

OPTN/UNOS Liver and Intestinal Organ Transplantation Committee
Meeting Minutes
July 3, 2018
Conference Call

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Introduction

The Liver and Intestinal Organ Transplantation Committee met via teleconference on 07/03/2018 to discuss the following agenda items:

1. Committee Update
2. Goals
3. Metrics
4. Circles

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

1. Committee Update

The OPTN/UNOS Executive Committee requested the committee work to eliminate donation service areas (DSAs) and regions in liver allocation policy. The request was made following the June 2018 OPTN/UNOS Board of Directors (BOD) adoption of the "Principles of Organ Distribution" developed by the Ad Hoc Geography Committee. The Executive Committee instructed the Liver Committee that any proposed changes must comply with the Final Rule and not increase geographic disparity in access to transplants.

This request is being made of all organ-specific OPTN/UNOS Committees. The request of the Liver and Intestine Committee is an expedited request. The US Secretary of Health and Human Services (HHS) has received critical comments challenging the current and December 2017 approved but not yet implemented liver allocation policies. The commenters assert that use of DSAs and regions are arbitrary and not compliant with the Final Rule. At the request of HHS, the OPTN answered several questions raised by the comment. The OPTN response states that the approved but not yet implemented policy does not violate the Final Rule but that DSA and region might not be the best proxy for geographic limits in allocation. This supports the current work on geographic principles but given the critical comment, it would be prudent to propose amendments to liver allocation policies first that would bring them more in line with the recently passed principles. A special public comment session is planned for October 2018 in order to bring proposed policy changes in front of the OPTN/UNOS BOD in December 2018.

Committee members will discuss modeling options today and formalize a request to the SRTR. SRTR has agreed to complete a modeling request within approximately six weeks so that result can be used for decision-making and public comment discussion. The Committee discussed the advantages of having two models run, however, the SRTR and UNOS staff explained that there might not be enough time to complete two modeling requests within the timeline.

2. Goals

The goals of any change would be to align the distribution policies with the OPTN Final Rule requirements and geography principles while reducing disparity in median MELD at transplant based on geography.

3. Metrics

Proposed metrics of disparity and distance/efficiency will be based on standard items derived from modeling outputs. Creating circles around donor hospitals based on population or density may provide surrogate geographic areas that would be more equitable and rational than DSAs and regions. Slides with sample maps representing 150 nautical mile circles and liver transplant program locations around the U.S. were provided for review. The committee also reviewed information on current population and land area distribution by DSA and regions.

4. Circles

Fixed distance circles have been the most discussed concept and some previous modeling exists. A proposal under consideration includes donor circles using 150 nautical mile circles and replacing regions with a larger circle. Modeling of the acuity circles would allow the sickest candidates to receive offers first, while still efficiently placing organs and not requiring unnecessary travel. The 150 nautical mile circle was suggested because it reflects when procurement methods change from driving to flying and could be used in any model. (This is relevant due to the OPTN Final Rule's consideration regarding efficiency of the system.) In December 2017, it was agreed to use a closer area for donation after cardiac death (DCD) and marginal donors as these organs take more time and effort to place and therefore need a shorter distance to travel once allocated.

A proposed acuity circle concept proposes four layers of circles using candidate medical status and Model for End-Stage Liver Disease (MELD) scores and wider circles of offer from the donor hospital. The pros of using population or distance-based allocations are ease of understanding and consistency of fairness based on the population. A concern is whether this concept can be modeled in the short timeframe for this proposal.

One member noted that allocation based on acuity and the wider geography would benefit children as most transplants are conducted with organs that come from a median of 285 miles. The 500 nautical mile circle would also be similar to the size of regions which would mean that this proposal would not worsen the geographic disparities in access to transplant.

There was generalized acceptance of keeping the same concepts using nautical miles or fixed distance circles instead of DSA and region. Simultaneous Liver-Kidney (SLK), exceptions, pediatrics, and other details will be discussed and decided on future calls.

Before the next meeting, staff and Liver Committee leadership will talk with the SRTR about incorporating different circle sizes using various criteria for modeling. Changes to exception point scoring will not be a part of the modeling request due to complexity and time constraints.

Weekly calls are scheduled for Tuesdays at 5 p.m. (EST) leading up to public comment. A face-to-face meeting will be scheduled after public comment, once all feedback and modeling results are received. The committee will review all feedback, modeling results, and finalize a proposal at the face-to-face meeting to submit to the OPTN/UNOS BOD.

The Vice-Chair thanked everyone for their input, experience, and interest in taking the time to attend.