

**OPTN Liver and Intestinal Organ Transplantation Committee
National Liver Review Board Subcommittee
Meeting Summary
July 9, 2020
Conference Call**

**James Trotter, MD, Committee Chair
James Pomposelli, MD, PhD, Committee Vice Chair
Julie Heimbach, MD, Subcommittee Chair**

Introduction

The National Liver Review Board (NLRB) Subcommittee (the Subcommittee) met via teleconference on 07/09/2020 to discuss the following agenda items:

1. Subcommittee Introduction
2. Changes to Pediatric Guidance

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

1. Subcommittee Introduction

The Chair welcomed new members to the Subcommittee and provided a brief overview of current projects.

2. Changes to Pediatric Guidance

The Chair informed the Subcommittee there is a separate workgroup that is working on a project to update PELD and Status 1B criteria. Additionally, members of the OPTN Pediatric Committee presented suggested modifications to the pediatric NLRB guidance.

Summary of Data

The Subcommittee reviewed proposed language modifications to the following areas of pediatric NLRB guidance:

- Status 1B
- Portal hypertension
- Failure to thrive/growth guidelines
- Metabolic liver disease
- Conclusion

Summary of Discussion

The Subcommittee discussed proposed language to be added to the Status 1B exception language in NLRB guidance:

Candidates with gastrointestinal bleeding requiring frequent transfusion is persistent for more than 48 hours may be considered for a status 1B exception.

The Subcommittee agreed the term "frequent" should be further defined as "two or more transfusions of more than 10 ccs per kilo over a 72 hour period". The Subcommittee also discussed the possibility of

changing the Status 1B policy in order to make this criteria an automatic exception. The Subcommittee was informed the PELD/Status 1B Workgroup is also looking at the possibility of this change. A Subcommittee member commented they are seeing a lot of pediatric patients with PELD scores of 70 or higher.

Regarding the proposed changes to portal hypertension, a Subcommittee member suggested adding language to guide programs to include detail on the therapies attempted in their exception requests.

Regarding the proposed language for ascites, the Subcommittee recommended changing the language to read:

Patients requiring a hospitalization of at least five days with ascites not adequately controlled by oral diuretics and require IV diuretic therapy.

The Subcommittee was generally supportive of the rest of the recommendations.

Next Steps

The PELD/Status 1B Workgroup will continue discussions on the Status 1B guidance and policy requirements. All suggested changes to the guidance language will go to the full Liver Committee for review.

Upcoming Meetings

- August 13