

**OPTN/UNOS Liver and Intestinal Transplantation Committee**  
**Meeting Minutes**  
**August 21, 2018**  
**Conference Call**

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

**Introduction**

The Liver Committee met via Citrix GoToTraining teleconference on 07/16/2018 to discuss the following agenda items:

1. Introduction
2. Intestine Allocation
3. Combined Liver/Intestine Allocation
4. Allocation of O Donors
5. Allocation of Livers for Other Methods of Hepatic Support

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

**1. Introduction**

The committee thanked Matt Prentice for his service to the committee and wished him well in his new management position at UNOS. They also welcomed Elizabeth Miller as the policy analyst for the committee.

The NLRB subcommittee has met once, and will meet again and then present recommendations to the full committee.

The kidney committee representatives that attended the last call when the committee discussed SLK will report back to the kidney committee and let the liver committee know if they have any additional feedback. The changes decided on will be part of the liver committee proposal since they are related.

**2. Intestine Allocation**

Data Summary:

The committee reviewed the numbers of intestine transplants. They were mostly status 1, and mostly national shares. Slightly more than half of the intestine transplants were multi-organ.

Discussion Summary:

The committee reviewed the allocation sequence that had been discussed on the last call. The committee chose to have the size of the circle mirror the largest circle used in liver allocation (either 500 or 600nm depending on the model chosen).

**3. Combined Liver/Intestine Allocation**

Discussion Summary:

The committee opted to keep the requirement for hospitals to maintain documentation of a justification for listing liver-intestine in case the need for the intestine in any case is called into question.

The committee compared the existing liver-intestine allocation sequences for each age group, and wanted to preserve similar prioritization to what currently exists. For adults, the committee decided to prioritize remaining national liver-intestine candidates after the MELD 29+ for a

500nm circle in the both models. Although this created an extra layer in the ladder circle concept, the committee favored keeping the sharing threshold at the same MELD score, so that there would be less change from existing. The committee clarified that the modeling data will not include the liver-intestine data.

The committee discussed the under 12 year old donor allocation sequences and where liver-intestine priority would fit in those. They expressed a desire to keep these similar to the current allocation. They requested a mock-up of what it would look like with the liver-intestine candidates prioritized above MELD 20, to mirror current priority.

A member of the pediatric transplantation committee suggested that the mortality rate for very small candidates who need liver-intestine (and pancreas) is high, and they may need more priority than they currently receive. The committee requested additional information about pediatric liver-intestine and liver-intestine-pancreas transplant, death, and wait list numbers over the last 5 years.

#### Next steps:

The committee will review revised allocation sequences and information on candidates on a future call.

### **4. Allocation of O Donors**

#### Discussion Summary:

The committee discussed the current allocation of O donors to non-O or B candidates, and whether it would be appropriate to simplify allocation to these compatible donors to national. Committee members were uncertain which approach would be most efficient or how many livers are placed this low on the list. In the absence of more information, the committee opted not to change this at this point in time.

The committee supported allocating to all blood type B candidates prior to the AB and A candidates.

#### Next Steps:

UNOS staff will look into how many organs are placed in these “compatible” sequences, but this is not a priority request.

### **5. Allocation of Livers for Other Methods of Hepatic Support**

#### Discussion Summary:

The committee discussed the current allocation of livers for other methods of hepatic support. This is being used for hepatocyte transplantation, which is rarely done. It is rare that there are even active programs for this, but when they are performed, the committee wanted to preserve the preference for these before other research. The committee considered changing the terminology, but wanted to preserve the ability to have other similar treatments to fall into this. The committee supported moving to national allocation for these.

### **Upcoming Meeting**

- September 4<sup>th</sup>, 2018