

**OPTN/UNOS Liver and Intestinal Transplantation Committee**  
**Meeting Minutes**  
**August 14, 2018**  
**Conference Call**

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

**Introduction**

The Liver Committee met via teleconference on 08/14/2018 to discuss the following agenda item:

1. SLK (Simultaneous Liver / Kidney transplants)
2. Intestine Allocation

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

**1. SLK**

The Chair began the call with OPTN Commitment to HRSA, the goals of that commitment, and the current timeline for developing the new framework for geographic allocation. The chair reviewed decisions made on the previous call regarding NLRB scores.

A member asked how long the committee would have the modeling data before they has to make a decision about their framework. The committee liaison answered that the committee would have approximately a week following the receipt of the modeling data from the SRTR.

A member asked how the MMaT around a small circle going to be calculated? UNOS staff stated that any transplants occurring within a 150nm circle of a transplant center would help determine NLRB scores. The member expressed caution about the validity of the first year of data because it will rely on data collected under the antiquated DSA and region framework. The chair suggested a model wherein scores are based on 6 previous months of data at the beginning and then 18 months of data once the framework has been implemented for 18 months or two years in order to decrease the reliance on data from the previous allocation framework. The member again stressed that data used for centers should be based on the new model. The chair stated that there is some relevance in comparing data under the current system with data under the proposed new system. The SRTR expressed that the data request will present the results by DSA and region in order to compare to previous data and draw conclusions.

Members had a brief discussion about MMaT and decided that the discussion should be tabled and raised on the upcoming NLRB sub-committee call. The Chair then re-iterated previous decisions made about the MMaT and provided some clarifications to members that had missed previous calls.

Current SLK policy was displayed for members to review. The current policy is based heavily on the DSA and region. The chair stated that should be a similar threshold for sharing that obviously is not based on DSA and region. If acuity circles were utilized, then MELD / PELD thresholds could be included within the policy. If the committee implemented a ladder circle framework, MELD / PELD thresholds could still be a valuable tool but would have to be implemented differently from the acuity circle model. A representative from the kidney committee asked a few clarifying questions regarding the ladder concept.

A member raised a concern about whether OPOs would want to offer kidneys for SLK transplants. The Chair stated that the intention of the committees is to make it policy, not an optional recommendation.

Members expressed their support for requiring kidneys be shared with livers (before kidney alone) for:

1. Candidates of MELD 15 or higher within 150nm of the donor hospital (in both models the liver committee is looking at)
2. Candidates of at least MELD 32 or 35 (depending on the threshold chosen after modeling) within 250nm of the donor hospital (in the ladderred circle concept)
3. Candidates of at least MELD 33 within 250/300nm of the donor hospital (in the acuity circles concept)

A member asked if the group would receive any SLK modeling data. Representatives from the SRTR stated that the LSAM only models liver allocation.

## **2. Intestine Allocation**

### Discussion Summary:

The chair asked if there is any reason that the committee should adopt a different framework for intestine than for liver, besides changing DSA and region with the acuity circle distance.

Members stated that slight changes could be made, such as consider a Status 1 intestine at the 500nm distance and the national level before considering status 2 intestine. The committee supported prioritizing status 1 ahead of status 2 because most candidates who are listed for intestine are transplanted at status 1, and status 2 tends to be used more like status 7, for candidates who don't need a transplant urgently, or are too sick to transplant.

More consideration is needed for liver / intestine transplants.

### Next steps:

- The Chair will email the results of the discussion concerning intestine transplants to the entire committee in order to elicit further feedback.
- The Chair will put out communication about the timeline of NLRB.

## **Upcoming Meeting**

- August 21<sup>st</sup>, 2018