Enhancements to the National Liver Review Board

OPTN Liver and Intestinal Transplantation Committee
Purpose of the Proposal

- Incorporate improvements to NLRB based on first six months of experience

- Improvements include:
  - Clearer policy language to improve efficiency of the system
  - Changes to guidelines to match practice
  - Updated guidance documents based on clinical experience

- Will increase efficiency and provide more equitable access to transplant
Proposal

- The proposal includes changes to:
  - **NLRB policy language**: increase and standardize HCC automatic approvals and clarify MMaT/MPaT update schedule
  - **Operational Guidelines**: clarify NLRB reviewer scope, update threshold for inactive reviewer removal, and clarify process for final appeals
  - **Guidance Documents**: add guidance for secondary sclerosing cholangitis (SSC) and adults with metabolic disease, clarify guidance for portopulmonary hypertension and candidates with prior history of HCC
Policy Language

- HCC extension automatic approval:
  - Currently, HCC extensions automatically approved only if previously automatically approved
  - Proposal is to allow any extension meeting standard criteria to be automatically approved

- Recalculation of MMaT and MPaT
  - MMaT and MPaT scores updated every 180 days based on past 365 days
  - Proposal maintains semi-annual recalculation but gives discretion for when the new scores are implemented
  - Will give OPTN time to calculate, publish, and implement
Operational Guidelines

- **Review Board Scope:**
  - Add factors to be considered when no applicable guidance or policy including: medical urgency of the candidate, anticipated transplant efficacy, waitlist dropout rates, and waitlist mortality risk

- **Removal of Inactive Reviewers:**
  - First four months: 25% of NLRB reviewers were reassigned at least three times
  - Change threshold for removal from 3 missed cases to 5% of all cases assigned within a 12 month period
  - Give discretion for removal to NLRB Chair

- **Committee Appeal Process:**
  - Clarify the format of final committee appeal
  - Committee can delegate responsibility to subcommittee
Guidance Documents

- Portopulmonary Hypertension
  - Remove unnecessary and outdated language in guidance

- Secondary Sclerosing Cholangitis
  - Add SSC to section for PSC so candidates receive similar consideration

- Adults with Metabolic Disorders
  - Add guidance that adults should be considered for MMaT-3, but allow for higher score if life threatening complications

- Adults with Prior History of HCC
  - Clarify that guidance only applies to candidates on initial MELD exception
Feedback from Liver Breakout
Feedback Requested

• **Review Board Scope**: are these the appropriate factors for reviewers to consider for cases where there is no policy or guidance?

• **Removal of inactive Reviewers**: is the proposed threshold (5% of cases within 12 months) the right threshold for removal?

• **SSC Guidance**: should SSC be treated in the same way as PSC?

• **Adults with Metabolic Disorders**: is MMaT-3 an appropriate score for this population?

• Are other changes helpful and clear?

• Any other suggestions for improvements to the NLRB?
Discussion
Additional Resources

- Public comment proposal and feedback
- NLRB Operational Guidelines
- Adult Other Diagnosis Guidance
- Adult HCC Guidance
- Pediatric Guidance
Enhancements to the NLRB

- The proposal include changes to:
  - **NLRB policy language**: increase and standardize HCC automatic approvals and clarify MMaT/MPaT update schedule
  - **Operational Guidelines**: clarify NLRB reviewer scope, update threshold for inactive reviewer removal, and clarify process for final appeals
  - **Guidance Documents**: add guidance for secondary sclerosing cholangitis (SSC) and adults with metabolic disease, clarify portopulmonary hypertension and candidates with prior history of HCC