

**OPTN Liver and Intestinal Organ Transplantation Committee  
Meeting Summary  
Conference Call**

**James Trotter, MD, Chair  
James Pomposelli, MD, Vice Chair**

## **Introduction**

The OPTN Liver and Intestinal Organ Transplantation Committee (the Committee) met via teleconference on 08/09/2019 to discuss the following agenda items:

1. Continuous Distribution of Lungs Concept Paper – Thoracic Committee Public Comment
2. Expedited Organ Placement – OPO Committee Public Comment
3. Data Collection to Evaluate the Logistical Impact of Broader Distribution – Operations and Safety Committee Public Comment
4. Liver and Intestine Data Report

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

### **1. Continuous Distribution of Lungs Concept Paper – Thoracic Committee Public Comment**

#### Summary of discussion:

The Vice Chair of the Thoracic Organ Transplantation Committee presented the concept paper titled, “Continuous Distribution of Lungs Concept Paper.”

The Committee provided feedback on the concept paper and posted a comment to the OPTN website. The Committee’s comment is provided below:

“The Liver Committee is interested in the anticipated time frame for implementation. The Liver Committee also asked whether the Thoracic Committee considered incorporating population density, and whether there would be modeling of impact on patients based on whether they were in densely populated versus sparsely populated areas. A Liver Committee member requested that the resulting proposal seek to minimize the difference in impact on patients based on the population density in their area.”

#### Next steps:

No next steps were identified.

### **2. Expedited Organ Placement – OPO Committee Public Comment**

#### Summary of discussion:

The Chair of the OPO Committee presented the public comment proposal titled, “Expedited Liver Placement.”

The Committee provided feedback on the proposal and posted a comment to the OPTN Website. The Committee’s comment is provided below:

“The Liver Committee asked about the logistics of the expedited offers and acceptances. If there are several offers made at the same time, and several centers accept, but then turn down once the offer is

certain, this could still result in slow placement. One Liver Committee member suggested that there be monitoring to ensure that the hospitals that accept the expedited placement and then later turn the organ down be discouraged from continuing that behavior. The Liver Committee also suggested having a different recorded message for expedited offers so that they could easily be distinguished by the center receiving the offer. The Liver Committee also asked about how many DCD livers were turned down late in the process.”

Next steps:

No next steps were identified.

**3. Data Collection to Evaluate the Logistical Impact of Broader Distribution – Operations and Safety Committee Public Comment**

Summary of discussion:

The Chair of the Operations and Safety Committee presented the public comment item titled, “Data Collection to Evaluate the Logistical Impact of Broader Distribution.”

The Committee provided feedback on the item and posted a comment to the OPTN Website. The Committee’s comment is provided below:

“The Liver Committee requested more information on how transportation time will be calculated. The Liver Committee also discussed whether the data collection would be necessary on an ongoing basis, or only for a short period of time. Collecting the information for a short period of time would be less of a burden on members.”

Next steps:

No next steps were identified.

**4. Liver and Intestine Data Report**

The Committee previously heard a presentation on outcomes for liver, liver-intestine, and intestine-other multi-organ transplant candidates. They then requested more data on liver-alone and liver-intestine candidates by age group to see if it worth pursuing a change to liver-intestine priority.

Summary of discussion:

UNOS staff presented the results of the data request. UNOS staff noted that adult, liver-alone candidates have higher waitlist mortality than adult, liver-intestine candidates. However, pediatric, liver-alone candidates have a lower mortality risk than pediatric, liver-intestine candidates.

One Committee member stated that it may be worth seeing if the candidates had liver failure or not.

Next steps:

The results of the data request will be communicated to all interested stakeholders.

**Upcoming Meetings**

- September 6, 2019 – Teleconference
- October 22, 2019 – Chicago, Illinois