

OPTN/UNOS Liver and Intestine Transplantation Committee
Meeting Minutes
September 27, 2018
Conference Call

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Introduction

The Liver Committee met via teleconference on 09/27/2018 to discuss the following agenda items:

1. SRTR Modeling Review
2. Other questions
3. Puerto Rico Discussion

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

1. SRTR Modeling Review

Summary of discussion:

The committee reviewed information from the SRTR modeling reports. Some of the high-level points were:

- If the proposed model shares more broadly, then travel time will increase.
- The B2C model would decrease the travel distance.
- Waitlist mortality would decrease in all models.

The committee noted that B2C MELD 35 is the closest model to what was already board approved in terms of how travel and variance are balanced against one another and discussed whether this was a goal or if the goal was to improve the policy. The committee members all agreed on the goal removing DSA and region.

There were questions about how predictive the modeling was since the number of transplants has increased noticeably since the cohort used for the models. A member expressed concern that the acuity model was a brand new concept and might face more resistance. There would be more flying involved and that would cause a significant increase in costs, which some committee members were concerned may disproportionately disadvantage small centers which may not be as able to absorb the changes in costs.

A member asked about the state-based allocation that was discussed at the region 3 meeting. It was explained that a stat-based model would be as subject to challenge as the DSA/regional boundaries as just another pre-existing boundary that was not designed for allocation.

There was a request to look at the results post-implementation of the lung change to concentric circles to help get a better idea of the real impact of this kind of change. There was a sense that at least some center was no change in transplant rates, but were experiencing noticeable increases in costs per lung.

There was discussion of whether it was preferable to send one model out for public comment or two. Committee members commented on the importance of monitoring this to make sure there aren't unintended consequences, and expressed a desire to make sure that whatever went out for public comment fully addressed the directive from HHS.

2. Other Questions

What to do if MMaT cohort is less than 10?

The committee considered what to do if the cohort used to calculate MMaT for a specific transplant hospital is less than ten. The chair suggested using a longer time period which seems to be the most simple and the committee agreed with this solution. UNOS staff asked for clarification about whether it was cohort based or center based. The answer was that it should only extend the length of time for that center (not all centers) and should be lengthened by an additional year at a time until there were at least ten in the cohort.

Lower cap on exceptions

The committee agreed that the bottom cap should be 15.

3. Puerto Rico Discussion

Liver is considering giving Puerto Rico a similar exception as Hawaii, which allows blood type O livers to go to compatible as well as identical candidates in Hawaii. The Minority Affairs Committee suggested the Liver Committee look at giving a similar exception for Puerto Rico because the logistical challenges for Puerto Rico and Hawaii are similar, and because Puerto Rico has additional challenges in transplanting candidates and getting suitable donors due to continuing effects of Hurricane Maria (which are hard to estimate in data analyses). Candidates on Hawaii and Puerto Rico will no longer receive regional offers, meaning they would receive local offers and then national offers (because the circle sizes wouldn't encompass both the non-contiguous areas and the mainland). That means there could be Status 1A or high MELD candidates in non-contiguous areas that don't receive offers until the national level. A Liver Committee member questioned why a Puerto Rican candidate with a MELD of 19 should receive a compatible blood type O liver offer above a MELD 35 candidate with identical blood type somewhere else. Although the changes to geographic allocation may result in more livers staying in Puerto Rico and Hawaii and fewer livers leaving – the quality of those livers for Puerto Rico is questionable (according to anecdotal evidence not discussed on the call but discussed by MAC members). There did seem to be consensus that something should be done to address the issues with Puerto Rican candidates' access to livers; but Committee members expressed interest in looking more closely at the data first. One solution might be to ask the community in the public comment document and discuss feedback at the in-person meeting.

Upcoming Meeting

- October 1, 2018