OPTN Liver and Intestinal Transplantation Committee
Hawaii – Puerto Rico Work Group
Meeting Minutes
May 8, 2019
Conference Call

Julie Heimbach, MD, Chair
James Trotter, MD, Vice Chair

Introduction

The Hawaii – Puerto Rico Work Group (the Work Group) met via teleconference on 05/08/2019 to discuss the following agenda items:

1. Review Data Related to Hawaii and Puerto Rico Candidate and Transplant Populations
2. Discuss the Scope of the Potential Problem
3. Brainstorm Potential Solutions

The following is a summary of the Work Group's discussions.

1. Review Data Related to Hawaii and Puerto Rico Candidate and Transplant Populations

UNOS staff prepared a data report on the transplant candidate populations in Hawaii and Puerto Rico to give the Work Group a better sense for the scope of the issue.

Summary of discussion:

The Work Group Chair (the Chair) explained the issue for the Work Group's consideration. Under the current allocation system, highly-urgent candidates listed in Puerto Rico and Hawaii have access to liver offers from Regions Three and Six, respectively. However, under the Acuity Circles (AC) Policy, regions will no longer exist for the purposes of allocation so this system of regional distribution for highly-urgent candidates no longer exists. The AC policy instead uses a series of concentric circles and Hawaii and Puerto Rico are both too far from the contiguous United States to access any liver offers that are not offered nationally. Therefore, members in these two areas noted concern that they will lose access for their highly-urgent candidates under the AC policy.

The Chair noted that, conversely, livers from donors in Hawaii and Puerto Rico will not be able to be shared with any transplant programs in the contiguous United States. The Chair commented that the Liver and Intestinal Organ Transplantation Committee (the Committee) agreed that they should find a way to restore a similar level of access to livers from the contiguous United States for highly urgent candidates in Puerto Rico and Hawaii.

The Chair stated that Puerto Rico has a higher percentage of deceased donors over the age of 50 than the rest of the nation, while Hawaii has a lower percentage of such donors. The Chair also noted that Hawaii has a larger percentage of blood type B candidates registered on the waiting list.

Next Steps:

No next steps were identified.

2. Discuss Scope of the Potential Problem

Summary of Discussion

A Work Group member from Puerto Rico noted that they have struggled to transplant candidates with model for end-stage liver disease (MELD) score between 20 and 35. The Work Group member also stated that Puerto Rico exports approximately 40 to 50 livers each year. Because Puerto Rico exports so many livers, many candidates below MELD 35 struggle to get access to liver offers. The Work Group member also stated that Puerto Rico only imports one or two organs each year under the current system. However, without regional sharing above MELD 35, more local livers will be available for urgent candidates in Puerto Rico. The Work Group member suggested sharing livers with the contiguous region for lower MELD candidates.

The Work Group member from Hawaii stated that the challenge there is getting candidates with fulminant hepatic failure (who are often Status 1) transplanted. Another Work Group member noted that liver programs in Region Six are willing to share more livers with Hawaii.

The Chair stated that since Share 35 was implemented in 2013, 56% of all transplants to Status 1A recipients were from regional shares. Of the ten Status 1A transplants at Auxilio Mutuo Hospital (PRSJ), seven were regional shares and three were local shares. PRSJ has not transplanted any nationally shared livers. At The Queen's Medical Center (HIQM) in Hawaii, there have been two Status 1A transplants and both were regional shares.

Next Steps:

No next steps were identified.

3. Brainstorm Potential Solutions

Summary of Discussion:

The Work Group member from Puerto Rico suggested creating a larger distribution circle to allow for Puerto Rico to offer livers to candidates in the contiguous United States with lower MELD scores and for highly urgent candidates in Puerto Rico to receive offers from the area within the circle. The Workgroup member suggested using a ring between 1200 to 1500 nautical miles (NM) originating in Puerto Rico. The Work Group member from Puerto Rico felt that such bidirectional allocation between Puerto Rico and the contiguous United States would be an acceptable solution.

