

**OPTN/UNOS Liver and Intestinal Organ Transplantation Committee**  
**Meeting Minutes**  
**June 29, 2018**  
**Conference Call**

**Julie Heimbach, M.D., Chair**  
**James Trotter, M.D., Vice Chair**

**Introduction**

The Liver and Intestinal Organ Transplantation Committee (Committee) met via teleconference on 6/29/2018 to discuss the following agenda items:

1. Update
2. Parameters for the Policy Change

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

**1. Update**

Data summary:

The executive committee (EC) has responded to HRSA and has asked the Liver Committee to and develop a new policy that would be compliant with the final rule and not use DSA or region for allocation or exception scoring. The EC has directed the Committee to have a proposal ready for the December board meeting. This would mean submitting a modeling request in the next two weeks, and then sending out the proposal for a special public comment period in October.

There has been a response to the EC answer from the lawyers who initially filed the critical comment. The letter reiterated their sense of urgency.

The board president sent out an update letter to the liver program directors. Committee members who did not receive it should reach out to the liaison to get a copy and review.

**2. Parameters for the Policy Change**

Summary of discussion:

The committee discussed whether it would be possible to consider pursuing borderless allocation, one of the frameworks presented as an option by the geography committee. There were concerns that there would be too many variables to discuss and determine on the expedited timeline.

The committee discussed a two circle model with an acuity threshold cutoff, and circles based distance. There were questions about how these would impact patients in densely-populated areas differently from how they would impact those in sparsely-populated areas.

Members also discussed the merits of population-based circles, with larger circles in areas where the population is less dense and smaller in densely populated areas. This would potentially include three different circle sizes. There were questions about how to address changing populations, considering the full census is only every 10 years. The SRTR suggested that population-based circles around the donor hospital may be difficult to model on the expedited timeline.

There was some discussion about whether it was an option to remove DSA but not region, and lower the sharing threshold as a temporary solution. However, that would not solve the full

problem, and could create additional inefficiencies (increased flying), and potentially increase discards of marginal livers.

Members of the committee supported considering both population-based and distance-based approaches when determining the modeling to be requested. The committee committed to developing the new system based on final rule constraints and justifications.

There was also some discussion and speculation about what might happen if a case goes to court requesting a restraining order regarding liver allocation. The committee expressed a desire to do what was necessary to keep the decision within the transplant community.

Next Steps:

Chair will send an email with a first stab at fleshing out the two options, to begin a discussion via email. Additional committee meetings will be scheduled.