

OPTN/UNOS Liver and Intestinal Organ Transplantation Committee

Meeting Minutes January 18, 2018 Conference Call

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

Introduction

The OPTN/UNOS Liver and Intestinal Organ Transplantation Committee met via Citrix GoToTraining teleconference on 01/18/2018 to discuss the following agenda items:

1. HCC Proposal Update
2. NLRB (National Liver Review Board) Subcommittee Update

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

1. HCC Proposal Update

UNOS staff noted that there have only been two comments on this special public comment proposal, both in support. The Committee members were reminded that public comment closes on January 31, 2018 and there is a full committee conference call scheduled for February 1, 2018 at 5:00 pm. This call will focus on a final review of comments and a vote to send the proposal to the Executive Committee on February 2, 2018. UNOS staff reminded the Committee members to make every effort to be on the call since a quorum is required to take an official vote.

2. NLRB Subcommittee Update

The Committee was provided with a brief overview of this subcommittee's first conference call held on January 16, 2018. This subcommittee was formed to address NLRB logistics and assist UNOS information technology staff with any programming questions.

The subcommittee discussed the following:

- Phased implementation
- NLRB representation
- Recalculating Median MELD at Transplant every 180 days

Phased Implementation

The three phases of implementation will include the following:

- Phase 1 – National Liver Review Board
 - Automate NLRB Process
 - Assign scores using Median MELD at Transplant
- Phase 2 – Enhanced Liver Distribution
 - Change liver match
 - Track time at Calculated Score
- Phase 3 – Auto-Approval of Additional Diagnoses

NLRB Representation

UNOS staff noted that they will use an existing system to track terms. For each specialty board, there is only representative per transplant center, one alternate per transplant center, and the

representative and the alternate must represent their primary center. UNOS IT sought feedback on this restriction from Committee members. Committee members voiced concern about the requirement of representing one's primary center. In many cases, the primary center is the adult center while the pediatric center is the secondary center. Moreover, a surgeon may conduct both adult and pediatric transplants, and they would be limited to selecting just one center for representation. Committee members voiced agreement that it is highly important to ensure that someone with sufficient pediatric experience serve on the pediatric board.

Recalculating Median MELD at Transplant every 180 days

UNOS staff noted that the approved policy states that the "OPTN Contractor will re-calculate the median MELD at transplant every 180 days using the previous 365-day cohort. If there have been fewer than 10 transplant in the DSA in the previous 365 days, the median MELD at transplant will be calculate for the region where the candidate is registered. At each 180 day update, candidates with existing standardized score exceptions will be assigned the score to match the re-calculated median MELD at transplant. The median MELD at transplant calculation excludes recipients transplanted with liver recovered by OPOs outside the recipient transplant hospital's region."

UNOS IT staff provided hypothetical dates to demonstrate how this process would work. Committee members emphasized that centers must make patients aware that their MELD score may fluctuate every six months if they remain on the list that long. UNOS IT staff also presented mock-ups for how the NLRB will view this information.

Upcoming Meetings

- February 1, 2018 (Teleconference)