedited Placement Concept Paper
2. Modifications to the Distribution of Deceased Donor Lungs
3. Revised Work Plan for National Liver Review Board and Liver Redistribution
4. Split Liver Variance Data Request

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

1. Review of Expedited Placement Concept Paper

The OPO Committee chair presented this public comment proposal. The Committee was supportive of this project and members offered the following comments and suggestions:

- Support for the two triggers, pre-OR and in-OR.
- Expedited placement should be used in a limited fashion under the right circumstances.
- Create an alternative list of patients that are identified by centers for expedited placement. However, this might present challenges for OPOs if they have to contact centers that might have one particular candidate identified.
- Divide country into "expedited pools" for distribution – for example, avoid trying to place an organ from a donor in Seattle with a candidate in Jacksonville. However, one member noted that there are certain organs that centers might travel a greater distance for, such as a HepC liver from a 20 year old (as opposed to a 70 year old donor or DCD donor).
- Centers should be able to opt in or opt out although it was acknowledged that most center would probably opt in. However, if centers don't change their acceptance practices then it will defeat the purpose of an expedited placement system.
- There should be pathway for centers to get back on a list if previous acceptance behavior is used.
- Centers are going to be in favor of it as long as they are part of it.
- There was support for using past acceptance as a means to identify centers on an expedited list. Centers not included on the list can get on the list by accepting organs based on donor characteristics.
- Use available data as a starting point to identify centers for an expedited list. However, one committee member noted that when the work group looked at national share data, it didn't correlate with a lot of the things you might think, such as median MELD at transplant. It's really about who is getting the calls for expedited offers that are beyond the control of DonorNet. One member noted that the local data should be available, for example, identify programs that are refusing organs that are accepted within the region.

2. Modifications to the Distribution of Deceased Donor Lungs

The Committee was presented with an overview of the recent modifications to the distribution of deceased donor lungs.

One committee member asked if there was a new revelation that occurred in lung allocation in November 2017 that wasn't already known. UNOS staff noted that the lawsuit was the catalyst to change policy, but the change that was made was not something the Thoracic Committee hadn't previously discussed. The Committee has been interested in addressing broader sharing of lungs for several years but resources have not been available based on the resource allocation outlined in the OPTN Strategic Plan.

A committee member asked if the liver policy is at a similar risk for a lawsuit because DSA is used in that policy as well. UNOS staff noted that lung allocation was the most at risk and DSA is something that all of the Committees will need to evaluate. As a result of the emergency policy change, the heart/lung allocation policy also had to be rewritten because it would be impacted if DSA was removed from the policy. In addition, the new heart allocation policy that will be implemented in 2018 eliminates DSA for the sickest patients but then reverts back to DSA for the moderate to less sick patients. UNOS staff also noted that the Geography Committee was formed to look at the long term principles and stressed the importance of making evidence-based decisions. There was not a lot of explanation in the historical records to explain why there are certain boundaries for allocation. It is acceptable to have certain boundaries, but there needs to be a rationale for it.

3. Revised Work Plan for National Liver Review Board and Liver Redistribution

The upcoming work plan for the implementation of these two proposals was presented. A series of education will be created for NLRB Policy Training beginning in May with NLRB member training beginning in July. The July date was selected in order to allow time for the volunteers for the NLRB to be selected. Previously, the plan was to do a two-step NLRB implementation, but the updated plan is to implement the NLRB together with the auto approval for certain diagnoses. There are plans for a town hall to get feedback about the liver distribution changes in November or December. OPO training will take place in December, and liver distribution will be delivered in December.

A question was raised about the new HCC policy as part of the NRLB changes, which would provide candidates with a score of the Median MELD at Transplant (MMaT) in the DSA minus 3. When the new policy takes effect, will existing candidates get grandfathered in or will all existing candidates receive the new scoring. The Committee chair noted that there is still uncertainty about the grandfathering aspect even for those that have existing appeals, let alone those that are in the six-month window. That being said, those that are in the six-month window are essentially the same as those who have an existing appeal. Under current policy, they have had an approved exception.

Another question that was raised about how to handle candidates that have a regional variance exception when the new policy is implemented? They will need to circle back and have an answer for how all patients with non-standard exception scores will be handled.

4. Split Liver Variance Data Request

Region 8 is interested in proposing a variance so that the center accepting the liver as a split for the primary recipient controls the other lobe. In order for a region to do a demonstration project, there are specific steps that need to be followed. First, the Committee needs to evaluate the current split liver variance which has been in effect since 2011. Committee leadership identified the information that could be included in a data request. UNOS Research staff noted that they would verify that the data points are collected on split liver transplants.

One Committee member noted that the Region 8 proposal started as an amendment to a current Region 8 variance that had been in existence for several years. UNOS staff noted that Region 8 does not currently have a variance that addresses split livers.

The intent of the proposal is to allow a transplant hospital to offer the remaining split liver (e.g., right lobe, left lobe, extended right lobe, or left lateral segment) to a different, medically suitable, potential recipient registered at the same transplant hospital or an affiliated adult or pediatric institution. The remaining split portion of liver will not be offered to potential recipients at other transplant programs except under the following conditions:

- Regional Status 1 candidates
- Regional MELD 32 or higher candidates.

The Liver Committee will review the results of the data request before determining the next step. Variances are required to follow the policy development process, including public comment, so the committee will need to determine how this potential project will be prioritized.

Upcoming Meetings

- March 15, 2018 (Teleconference)
- March 29, 2018 (Chicago, IL)