

**OPTN Liver and Intestinal Transplantation Committee
Meeting Minutes
May 9, 2019
Conference Call**

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

Introduction

The Liver and Intestinal Organ Transplantation Committee (the Committee) met via teleconference on 05/09/2019 to discuss the following agenda items:

1. Acuity Circles and NLRB Implementation Update
2. Liver/Intestine Request
3. Split Liver Variance Title

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

1. Acuity Circles and NLRB Implementation Update

The Acuity Circles (AC) allocation system and the National Liver Review Board (NLRB) were scheduled to be implemented on May 14, 2019. However, there is pending litigation regarding the Acuity Circles policy.

Summary of discussion:

The Chair stated that there has not yet been an update from the court since the hearing on May 7, 2019. UNOS staff added that they have submitted supplementary materials since the hearing, and the court is aware of the planned May 14 implementation date.

The Chair stated that if AC policy is going to be delayed for a prolonged period of time, then the Committee will need to consider options to implement the NLRB without AC.

Next steps:

The OPTN will update members on AC and NLRB implementation when more information is available.

2. Liver/Intestine Request

A group of abdominal surgeons and physicians submitted a letter to the Committee on April 4, 2019, advocating for a change in liver-intestine allocation under the AC policy.

Summary of Discussion:

The letter noted that candidates listed for multi-visceral transplant have a higher dropout rate from the waitlist due to death and therefore should have increased priority in the allocation system. The letter also stated that there may not be enough intestine representation on the Committee, and suggested the creation of a separate Intestine Committee. The letter also suggested that liver-intestine candidates should be allocated off the intestine list, instead of the liver list. And finally, the letter proposed increasing the threshold for national sharing of liver-intestines from model for end-stage liver disease (MELD) or pediatric end-stage liver disease (PELD) from 29 to either MELD/PELD 33 or 36.

The Chair stated that there is a separate OPTN project that is focused on multi-organ allocation policies across all organ systems so they will need to see how liver-intestine allocation fits into that project.

UNOS staff presented data on the waitlist registrations for intestine and intestine/multi-organ candidates as of March 31, 2019. There were no liver-intestine waitlist registrations. The majority of waitlist registrations were for intestine alone. Also, a majority of the registrations were for pediatric candidates.

UNOS staff then presented data on intestine and intestine/multi-organ transplants that occurred between 2016 and 2018. The majority of the transplants for this time period were for adults. And the majority of the transplants were for intestine-liver-pancreas. There were only five liver-intestine transplants. Most of the intestine transplants came with a liver and another organ, not just a liver. For those intestine transplants that included at least a liver, the average PELD at transplant was 34 and the average MELD at transplant for adults was 26.

The Chair noted that the Scientific Registry for Transplant Recipients (SRTR) annual report should have more information on the waitlist mortality rate for this cohort. The Committee felt that it was important to have this data before taking any sort of action. The Committee asked for data on waitlist mortality and removal due to being too sick for transplant for liver alone candidates, intestine alone candidates, and liver-intestine-other organ candidates.

One of surgeons that co-signed the letter offered to send the SRTR data on waitlist mortality for liver-intestine candidates to the Committee. This data includes liver-intestine-pancreas candidates.

The Chair stated that one of the major concerns expressed in the letter was that liver-intestine candidates will be further disadvantaged under the AC allocation system. The two suggestions offered in the letter were to allocate liver-intestine combinations off the intestine list instead of the liver list, or to increase the national sharing threshold for intestines from MELD/PELD 29 to MELD/PELD 33 or 36. The Chair stated that the Committee could pursue either solution, but it would require public comment.

One of the other surgeons that signed the letter commented that many multi-visceral candidates have small abdominal cavities, which is a challenge. The surgeon also felt that the acuity of a liver-alone candidate with MELD 35 was not the same as a multi-visceral candidate with MELD 35. There are also very few cases of adult multi-visceral transplants each year. Because of these factors, these candidates are disadvantaged.

The Chair stated that they could make a more formal effort to include intestine representation on the Committee instead of creating a new Intestine Committee. The Chair commented that creating a new committee would be resource-intensive. A Committee member suggested creating a subcommittee or work group instead. Other Committee members supported creating a subcommittee or work group and having more intestine representation on the full Committee.

Next Steps:

The Committee will review updated mortality rates and further discuss potential solutions. UNOS staff will explore options for creating a work group or subcommittee.

3. Split Liver Variance Title

The Committee is sponsoring a policy proposal to create a variance aimed at increasing the utilization of split liver transplantation. However, there is also a current variance already in OPTN policy for split liver transplantation. The policy titles of both the proposed variance and the current variance are the same. To avoid repetition and confusion, the Committee was asked to re-title the variances to better align with their purposes.

Summary of Discussion:

The Chair explained that it is important to be able to differentiate between the two variances in OPTN policy. Therefore, the Committee must change the title of each variance. The proposed title for the new variance was, "Open Variance for All Segmental Liver Transplantation." The proposed title for the current variance was, "Open Variance for Right Segmental Liver Transplantation."

A Committee member suggested changing the title of the proposed variance to, "Open Variance for Any Segment Liver Transplantation." The Committee supported this change.

A formal vote was taken on: do you support the updated variance titles?

Results were as follows: Yes 14 (100%); No 0 (0%); Abstain 0 (0%)

Next Steps:

UNOS staff will include the updated titles in the proposal going to the OPTN/UNOS Board of Directors.

Upcoming Meeting

- June 7, 2019 - Teleconference