

**OPTN Liver and Intestinal Organ Transplantation Committee
Acuity Circles Workgroup
Meeting Summary
August 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 08/12/2020 to discuss the following agenda items:

1. Sorting within Liver Allocation Classifications

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

1. Sorting within Liver Allocation Classifications Scenarios

The Subcommittee continued discussions on the "Sorting within Liver Allocation Classifications" project.

Summary of Discussion:

The Subcommittee focused on three main questions:

1. Should exception candidates with the same diagnosis on the same match run have the same MELD/PELD score or should exception scores differ based on the Median MELD at Transplant (MMaT) of the transplant program? If the former, what does that look like?

The Subcommittee discussed MMaT calculation and whether it should be based on the area around the donor hospital or the transplant hospital. A Subcommittee member suggested all programs within an allocation circle should be assigned the same MMaT score.

A member commented it will be difficult to make a decision without adequate data to prove there is a problem. Members from Region 2 and Region 5 commented patients with the same diagnosis in close proximity have different access to organs. Another member commented any available data would not be reliable because of the COVID pandemic. Some members commented there is enough of a perceived problem that it should be addressed and data can be evaluated concurrently.

2. How should waiting time be counted for exception candidates?

Subcommittee consensus has been that waiting time for exception candidates should be based on time since initial approved exception.

3. Should lab candidates rank higher than exception candidates of the same MELD/PELD score?

The Subcommittee reviewed three options for lab and exception candidates with the same score:

- When candidates have same MELD/PELD score, candidates with lab score should always be ranked ahead of candidates with exception
- Weight waiting time for lab candidates higher such that they are given higher priority (i.e. one day of waiting time for lab candidate equals 10 days for a lab candidate)

- Rank lab candidates ahead of exception candidates but give exception candidates ability to gain more points with longer waiting time

The Subcommittee discussed each of the options and generally agreed lab candidates should be ranked ahead of exception candidates. A member commented cholangiocarcinoma patients should be prioritized separately from other exception patients.

Next Steps

A member recommended sending a survey to the full Subcommittee to ask their opinions on the discussed questions. The Subcommittee will continue their discussions and considerations of the proposed changes to the classification on the next call.

Upcoming Meetings

- August 26

Attendance

- **Subcommittee Members**
 - Peter Abt
 - Diane Alonso
 - Sumeet Asrani
 - Derek DuBay
 - Bailey Heiting
 - Shekhar Kubal
 - Ray Lynch
 - Peter Matthews
 - James Pomposelli
 - Mark Orloff
 - Jorge Reyes
 - James Trotter
- **HRSA Representatives**
 - Jim Bowman
 - Robert Walsh
- **SRTR Staff**
 - Michael Conboy
 - John Lake
 - Andrew Wey
- **UNOS Staff**
 - Matthew Cafarella
 - Lindsay Larkin
 - Jason Livingston
 - Samantha Noreen
 - Matt Prentice
 - Leah Slife
 - Karen Williams