

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 - Remove unnecessary and outdated language in guidance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 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

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