

**OPTN Liver and Intestinal Organ Transplantation Committee
Acuity Circles Subcommittee
Meeting Summary
February 12, 2020
Conference Call**

**James Trotter, MD, Chair
James Pomposelli, MD, PhD, Vice Chair**

Introduction

The Acuity Circles Subcommittee (the Subcommittee) met via teleconference on 02/12/2020 to discuss the following agenda items:

1. Median model for end-stage liver disease (MELD) at transplant (MMaT) calculation
2. Topics from Previous Meetings

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

1. Median model for end-stage liver disease (MELD) at transplant (MMaT) calculation

The Acuity Circles policy was implemented on February 4, 2020. At that time, the MMaT calculation for MELD exception candidates was converted to be based on transplants performed within 250 nautical miles (NM) of each transplant hospital.¹ Since the implementation of the Acuity Circles policy, a number of member institutions have noted that the use of a 250 NM circle as the geographic basis for the MMaT calculation may be creating a disadvantage for candidates listed at certain programs.

Summary of discussion:

The Chair noted that some member institutions have submitted feedback that the 250 NM circle may be too small for use in the MMaT calculation. The Chair described how there may be programs with a lower MMaT than other programs in relative close proximity. The concern is that the exception candidates at programs with the higher MMaT could have a relative advantage over candidates at programs within a close proximity with a lower MMaT.

The Chair stated that each transplant program has access to a distinct set of donor hospitals and that the OPTN Liver and Intestinal Organ Transplantation Committee (the Committee) discussed this issue when developing the Acuity Circles policy.

The Chair noted that two ideas discussed thus far are to use 500 NM as the geographic basis for the MMaT calculation or to exclude exception candidates who received a transplant from the calculation.

Subcommittee members noted that the Acuity Circles policy has been implemented for just over a week so it is too early to determine if there is an issue with the current calculation. Subcommittee members noted that the MMaT scores across the country should equalize over time.

The Subcommittee agreed to submit a data request to see what MMaT scores would be if it were calculated based on 500 NM and excluding candidates transplanted at an exception score.

¹ For full details on how MMaT is calculated, please see OPTN Policy available at <https://optn.transplant.hrsa.gov/>

The Subcommittee reviewed data on MMaT scores based on 250 NM and 500 NM from 2018 when the Committee considered this same topic.

Next steps:

The Subcommittee agreed to keep monitoring this potential issue and review the results of the data request before pursuing an associated project.

2. Topics from Previous Meetings

The Acuity Circles Subcommittee had previously met prior to the implementation of the Acuity Circles policy. During those meetings the group discussed two potential situations to monitor:

1. Late declines and final acceptance
2. Time to get to operating room (OR) for marginal donors

Summary of discussion:

The Chair reminded the Subcommittee of the previous discussions.

Late Declines and Final Acceptance:

The Chair described the potential situation where a program accepts two livers for a candidate, procures the first liver and brings it back to their transplant program before releasing the second liver. This delays going to the OR for the second liver and becomes more of an issue when organs are being allocated across further distances.

A Subcommittee member noted that it is too early to know for certain if this is a problem. The Subcommittee member suggested allowing time for programs to adapt to the new system before making any changes. Subcommittee members also commented that programs will need to trust other surgeons to procure livers and they should allow time for this trust to build.

The OPO Committee recently submitted a data request to understand the extent of this problem under the previous allocation system. The Subcommittee expressed interest in reviewing that data and then continuing to monitor for this practice after implementation of the Acuity Circles policy.

Time to get to OR for marginal donors:

The Chair described the potential situation where a high MELD candidate could receive multiple, concurrent offers. The transplant program could initially accept a marginal donor but then decline the marginal donor as better organs are offered. The concern is that this could happen multiple times for the same marginal donor to the point where the organ can no longer be transplanted.

Subcommittee members acknowledged that this could be an issue but there could be ways to manage it within the current system. They also agreed that they need to allow the Acuity Circles system to be in place for more time to get data on the prevalence of the issue before doing anything.

A Subcommittee member noted that there could be an opportunity to produce a best practices white paper.

Next steps:

The Subcommittee will review the data from the OPO Committee's data request on concurrent acceptances. The Subcommittee will continue to monitor the Acuity Circles policy.

Upcoming Meetings

- March 11 at 5:00 PM EST

- April 8 at 5:00 PM EST