

**OPTN Liver and Intestinal Organ Transplantation Committee
National Liver Review Board (NLRB) Subcommittee
Meeting Summary
September 12, 2019
Conference Call**

**Julie Heimbach, MD, Subcommittee Chair
James Trotter, MD, Committee Chair
James Pomposelli, MD, Committee Vice Chair**

Introduction

The National Liver Review Board (NLRB) Subcommittee (the Subcommittee) met via teleconference on 09/12/2019 to discuss the following agenda items:

1. Pediatric 1A and 1B exceptions
2. Data on reviewer responsiveness
3. Review guidance changes suggested by Subcommittee members
4. Review board scope

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

1. Pediatric 1A and 1B exceptions

Subcommittee members discussed the process by which candidates who are seeking to be listed as Status 1A or 1B are reviewed.

Summary of discussion:

Currently, Status 1A and 1B exceptions are reviewed by a subcommittee of the Liver and Intestinal Organ Transplantation Committee. The Subcommittee discussed Status 1B cases, which are for pediatric patients. A Subcommittee member felt that the guidance for these cases should be updated and that many of the narratives are inadequate. The Subcommittee also noted that some Status 1B cases reapply to be Status 1B for many weeks. The Subcommittee discussed better ways to review these cases.

The Subcommittee agreed that better guidance for these cases would help. A Subcommittee member commented that the process to apply for Status 1B should be more robust so that it is clear if the candidate meets the criteria or not. The Subcommittee discussed creating a template for the applications for these cases.

The Subcommittee discussed if the Status 1B cases should be reviewed by the NLRB Pediatric Review Board. The Subcommittee noted that the percentage of pediatric model for end-stage liver disease (PELD) exceptions has decreased under the NLRB and it is likely because the process is more objective.

Next steps:

The Subcommittee will start working on updating the guidance document for Status 1B case review.

2. Data on reviewer responsiveness

The Subcommittee reviewed data on NLRB reviewer responsiveness to their assigned cases.

Summary of discussion:

The Subcommittee reviewed data on the number of cases assigned, voted on, closed prior to voting, and re-assigned due to unresponsiveness per reviewer by NLRB specialty board. The data report also included data on the number of cases assigned per reviewer by specialty review board during the first month of the NLRB, the most recent month of the NLRB, and for the time since the implementation of the NLRB.

The Subcommittee discussed the requirement in the NLRB guidelines that states that reviewers who are unresponsive to three cases within a year will be removed from the NLRB. The Subcommittee agreed that the requirement to remove unresponsive reviewers should be changed. The Subcommittee thought that there should be the ability to remove unresponsive reviewers but it should not be a requirement. The Subcommittee also agreed that the number of reassigned cases that is considered unresponsive should be a percentage of total assigned cases and not an absolute number. The Subcommittee agreed that the timeframe should also be reduced from one year to something shorter.

The Subcommittee also agreed that the hepatocellular carcinoma (HCC) specialty board is reviewing too many cases that should be auto-approved and that there should be a way to get cases back on the auto-approval track if they miss an extension deadline.

The Subcommittee agreed that it may be worthwhile to reach out to the directors of programs if a reviewer from the program is not being responsive.

Next steps

The Subcommittee will move forward with making the changes noted above to the guidelines.

3. Review guidance changes suggested by Subcommittee members

The Subcommittee previously discussed updating the guidance document for NLRB reviewers.

Summary of discussion:

The Subcommittee chair presented the suggested changes to the guidance for NLRB reviewers for cholangitis, cholangiocarcinoma (CCA), adults with metabolic disease, and polycystic. The Subcommittee agreed to make the suggested changes to the guidance for cholangitis. The Subcommittee discussed changes to the assigned median MELD at transplant score for CCA and decided to continue discussing before making a change. The Subcommittee discussed if it was worth adding guidance on adults with metabolic disease. The Subcommittee agreed it was worth discussing with the full Liver Committee. For polycystic candidates, the Subcommittee decided to do more research on the clinical criteria that could be used to define “severe symptoms.”

Next steps:

The Subcommittee agreed to continue discussing a change to the MMaT for CCA. They will also discuss adding more guidance on adults with metabolic disease and do more research on what could be considered “severe symptoms” for polycystic candidates.

4. Review Board Scope

The Subcommittee chair asked the Subcommittee to consider what the reviewers should be considering when making the decision to approve or deny a case.

Next steps:

The Subcommittee will discuss the topic more at the subsequent meeting.

Upcoming Meeting

- October 10, 2019