OPTN Liver and Intestinal Transplantation Committee
Meeting Summary
September 6, 2019
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 09/06/2019 to discuss the following agenda items:

1. Public Comment Update
2. Discussion Regarding Project to Require Liver Teams to Recover Kidneys When Requested
3. Split and Partial Liver Data Report

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

1. Public Comment Update

The Committee is currently sponsoring a public comment proposal titled, "Clarification of Pre-Existing Liver Disease."

Summary of discussion:

The Chair provided an update on the public comments submitted thus far on the proposal. The majority of comments either supported or strongly supported the proposal.

Next steps:

The Committee will continue to receive updates on the public comment proposal and will vote on final policy language at their in-person meeting in October.

2. Discussion Regarding Project to Require Liver Teams to Recover Kidneys when Requested

The Committee previously discussed a project to create policy to require liver procurement teams to also procure kidneys when requested.

Summary of discussion:

The Committee supported moving forward with the project but noted that there are some circumstances when the liver procurement team is not able to procure the liver and the policy should account for such situations.

A Committee member noted that some organ procurement organizations (OPOs) ask the liver procurement team to also measure, package, and label the kidneys , which takes up valuable time, especially when the liver is considered marginal. The Committee member suggested that the request to procure the kidneys should be made before procurement is started and that there should clarification on whether the liver procurement team is also required to handle packaging, labelling, etc.

The Chair asked if there are specific situations when the liver procurement team would not be able to also procure the kidneys.

An OPO representative on the Committee stated that it should be the responsibility of the OPO to make sure that there is a team to procure all viable organs prior to going to the operating room. If OPOs make proper arrangements prior to entering the operating room, then liver teams being asked to procure kidneys after the procurement has already started would be avoided.

One Committee member stated that policy should incentivize kidney recovery but should not penalize liver procurement teams that do not procure kidneys. The Committee member noted that if a team is doing an en bloc heart-liver procurement, then the liver procurement team cannot stay to procure the kidneys.

A Committee member stated that some liver procurement teams will offer to recover the kidneys if the OPO sets the operating room time to meet their schedule. The Committee member also commented that OPOs have different standards for when it is decided that kidneys will not be procured from a DCD donor. Sometimes, OPOs ask the liver procurement team to stay for multiple hours to procure kidneys from a DCD donor.

A Committee member commented that liver procurement teams would be more willing to procure kidneys if the OPO could help with biopsy, packaging, and labelling. The Committee agreed that there should be standardized contributions from the OPOs in these tasks.

Next steps:

The Committee will continue to discuss this project at their in-person meeting.

3. Split and Partial Liver Data Report

The Committee requested additional data on split and partial liver transplantation practices at their in-person meeting in April 2019. UNOS staff presented the results of this data request.

Summary of discussion:

UNOS staff noted that similar proportions of adult and pediatric patients received split liver transplants during the time period analyzed. They also stated that partial transplants are typically left lobe for pediatric patients and that over 30% of split livers do not have a second acceptor. An expedited placement bypass code or “Other specify” text reference was used in 7.7% of match runs and for these expedited match runs, the acceptor of the second liver segment was usually at a center affiliated with the first accepting candidate center.

A Committee member asked if the analysis stratified results by the size and age of the donor. UNOS staff noted that this analysis will be included in the evaluation of the Region 8 variance. A Committee member stated that it would be useful to understand the logistics behind split liver procedures to get a better sense for the data. Another Committee member commented that many right lobes that were not transplanted probably were brought back to the pediatric program before they were split, at which point they had too much cold ischemic time to travel anywhere else. The Committee member suggested incentivizing in situ splitting. A Committee member commented that some transplant programs may not accept split liver segments because they do not feel like they have the technical skills to transplant these segments. The Committee member noted that additional training may be necessary. The Committee members also suggested that the Committee look at listing criteria because programs often say that they will accept a split liver segment for a candidate but often times they do not accept these offers. A Committee member introduced the idea of listing two candidates together at the sum of their MELD/PELD scores where both candidates would be willing to accept a split liver.

Next steps:

The Committee will monitor the outcomes of the Region 8 split liver variance.

Upcoming Meetings

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