

## **OPTN Liver and Intestinal Organ Transplantation Committee**

### **Meeting Summary**

**March 19, 2020**

**Conference Call**

**James Trotter, MD, Chair**

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

### **Introduction**

The OPTN Liver and Intestinal Organ Transplantation Committee (the Committee) met via teleconference on 3/19/2020 to discuss the following agenda items:

1. COVID-19 Discussion
2. Acuity Circles Subcommittee Update
3. Public Comment Update

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

#### **1. COVID-19 Discussion**

The Committee was informed of a COVID-19 emergency policy action passed by the OPTN Executive Committee to address entry of candidate data needed to maintain status, score, or waiting time. The policy action was effective beginning March 17, 2020 and states if a transplant program is prevented from collecting data or chooses not to collect data due to medical judgement during the COVID-19 emergency, then:

- Most recent clinical values can be entered to meet data requirements
- Must use date of submission (data entry date) as the date for the clinical value(s)
- Must document in candidate's medical record circumstances for using emergency policy

The Committee was also informed the OPTN has launched a survey to collect information on COVID-19 related issues impacting transplantation. Committee members were asked what effects they are seeing at their programs due to the COVID-19 pandemic. Some committee members reported their programs have stopped living donations, some patients are refusing organ offers due to the virus, and there are issues with staffing capacity.

#### **2. Acuity Circles Subcommittee Update**

The Committee was informed of the Subcommittee's ongoing discussions regarding a potential issue of exception candidates with different Median MELD at Transplant (MMaT) scores listed at programs with close geographic proximity. The Subcommittee has requested more data to evaluate the issue and continue discussions. If the Subcommittee determines there is an issue, three solutions have been identified:

Subcommittee has identified three potential solutions:

- Use 500 NM as basis for MMaT instead of 250 NM
- Dynamic MMaT based on donor hospital
- MMaT without exception candidates

### Summary of discussion:

Committee members were asked if they are seeing similar issues as their programs and for their feedback on the potential solutions. A committee member asked if this topic had been discussed during the development of the Acuity Circles policy. Another committee member commented that the committee did discuss the MMaT calculation and anticipated that the MMaT scores would even out over time. A committee member commented this potential issue could impact rural hospitals especially. Some committee members agreed to analyze data as it becomes more available since it may be too soon to make a change after implementation. Committee members were concerned acting too quickly may produce other unintended consequences. Another committee member commented early data will show the most variability. Other committee members commented the committee will need to be able to act quickly to react to any potential areas for improvement. A committee member requested to see DSA level results within the acuity circle data.

### Next Steps

The one month acuity circles report has been released for review by the Committee. The Subcommittee will review requested data and continue discussion of potential solutions.

### **3. Public Comment Update**

The Committee was informed the *Enhancements to the National Liver Review Board* proposal currently out for Public Comment has been supported in all regions. There were no discernable themes identified from comments submitted.

### Next Steps

Public Comment ends March 24. Some small clarifying changes will be made to the proposal after public comment prior to going to the Board.

### **Upcoming Meeting**

- April 3, 2020 – Teleconference
- April 14, 2020 – Richmond, VA