

OPTN Policy Notice

Split Liver Variance

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| Sponsoring Committee: | Liver and Intestinal Organ Transplantation Committee |
| Policy Affected: | 9.11.A: Open Variance for Right Segmental Liver Transplantation; 9.11.C: Closed Variance for Any Segment Liver Transplantation |
| Public Comment: | January – March 2019 |
| Board Approved: | June 10, 2019 |
| Executive Committee Amended: | August 26, 2019 |
| Effective: | Pending implementation and notice to members |

Note: The OPTN Executive Committee approved a delay in implementation over unanimous email vote, concluding August 26, 2019. For information regarding the reasons for the delay, please see the Mini-Brief: Update Implementation of Split Liver Variance to Align with Acuity Circles Allocation Policy, available at www.optn.transplant.hrsa.gov, or contact member.questions@unos.org.

Problem Statement

Increasing the number of livers that are split for transplantation will increase the number of candidates who can receive a transplant from the same number of liver donations. Reducing the logistical barriers to split liver transplant is hypothesized to encourage split liver transplantation, but it is difficult to model this kind of behavioral incentive. This variance will provide an opportunity to test that hypothesis.

Summary of Changes

Creates a closed variance that applies to liver transplant programs in Region Eight. When these transplant programs accept a liver for one candidate, and choose to transplant only a segment in that candidate, they are permitted to use the remaining segment in another candidate at the same hospital or an affiliated hospital after the remaining segment has been offered to Status 1A and 1B candidates or candidates with a MELD or PELD of 33 or higher within 500 nautical miles of the donor hospital.

The variance was set to be implemented on September 1, 2019 with the expectation that the Acuity Circles allocation policy would likely be in place by that time. However, the units of distribution for deceased donor livers is expected to be donation service area (DSA) and OPTN Region on September 1, 2019. Therefore, on August 26, 2019, the Executive Committee amended the implementation date of the variance to be concurrent with the implementation of the Acuity Circles policy so that the units of distribution used in the variance align with the units of distribution used in the allocation of deceased donor livers. Such a change may be revisited at a later date following public comment.

What Members Need to Do

Participating transplant hospitals in Region Eight must submit a participation form and will need to submit a log of the livers split under this variance after 1 year, 2 years, 2.5 years, and 3 years. OPOs that allocate livers to candidates in Region Eight need to familiarize themselves with the alternative allocation used in this variance.

This is a closed variance. If other programs or groups of programs wish to join the variance, they would have to petition the Board of Directors to amend the variance to include their participation.

Affected Policy Language

New language is underlined (example) and language that is deleted is struck through (example).

9.11 Variances

9.11.A Open Variance for Right Segmental Liver Transplantation

9.11.C Closed Variance for Any Segment Liver Transplantation

This is a closed variance. The OPTN Contractor maintains a list of participating transplant programs.

If a participating transplant program chooses to split an accepted liver, the program will decide which segment of the liver to transplant into the intended recipient. The transplant program must notify the host OPO of the remaining segment prior to transplanting the remaining segment. The OPO must then offer the remaining segment to the following potential transplant recipients, using the same match run used to allocate the liver:

- Lower-ranked status 1A and 1B potential transplant recipients registered at any transplant hospital within 500 nautical miles of the donor hospital
- Lower-ranked potential transplant recipients with a MELD or PELD of 33 or higher that are registered at any transplant hospital within 500 nautical miles of the donor hospital

If the remaining segment is not accepted for any of the potential transplant recipients in the bulleted classifications listed above, the OPO must notify the participating transplant program that accepted the liver. The participating transplant program may then transplant the remaining segment into a different, medically suitable, candidate registered at the same transplant hospital or an affiliated transplant program with an active pediatric liver component. If the first segment is accepted for a pediatric potential transplant recipient, the participating transplant program may transplant the remaining segment into a different, medically suitable, candidate at the same transplant hospital or an affiliated transplant program. For purposes of this variance, participating transplant programs may only have one affiliated transplant program, and must identify the program they are affiliated with in their application for the variance.

If the participating transplant program declines the remaining segment, the OPO may offer the remaining segment to any lower ranked potential transplant recipients off the same match run used to allocate the liver to the recipient of the first segment.

This variance shall expire three years after implementation.

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