Introduction

The OPTN Liver and Intestinal Organ Transplantation Committee (the Committee) met via teleconference on 07/12/2019 to discuss the following agenda items:

1. New Committee Member Orientation
2. Data Request Results: Intestine-Only and Intestine Multi-Organ Waitlist Dropout Rates Name

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

1. New Committee Member Orientation

Summary of discussion:

UNOS staff provided new Committee members with an orientation to their role and the work of the Committee.

Next steps:

No next steps were identified.

2. Data Request Results: Intestine-Only and Intestine Multi-Organ Waitlist Dropout Rates

The Committee previously discussed a request from the community to consider additional priority for intestine and liver-intestine candidates. The Committee requested additional data on waitlist dropout rates for intestine-only and intestine multi-organ candidates.

Summary of discussion:

UNOS staff presented data on waitlist dropout (removal from waitlist due to death or too sick to transplant) rates for liver alone, intestine alone, and intestine multi-organ candidates who were ever listed between 2016 and 2018. Liver alone candidates had the highest dropout rate and intestine alone candidates had the lowest. Liver-intestine and intestine multi-organ (no liver) were in the middle.

UNOS staff noted that there is a small sample size for liver-intestine and intestine multi-organ (no liver) candidates so there is wide variation in the estimated dropout rate. The Committee noted that the dropout rate for liver candidates was high, but seemed to be in-line with previous Scientific Registry of Transplant Recipients (SRTR) reports.

Another Committee member noted that programs tend to have different organ acceptance criteria for the different organ combinations so it is difficult to compare the data.

A Committee member asked if it would be useful to see the data stratified by age group. The Committee felt that the pediatric population would be too small to have significant results.
A Committee member commented that some candidates may be listed for liver-bowel transplants and not have liver disease, which could explain the lower mortality.

The Chair of the Pediatric Transplantation Committee noted that recent SRTR reports have shown that waitlist mortality for adult intestine candidates seems to be increasing and suggested looking at the data stratified by age.

Next Steps:
UNOS staff will stratify the data by age group and present it to the Committee at a future meeting.

UNOS staff recently compiled a report showing outcomes for the NLRB during its first six weeks since implementation. The full report was sent to the Committee prior to the meeting.

Summary of discussion:
UNOS staff presented data from the NLRB Out-of-the-Gate report to the Committee.

A Committee member noted that under the old regional review board system, pediatric exceptions were almost always approved, and asked why the approval rate for the pediatric review board under the NLRB (67.4%) is so low. The previous Committee Chair stated that pediatric exceptions are now being reviewed exclusively by clinicians that treat pediatric patients and speculated that under the old system, adult clinicians were just approving all pediatric exception requests. The Chair noted that the overall rate of approval has gone down with the NLRB.

The previous Chair stated that the NLRB Subcommittee is planning on reviewing many aspects of the NLRB to ensure that it is functioning properly.

Next steps:
UNOS staff and the Committee will continue to monitor the NLRB.

Upcoming Meetings
- August 9, 2019 – Teleconference
- September 6, 2019 - Teleconference