Introduction

The OPTN Liver and Intestinal Organ Transplantation Committee (the Committee) met via teleconference on 06/07/2019 to discuss the following agenda items:

1. Pre-Existing Liver Disease Definition
2. Data Request Results: Pediatric Recipient Access to Pediatric Donors with ABO Compatibility
3. AOPO Survey Results

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

1. Pre-Existing Liver Disease Definition

The Committee is sponsoring a public comment proposal to clarify the definition of pre-existing liver disease when listing a candidate as Status 1A.

Summary of discussion:

The Chair reminded the Committee that this project was proposed by a Committee member during their in-person meeting and that the purpose of the project is to clarify that a prior liver transplant is not pre-existing liver disease when a candidate is being considered for Status 1A.

The Chair then presented the proposed policy language to the Committee for their consideration. A Committee member asked if they should specifically mention recurrent liver disease. The Chair noted that the use of “liver disease” is intentionally vague to include recurrent liver disease.

A formal vote was taken regarding: do you support the proposal as written?

Results were as follows: 9 (90%) Yes; 0 (0%) No; 1 (10%) Abstain

Next steps:

The project will move forward as a public comment proposal with the policy language approved by the Committee.

2. Data Request Results: Pediatric Recipient Access to Pediatric Donors with ABO Compatibility

The Committee previously discussed allocating all blood type O livers from pediatric donors to pediatric candidates of all blood types before being offered to any adult candidates. During their discussion, the Committee requested more data on the impact of this change.

Summary of Discussion:

UNOS staff presented data on pediatric donor and recipient ABO compatibility. UNOS staff noted that approximately 2.5% of the candidates on the waiting list for liver transplant are pediatric. The majority of these candidates are blood type O.
The Pediatric Committee Chair noted that the typical definition for pediatric is under age 18, but the data only included candidates who were less than age 12 at the time of listing. UNOS staff stated that the allocation sequences for liver allocation are different for candidates and donors who are pediatric versus adolescent. Therefore, the data uses the definition of pediatric in the allocation sequences, which is less than age 12.

UNOS staff further noted that approximately 15% of pediatric candidates on the waitlist are Status 1A/1B or have a pediatric end-stage liver disease (PELD) above 40. UNOS staff then showed that waitlist dropout for pediatric candidates with blood type AB was higher than the other blood types. However, this variation could be due to small sample sizes.

Over the past three years, pediatric recipients have received approximately 5.4% of all deceased donor, liver-alone transplants. UNOS staff also stated that there is a higher proportion of blood type A, AB, and B pediatric transplant recipients than there are candidates on the wait list. The majority of pediatric transplants were from pediatric donors and the majority of pediatric donors go to pediatric recipients.

Between 2016 and 2018, 36 adults received livers from blood type O pediatric donors. During the same timeframe, 330 pediatric recipients received livers from blood type O pediatric donors. Thirty-four of the 36 adults that received one of these livers were blood type O. The two adult recipients that were not blood type O were both Status 1A. Of the 34 adults that were blood type O, their model for end-stage liver disease (MELD) ranged from 6 to 35.

A Committee member commented that it would be important to know the mortality or waitlist dropout rates of low-PELD pediatric candidates in order to understand their urgency in relation to high-MELD adult candidates. The Pediatric Committee Chair stated that a low PELD score is not predictive of a high waitlist survival rate. A Committee member asked about the acceptance practices for urgent pediatric candidates and noted that some Status 1B candidates have been listed as Status 1B for an extended period of time. The Committee member wanted to know if these candidates are not receiving offers or if they are receiving offers but not accepting them.

One Committee member suggested offering pediatric blood type O livers to urgent pediatric candidates of all compatible blood types, then urgent adult candidates of all compatible blood types, before going back to all pediatric candidates.

**Next Steps:**
The Committee will prioritize this project in relation to other projects during an upcoming meeting.

### 3. AOPO Survey Results

A representative from the Association of Organ Procurement Organizations (AOPO) presented data from a study on livers declined in the operating room (OR).

**Summary of Discussion:**

One Committee member was curious how many late declines ended up being transplanted into a candidate listed at the same center that initially accepted the liver. The Committee agreed that this is a problem in some areas and should be addressed by the Acuity Circles Subcommittee.

**Next Steps:**
No next steps were identified.
Upcoming Meeting

- July 12, 2019 – teleconference
Attendance

- **Committee Members**
  - Andy Bonham
  - Terry Box
  - Sandy Florman
  - Willscott Naugler
  - Shawn Pelletier
  - Jim Pomposelli
  - Jennifer Watkins
  - Scott Biggins
  - Patricia Sheiner
  - Jim Trotter
  - George Loss
  - Julie Heimbach

- **HRSA Representatives**
  - Marilyn Levi
  - Arjun Naik
  - Joyce Hager

- **SRTR Staff**
  - Alyssa Herreid
  - John Lake
  - Bryn Thompson

- **UNOS Staff**
  - Mary Ellison
  - Katie Favaro
  - Bonnie Felice
  - Betsy Gans
  - Danielle Hawkins
  - Chelsea Haynes
  - Aaron McKoy
  - Rebecca Murdock
  - Leah Slife
  - Nicole Benjamin
  - Matt Cafarella
  - Elizabeth Miller
  - Samantha Noreen
  - Craig Connors

- **Other Attendees**
  - Christopher Brown
  - Derek Dubay
  - Evelyn Hsu
  - Raymond Lynch
  - George Mazariegos
  - Garret Roll
  - Samantha Taylor
  - Nikole Neidlinger