The Committee Chair felt that the alternative distribution system being discussed should only be for Status 1A and 1B candidates. The Committee Chair also noted that the blood type O variance, that was previously only in Hawaii, is being extended to include Puerto Rico. The Committee Chair suggested that Puerto Rico does not need to offer organs from Puerto Rico to low MELD candidates in the contiguous United States if Puerto Rico is only receiving offers for Status 1A or 1B candidates. The Committee Chair felt that Puerto Rico should be able to keep more of the organs from Puerto Rican donors. The Work Group Chair agreed that creating a large concentric circle to allow for distribution for Status 1A and 1B candidates between Puerto Rico and the contiguous United States would be a good solution.

The Work Group member from Hawaii did not think that a similar solution would work for Hawaii because they are farther from the contiguous United States. The Work Group member noted that they need to be able to get direct flights to wherever they are sending and receiving offers. Therefore, the Work Group member suggested creating an alternative allocation sequence that would allow Hawaii to send and receive offers to/from Washington and Oregon. The Work Group member felt that it was important to have bidirectional allocation between Hawaii and the

contiguous United States, and commented that they already do this with Washington and Oregon and it works well.

The Committee Chair asked if Hawaii needed more access for Status 1 candidates. The Work Group member felt that they do not need more access specifically for Status 1 candidates, but wanted a solution as close to the current allocation system as possible. The Work Group member felt that allocating between Hawaii and the contiguous United States for Status 1 candidates and candidates with a MELD greater than 34 would be appropriate.

The Work Group member from Puerto Rico again noted concern for candidates listed in Puerto Rico between MELD 22 and 35. The Work Group member from Hawaii stated that they export many high-quality organs because they can handle more cold ischemic time. Because of this, both islands end up transplanting a larger number of older donors.

The Committee Chair noted that they are considering donors from Alaska to be located at Seattle-Tacoma Airport (Sea-Tac) for purposes of allocation. The Committee Chair stated that they could so something similar for Puerto Rico and Hawaii. The Committee Chair clarified that with this solution, a Status 1 candidate in Hawaii would be considered to be listed in Hawaii and at Sea-Tac, so they could receive offers from Hawaii and a 500 NM circle around Sea-Tac. Another Work Group member felt that this would be a good solution. The Work Group also noted that implementing a similar solution for Puerto Rico could work. Under this plan, Status 1 candidates in Puerto Rico would also receive offers from donors within 500 NM of the Miami airport, as well as Puerto Rico. The Work Group chair suggested originating the circle in northern Florida, instead of Miami so that the area better matches what is currently Region Three.

The Work Group member form Hawaii noted that they sometimes will not receive an organ offer for multiple weeks, so it is important to increase access for their high MELD candidates. The Work Group agreed that it is important to preserve distribution for candidates with MELD 35 or higher.

The Committee Chair noted that in the distribution sequence under the AC policy, there are allocation thresholds at MELD or pediatric end-stage liver disease (PELD) 37 and MELD or PELD 33, but not 35. The Committee Chair asked if having the threshold be at MELD/PELD 37 would work. The Work Group member from Hawaii stated that MELD/PELD 37 would be an acceptable solution. The Work Group member from Puerto Rico preferred to only include Status 1 candidates. The Work Group member from Puerto Rico suggested giving candidates in Puerto Rico with a MELD score lower than 35 some form of additional priority in the allocation sequence.

The Committee Chair stated that it will be difficult to have different solutions for Puerto Rico and Hawaii. The Committee Chair noted that the two main options are whether to include only Status 1 candidates or Status 1 and above MELD/PELD 37. The Work Group Chair agreed that it will be easier to create a policy that treats the two locations similarly.

The Committee Chair commented that they could present both solutions to the full Committee.

<u>Next steps:</u>

The Committee Chair and the Work Group Chair will present the ideas discussed to the Committee during their next meeting.

Upcoming Meeting

- May 29, 2019