

OPTN/UNOS Liver and Intestine Transplantation Committee
Meeting Minutes
September 20, 2018
Conference Call

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Introduction

The Liver Committee met via teleconference on 09/20/2018 to discuss the following agenda items:

1. Liver-Intestine Allocation
2. Metabolic Disease
3. Multi-Organ Allocation (other than kidney)
4. MMaT Small Cohorts
5. Administrative Changes
6. Pediatric Committee Report
7. Minority Affairs Committee (MAC) Report
8. Open Floor

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

1. Liver-Intestine Allocation

The committee agreed to keep pediatric order and points the same without additional discussion.

2. Metabolic Disease

Summary of discussion:

The committee discussed the fact that not all candidates with metabolic disease have the same difficulties. There was agreement that they should not all be treated the same way, and that it would make sense for some be status 1B as soon as they are listed. The committee would like to pursue changes to metabolic disease as a future project. For this proposal, the committee agreed to keep a 30 day delay before a candidate qualifies for automatic status 1B, but change it to require 30 days at a standard score (instead of 30 days at a specific score, as it is currently written).

3. Multi-Organ Allocation (other than kidney)

The committee discussed replacing the reference to DSA with 150nm in the allocation of other multi-organs policy. There was a need for clarification, and this was tabled for a future call.

4. MMaT Small Cohorts

Summary of discussion:

The committee members discussed whether there was a need to use a different cohort for MMaT if there were less than 10 transplants in the 1-year cohort for a specific transplant hospital. They considered several alternatives, including using a longer time period or using a larger radius. The discussion will be continued on the next call.

5. Administrative Changes

The committee reviewed several administrative changes, including changes to definitions and agreed with the changes without additional discussion.

6. Pediatric Committee Report

Summary of discussion:

The vice chair of the pediatric committee joined to share this feedback from the Pediatric Committee for the committee to consider.

Pediatric committee representatives greatly appreciate the opportunity to participate during the liver committee calls.

The pediatric committee agrees with inclusion of the wider sharing of 500nm in the proposed modeling by liver committee and looks forward to review of LSAM results with opportunity to review data once available and comment accordingly. Committee members commented that wider sharing beyond 500 nm is common practice clinically in pediatrics and evaluation of wider sharing for pediatric recipients may be a consideration after the initial modeling results are reviewed.

As was modelled in simulations 1C and 1D for acuity circles and broader 2 circle distribution, the committee supports not having adolescent exception MELD and pediatric exception PELD scores capped.

The pediatric committee supports considering the distinction between chronic liver disease 1B (most at risk group) and stable 1B metabolic disease patients once modeling and further data become available.

7. Minority Affairs Committee (MAC) Report

Summary of discussion:

The liaison to the MAC, presented the following feedback from MAC.

The MAC recommends that Puerto Rico have a similar permanent exception that Hawaii has for keeping blood type O livers for compatible, not identical candidates (extend HI variance to Puerto Rico in the short term for the liver proposal in October). Also, the MAC recommends to include review of discard rates for non-contiguous areas in the post-implementation plan. The reasoning presented was to reduce discards that may occur due to removal of regional share, treat Hawaii and Puerto Rico similarly since they deal with the same logistical challenges being non-contiguous transplant programs, and that MAC is especially concerned about the impact on low SES and minority populations and feels that the impact on these populations needs to be taken into account.

Committee members expressed concerns that there are real differences between Hawaii and Puerto Rico, so it's not accurate to classify them as facing the same challenges, and Puerto Rico has a high donor rate. However, Hawaii is challenged in many different ways, such as candidates and donors located on different islands than the transplant program. The committee considered the option of requesting additional feedback on this question in the public comment document.

8. Open Floor

- LSAM modeling will be sent prior to the Tuesday conference call; should be sent to everyone on Monday.
- Regional Voting:

Committee members expressed a desire that it be very clear what people are voting on and have an option for attendees to choose “none of the above” on the regional calls. For the regions that will meet in person after modeling is received, the recommendation was to focus on the update at the in-person meeting instead of starting to discuss the modeling results so that each region would have a similar chance to discuss. There was a question about what would happen if a majority of regions did not support one of the models, perhaps because they want to keep what was approved by the Board in December 2017. The charge from HRSA was to remove DSA and region at the December board meeting, and the ultimate decision is up to the Board. It will be important to explain the impetus as well as the rationale for the changes. The committee also considered that regions might suggest another alternative, and that would be one type of feedback the committee might receive.

- Committee voting on the proposal for public comment:
There was discussion about best times for an additional call on which to vote on the policy language. Monday morning, Friday afternoon and weekend times were suggested. Committee members will receive a poll to judge when quorum can be achieved, and then a meeting will be scheduled.
- Committee members were encouraged to send their opinions of proposals and their ideas by email in advance of the Monday conference call.

Upcoming Meeting

- September 27, 2018