

**OPTN Liver and Intestinal Organ Transplantation Committee  
National Liver Review Board Subcommittee  
Meeting Summary  
October 10, 2019  
Conference Call**

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

## **Introduction**

The National Liver Review Board (NLRB) Subcommittee (the Subcommittee) met via teleconference on 10/10/2019 to discuss the following agenda items:

1. Pediatric 1A and 1B Reviews
2. Review Board Scope
3. Chair Term
4. HCC Auto-Approval
5. 180 Day Update

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

### **1. Pediatric 1A and 1B Reviews**

Members of the OPTN Liver and Intestinal Organ Transplantation Committee (the Committee) and the OPTN Pediatric Committee have stated that there should be more pediatric representation when reviewing Status 1A/1B requests.

#### Summary of discussion:

Currently, a Subcommittee of the Committee retrospectively reviews all Status 1A and Status 1B requests. A large number of the forms submitted are for pediatric patients but many of the members of the Subcommittee are not specialized in pediatric transplantation. As such, both the Committee and the Pediatric Committee have suggested that it would be better to have more pediatric members on the Subcommittee that reviews the Status 1A and 1B exception requests.

The Subcommittee discussed the idea and agreed that it would be beneficial to add members of the Pediatric Committee to the Status 1A/1B Subcommittee.

#### Next steps:

UNOS staff will inform the Pediatric Committee of the Subcommittee's idea to add Pediatric Committee members to the Status 1A/1B Subcommittee. The Subcommittee will continue to discuss the topic.

### **2. Review Board Scope**

There is currently no instruction on what is acceptable for reviewers to consider when deciding to grant or deny an exception request. Members of the transplant community have noted instances where the comments left by reviewers seemed outside of the scope of the NLRB.

#### Summary of discussion:

The Subcommittee Chair asked the Subcommittee what question reviewers should be answering when deciding to grant or deny an exception request. The Subcommittee agreed that more direction was needed and that review board members should base their decisions on medical urgency and mortality risk. The Subcommittee agreed to recommend adding language saying that NLRB members should base their decisions on medical urgency and mortality risk to the NLRB Operational Guidelines.

Next steps:

The Subcommittee will recommend adding language to the NLRB Operational Guidelines.

### **3. Chair Term**

Under the current system, the NLRB Chair (the immediate past Chair of the Committee) serves a two year term. However, the immediate past chair is only an ex-officio member of the Committee for one year.

Summary of discussion:

The Subcommittee Chair asked if the NLRB Chair should remain as an ex-officio member of the Committee for an additional year to align with the role as NLRB Chair. The Subcommittee agreed not to change the guidelines and keep the current situation wherein the NLRB Chair serves a two year term and the immediate past president serves a one year, ex officio term.

Next steps:

No next steps were discussed.

### **4. HCC Auto-Approval**

Since the implementation of the NLRB, many HCC cases that meet criteria for auto-approval are being reviewed by the HCC review board. The Subcommittee discussed ways to reduce the number of cases being reviewed by the HCC review board.

Summary of discussion:

In the current system, when a transplant program misses an extension deadline for a case that meets standard criteria and was previously auto-approved, the case must then be reviewed by the HCC review board instead of continuing to be auto-approved. Also, cases that did not initially meet standard criteria may eventually meet standard criteria but they cannot transfer over to the auto-approval track because they were not initially auto-approved. As a result, the HCC review board is reviewing many cases that meet standard criteria. This is causing unnecessary and extra work for the HCC review board.

The Subcommittee discussed ways to reduce the number of cases being reviewed by the HCC review board. The Subcommittee discussed adding a button within the system to allow reviewers to note cases that should move to the auto-approval track. The Subcommittee agreed that exception cases that have been reviewed and granted by the HCC review Board and then meet the standard extension criteria should be able to be auto-approved.

Next steps:

The Subcommittee will continue to discuss this solution during their next meeting.

### **5. 180 Day Update**

The current policy describing when the median model for end-stage liver disease (MELD) at transplant (MMaT) and pediatric end-stage liver disease (PELD) at transplant (MPaT) calculations must be updated is not clear.

Summary of discussion:

The Subcommittee agreed that the policy language for the 180-day MMaT and MPaT calculation update should be clarified.

Next steps:

The Committee will discuss proposed policy language at their next meeting.

**Upcoming Meetings**

- November 14, 2019 – Teleconference
- December 12, 2019 – Teleconference