

**OPTN Liver and Intestinal Organ Transplantation Committee  
Hawaii and Puerto Rico Work Group  
Meeting Summary  
November 15, 2019  
Conference Call**

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## **Introduction**

The OPTN Liver and Intestinal Organ Transplantation Committee's Hawaii and Puerto Rico Work Group (the Work Group) met via teleconference on 11/15/2019 to discuss the following agenda items:

1. Large Circle vs. Airport Options
2. Pediatric Donors
3. Blood Type O Donors

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

### **1. Large Circle vs. Airport Options**

The Work Group previously considered two potential solutions to ensure that urgent candidates listed in Hawaii and Puerto Rico have adequate access to liver offers. The first potential solution was to add classifications to the allocation tables that would allow urgent candidates in Hawaii and Puerto Rico to receive offers from donor hospitals within large circles of the transplant programs. The second proposed solution was to have the urgent candidates virtually listed at an airport on the west coast (such as Los Angeles International (LAX) or Seattle-Tacoma (Sea-Tac)) or at Miami International Airport for candidates in Hawaii and Puerto Rico, respectively. The Work Group continued to discuss the two options.

#### Summary of discussion:

The Work Group discussed the challenges and advantages of each of the proposed solutions. The Work Group reviewed data on the distance between the transplant hospital and donor hospital for deceased donor liver transplant recipients from January 1, 2012 to October 31, 2019 at the transplant programs in Puerto Rico and Hawaii, respectively. The Work Group also reviewed maps showing which donor hospitals would be included in the proposed circle distances from each transplant program.

Based on the data showing the distances between the transplant programs and the donor hospitals where from which the programs have historically accepted livers, the Work Group decided to utilize a circle of 1100 NM in Puerto Rico and 2400 NM in Hawaii. The Work Group agreed that the proposed circle sizes approximate the access that the programs in Puerto Rico and Hawaii have under the current allocation system.

The Work Group also agreed that the proposed allocation changes should apply to candidates with model for end-stage liver disease (MELD) and pediatric end-stage liver disease (PELD) 37 or higher and Status 1A and 1B. The Work Group also agreed to incorporate the proposed solution as a variance so that it can be evaluated and refined if needed.

The Subcommittee noted that the proposed solution should be implemented as close to the implementation of Acuity Circles as possible.

Next steps:

The Liver Committee will consider the proposed solution at their next meeting. If they approve the proposal, it will go out for special public comment starting in December.

**2. Pediatric Donors**

Under the Acuity Circle allocation system, pediatric donors are offered nationally to all pediatric candidates before any adult candidates. The Work Group discussed how to incorporate pediatric donors in the proposed solution.

Summary of discussion:

The Work Group agreed to include the priority for PELD and pediatric MELD candidates for pediatric donors. The Work Group also agreed that the transplant programs in Puerto Rico and Hawaii are unlikely to accept a pediatric donor for an adult candidate after it has been offered to pediatric candidates nationally, so they did not include this sequence in the proposed solution.

Next steps:

These recommendations will be included in the proposed solution that is considered by the Liver Committee.

**3. Blood Type O Donors**

Blood type O donors are offered to MELD/PELD 30 and higher blood type B candidates, and all O candidates before they are offered to any A and AB candidates in the Acuity Circle allocation system. The Work Group discussed if this pattern should be incorporated into the proposed solution.

Summary of discussion:

The Work Group discussed if they should include the proposed sequences for donors with blood type O and candidates with blood type A and AB, as the organs will have already been offered across the nation. The Work Group agreed that the programs in Hawaii and Puerto Rico were unlikely to accept these organs as they would already have high cold ischemia time.

Next steps:

These recommendations will be included in the proposed solution that is considered by the Liver Committee.

**Upcoming Meeting**

- No upcoming meetings scheduled.