

OPTN/UNOS Liver and Intestinal Organ Transplantation Committee
Meeting Minutes
August 8, 2018
Conference Call

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Introduction

The Liver and Intestinal Organ Transplantation Committee (Committee) met via teleconference on 08/08/2018 to discuss the following agenda item:

1. MMaT Geographic Unit
2. Other MMaT Cohort Questions

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

1. MMaT Geographic Unit

Data Summary:

The committee reviewed the ranges of median MELD at transplant (MMaT) when calculated by nation; DSA; region; and 150, 250, and 500 nautical mile circles. These excluded national shares and DCD donors, living donors, and status 1 candidates. The committee also reviewed comparisons of the MMaT based on DSA and based on a 150nm circle at the center level. The MMaT by DSA had greater variation than the MMaT by 150nm circle, and the 500nm circle had the least variation.

Summary of Discussion:

The committee noted that the MMaT by DSA had greater variation than the MMaT by 150nm circle, and the 500nm circle had the least variation. The 150nm and 250nm circles resulted in very similar results.

The committee discussed that the MMaT for a smaller area would be a temporary step to move toward a single MMaT for the nation. The expectation was that over time, there would be less variation based on geography. While a 500nm circle would get closer to a single MMaT faster, there was concern that it would disadvantage non-exception patients in lower MELD areas and disadvantaging exception patients in higher MELD areas.

The committee also discussed the timeline and interdependencies between implementation of the NLRB, MELD exceptions, and allocation changes. It is possible that the volume of exception patients will shift with the change to NLRB and the standardization of certain exceptions. The prior modeling does show some decrease in exception patients. The committee expressed a wish that they had the allocation modeling back before making this decision.

It was considered that there might be caps on exception scores that are relevant to sharing thresholds in each model for allocation. It was also brought up that the relationship to MMaT will have to be considered again.

The committee took a straw poll on what to use for MMaT, 8 for 150nm circles, 1 for 500nm circles, 1 abstained. They decided on a circle-based area without an elevator rather than a national MMaT.

Next steps:

The NLRB subcommittee will continue the discussion and present a recommendation to the full committee regarding the basis for MMaT.

2. Other MMaT Cohort Questions

Summary of Discussion:

The committee considered whether to include pediatric recipients in the calculation of MMaT for adults. When this was previously discussed, the committee chose to exclude pediatric recipients. The committee supported excluding pediatric donors, since their scores tend to be different.

The committee also considered whether to include adult recipients when calculating MMaT for pediatric candidates. This question was deferred to the NLRB subcommittee for a recommendation.

The committee supported including lab and exception scores in the calculation. They requested information on the differences in these scores when the cap amount is discussed.

The committee also supported continuing to recalculate MMaT every 180 days, as was previously planned.