Introduction
The Acuity Circles Subcommittee (the Subcommittee) met via teleconference on 08/26/2020 to discuss the following agenda items:

1. Region 2 Presentation
2. Sorting within Liver Allocation Classifications

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

1. Region 2 Presentation

A community member from Region 2 presented to the Subcommittee. The member informed the Subcommittee that the transplant programs in Region 2 are concerned that the current system for assigning exception scores is flawed, as two candidates with the same diagnosis can be listed at different transplant programs in close proximity with different MMaT scores. The member noted that this situation has negatively impacted the programs in Region 2. The member recommended that exception scores within the same acuity circle should receive the same score and should be allocated based on their time on the waitlist.

2. Sorting within Liver Allocation Classifications Scenarios

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

Summary of Discussion:

The Subcommittee continued discussions on the following question:

1. 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 exception 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 reviewed a sample match run based on the options above. Members commented that the weighted lab sort option is arbitrary and difficult to explain. The Subcommittee generally supported the lab priority scenario (Option 1) because it meets the intended goal.
For the lab priority sort option, a member asked what the impact would be on pediatric candidates as most pediatric candidates are exception candidates. The member was concerned that prioritizing lab candidates ahead of exception candidates with the same MELD/PELD score would disadvantage pediatric candidates. Members noted that pediatric candidates would still be prioritized in the allocation sequence and many PELD exceptions are for high scores that would still be prioritized above most adult MELD candidates. A member commented PELD exceptions could be over prioritized in the proposed scenario.

Another member asked if lab candidates with a score of 40 should be given priority above an exception candidate with the same score. Some members commented the lab candidate should still be prioritized.

Previously, the Subcommittee discussed whether or not to include the 6 month delay as part of time since initial approved exception for HCC candidates. The initial recommendation was to not include this time but there was not clear consensus.

Next Steps
The Subcommittee will continue their discussions and considerations of the proposed changes to the classification on the next call. The Subcommittee’s final recommendations will go to the full committee for consideration.

Upcoming Meetings
- September 9
- September 23
Attendance

- **Subcommittee Members**
  - Peter Abt
  - Diane Alonso
  - Sumeet Asrani
  - Kimberly Brown
  - Derek DuBay
  - Bailey Heiting
  - Julie Heimbach
  - Ray Lynch
  - Shekhar Kubal
  - Jorge Reyes
  - James Trotter

- **HRSA Representatives**
  - Jim Bowman
  - Adriana Martinez
  - Shannon Taitt
  - Robert Walsh

- **SRTR Staff**
  - Michael Conboy
  - John Lake

- **UNOS Staff**
  - Matthew Cafarella
  - Craig Connors
  - Betsy Gans
  - Samantha Noreen
  - Matt Prentice
  - Liz Robbins Callahan
  - Karen Williams

- **Other Attendees**
  - Abraham Shaked