OPTN/UNOS Liver and Intestine Transplantation Committee
Meeting Minutes
September 25, 2018
Conference Call

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Introduction

The Liver Committee met via teleconference on 09/25/2018 to discuss the following agenda items:

1. SRTR Modeling

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

1. SRTR Modeling

Summary of data:

Representatives of the SRTR presented a summary of the modeling results to the committee. The full report is available at:

https://optn.transplant.hrsa.gov/media/2640/li2018_01_analysis-report_20180924.pdf

Summary of Discussion:

The committee asked for clarification of the difference in the two metrics on flying by DSA (by transplanting DSA and by recovering DSA). The difference was basically looking at it by OPO compared to by transplant hospital. Clarification was also requested about why the heat maps for flying appear to stop at a lower number than the numbers shown in the report. SRTR clarified that the colors are designed to each show a certain percentage of the DSAs and the number on the scale is not the top number of the range.

There was also a question about sharing for pediatric 1A patients. It was clarified that these candidates are currently regional offers. The modeling does show increased advantage for pediatric candidates as expected. There was a request to see results by subsets of pediatrics (0-2, 0-5, etc.) and a question about why waitlist mortality rates for pediatrics appear to increase even though the transplant rates increase. The SRTR responded that the subgroups were not included, but they could potentially do it if requested, although there would be even larger variations in smaller subgroups. They also responded that error bars are very large on the waitlist mortality charts for pediatrics, and it's not expected that the waitlist mortality rates would actually increase.

A committee member asked about how much variation there was in the results (on the ten runs of each model conducted by the SRTR). The SRTR representative responded that the error bars were just small on the slides, which made them harder to see. The representatives also clarified that the numbers for the current system were also based on model runs, not actual results.

Another member asked about why the numbers shown for the current system are different from those in some past modeling. The SRTR representatives responded that the cohort for modeling was updated about 1-2 years ago to include only post-share 35 and MELD sodium data and have an updated model for travel, so modeling before that would be different. The

transport time and mode for actual organs are not collected, so it's not possible to compare the modeled results for this to reality. However, the model is based on published information.

The SRTR answered an inquiry about predicting discards, saying that the modeling isn't designed to predict discards. The SRTR also answered a question about whether adding proximity points or excluding exception patients from higher allocation sequences would be expected to reduce flying, speculating that it would be likely to do so.

There are additional slides available that were not covered in the presentation, and those are available in the slide set that was sent out in advance of the call.

The committee thanked the SRTR for the modeling and the presentation.

Upcoming Meeting

- September 27, 2018
- October 1, 2018