Introduction
The OPTN Pediatric Transplantation Committee (the Committee) met via teleconference 01/15/2020 to discuss the following agenda items:

1. National Liver Review Board (NLRB) Data Report
2. Multi-Organ Data Request
3. Pediatric Bylaws Implementation Update
4. Recap and Next Steps

The following is a summary of the Committee’s discussions.

1. National Liver Review Board (NLRB) Data Report

UNOS research provided a pediatric check-in report. The Committee requested:

- Exception status and scores of pediatric candidates added to the waiting list
- Number and percent of deceased donor liver transplants by exception status and OPTN region
- Distribution of allocation status or Model for End-Stage Liver Disease (MELD) or Pediatric End-Stage Liver Disease (PELD) score at time of transplant by exception status and region
- Donor volume by OPTN region

Summary of discussion:
The first section of this presentation focused on exception forms submitted to the pediatric National Liver Review Board (NLRB). Members agreed that throughout the presentation, graphics on status 1A and 1B candidates should be removed to examine how the remaining candidates compare across policy eras. Members commented that many of the PELD exception scores have changed to 35 because 35 is the median PELD at transplant for the nation. Members noted that the approved scores have been rising over time. When data was presented on allocation status or MELD or PELD scores at transplant by exception status, age at transplant, and policy era, members commented that the number of pediatric candidates that get transplanted without an exception is small.

Next steps:
The Committee will continue to monitor the NLRB.

2. Multi-Organ Data Request

The Committee discussed details of a potential data request that would examine the impact of multi-organ transplant (MOT) on pediatric access to transplant.

Summary of discussion
The Committee’s main concern is that adult candidates listed for kidney-pancreas (KP) transplantation receive priority access to kidneys ahead of kidney-alone pediatric candidates. The Committee would like to focus on time to transplant and transplant rates as metrics. Members also pointed out that these rates will differ depending upon the region in which candidates reside.

Members are interested in finding out how many KP and MOT candidates are pediatrics. Another member requested that candidates are stratified by size and age when performing data analysis. Members requested organ demographic data so they would be able to see the quality of organs that are being used in adult MOT and KP candidates. The Committee noted interest in quantifying the number of times that a pediatric candidate is listed first on an allocation sequence but does not receive the organ. In order to do this, a member suggested examining these candidates’ waiting time, the number of offers they have received, and the reason for not receiving these organs.

**Next Steps:**
The Committee made plans to continue this conversation and finalize the data request at a later date.

3. **Pediatric Bylaws Implementation Update**

UNOS staff reported that 92% of all pediatric bylaw applications are accounted for. Of these applications, 70% have submitted applications while 22% have opted out.

**Summary of discussion**

A member asked if this data could be broken down by organ in order to see what types of programs are electing to opt out.

**Next steps:**
UNOS staff will work to gather this information.

4. **Recap and Next Steps**

There was no discussion.

**Upcoming Meetings**

- February 19, 2020 (Teleconference)
- March 25, 2020 (In-Person)