We want to continue to update you on the status of major projects involving the OPTN/UNOS Liver and Intestinal Organ Transplantation Committee.

**NLRB discussion and implementation considerations**

Due to our ongoing work on a new liver distribution policy (see below), our committee has considered the implications for the national liver review board (NLRB). You will recall that the NLRB policy as passed by the OPTN/UNOS Board in 2017 based standard exception scores on the median MELD at transplant (MMaT), using MMaT minus 3 for most standard exceptions for the donor service area (DSA) where the liver transplant hospital is based. Now that the committee is pursuing a distribution policy that does not rely on DSA boundaries, we need to determine a new strategy for how to award MELD exception scores.

The committee is considering an approach to base the MMaT score on a fixed distance circle surrounding the transplant hospital where the liver candidate is listed. We are still finalizing details including the size of the circle, whether the score will be MMaT minus a particular amount, and whether there will be a cap.

Because the changes under discussion are substantial enough to require additional programming, as well as the development of the necessary education materials, the NLRB policy as approved in 2017 will not be implemented in October of 2018 as we initially planned. As we know more about the changes to NLRB, we will provide an updated schedule of training and implementation to help you prepare for these changes.

We don’t anticipate any changes to the composition or structure of the NLRB. Thank you to everyone who has submitted information to participate on the NLRB. We don’t need any new or additional information from volunteer participants at this time.

**Liver distribution policy development**

The SRTR is currently modeling the policy alternatives our committee discussed in June and July. While we have asked for modeling of several different parameters, the basic framework involves a fixed distance radius (concentric circles) surrounding the donor hospital. The framework would provide the
broadest initial access to organ offers for the most medically urgent candidates, followed by more local access for less urgent candidates.

We anticipate having modeling results available in late September and will share them with the community and the public as soon as they are available. Based on the outcome of the modeling, we will develop a proposal to publish for a special public comment period from October 8 through November 1. As this will be after the upcoming set of regional meetings, we will plan a series of webinars throughout the special public comment period to provide additional information about the proposal and address additional questions or thoughts you may have.

Since our last memo to you, UNOS received another letter from HRSA, following up on the letter the OPTN/UNOS Executive Committee sent HRSA in June regarding the timeline for liver policy development. HRSA’s most recent reply supports the timeline established by the Executive Committee for a December Board decision about a revised liver policy. The letter also asks UNOS to provide a timeline for making revisions to the other organ distribution policies that still use DSA or region. UNOS is currently working on a reply to that letter and will share it with you after it is provided to HRSA. We will continue to keep you updated on key developments.

For questions or further information

If you’d like to know more about existing policies or public comment items, please visit our committee’s page on the OPTN website and/or contact your Regional Administrator. If you’d like to know more about projects or proposals our committee continues to discuss, contact your regional representative to the committee or send an e-mail to liver@unos.org.