Liver Allocation Variances

Current as of September 24, 2019

Region-Wide Variances

Region 1 Alternative Allocation System (AAS)

Livers and liver-intestines from donors under 18 years old are allocated to Status 1A and 1B candidates across the entire region instead of the donation service area (DSA). This will terminate upon implementation of changes to liver allocation approved by the Board in December 2018.

Region 2 AAS (split liver)

A transplant hospital within the region that accepts a liver offer for an adult candidate (the “index patient”) may split the liver, using the right lobe in the index patient, and the left lateral segment in a candidate under 18 years old at that center or an affiliated pediatric center.

Region 8 AAS (split liver)

A transplant hospital can split an accepted liver and decide which segment to transplant into the index candidate. If the remaining segment is not accepted for high MELD/PELD or Status 1A/1B candidates close to the donor hospital, the transplant program may transplant the second segment into a different, medically-suitable candidate registered at the same transplant hospital or an affiliated transplant program with an active pediatric liver component. This variance is not currently in use.

Region 9 AAS

Liver allocation bypasses the DSA unit of distribution in the allocation of livers and liver-intestines for transplant. Instead, the smallest geographic unit of distribution used in the allocation of livers and liver-intestines is OPTN Region. The variance is set to be terminated upon implementation of changes to liver allocation approved by the Board in December 2018.

Region 10 AAS

Livers and liver-intestines from donors under 18 years old are allocated to Status 1A and 1B candidates across the entire region instead of the donation service area (DSA). This will terminate upon implementation of changes to liver allocation approved by the Board in December 2018.
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**Individual OPO variances**

**LifeGift of Houston (TXGC) AAS (split liver)**

A transplant center within the donation service area (DSA) TXCG performing a right and left lobe split liver transplant is allowed to transplant both lobes into the institution’s “index patient” (an adult) and any other candidate listed at the same transplant center.

**Organ Donor Center of Hawaii (HIOP) AAS**

Livers from blood type O deceased donors in the DSA HIOP are allocated to candidates with blood type O and then candidates with any compatible blood type within the same MELD or PELD classification in the allocation tables. This variance will be extended to include candidates listed in Puerto Rico upon implementation of changes to liver allocation approved by the Board in December 2018.

**OneLegacy AAS (CAOP) (split liver)**

A transplant hospital within the DSA CAOP that accepts a liver offer for an adult candidate (the “index patient”) may split the liver, using the right lobe in the index patient, and the left lateral segment in a candidate under 18 years old at that center or an affiliated pediatric center.

**Open variances**

**Open Variance for Segmental Liver Transplantation**

When a transplant program transplants a right lobe or right tri-segment, the transplant program may offer the remaining left lobe or left lateral segment into a different, medically suitable recipient registered at the same transplant hospital or an affiliated pediatric institution instead of offering the remaining segment to potential recipients at other transplant programs. This variance is in OPTN policy 9.11.A.