

OPTN Liver & Intestinal Organ Transplantation Committee

Meeting Summary

September 3, 2020

Conference Call

James Trotter, MD, Chair

James Pomposelli, MD, PhD, Vice Chair

Introduction

The Liver & Intestinal Organ Committee (the Committee) met via Citrix GoToMeeting teleconference on 9/3/2020 to discuss the following agenda items:

1. Disease Transmission Advisory Committee Public Comment Proposal: Align OPTN Policy with U.S. Public Health Service Guidelines, 2020
2. Updating NLRB Guidance Documents and Policy Clarifications: POC Project Approval
3. Acuity Circles Subcommittee Update

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

1. Disease Transmission Advisory Committee Public Comment Proposal: Align OPTN Policy with U.S. Public Health Service Guidelines, 2020

The Committee received a presentation on the *Align OPTN Policy with U.S. Public Health Service Guidelines, 2020* proposal out for public comment.

Summary of Discussion:

The Committee is overall supportive of the proposal. However, the Committee does have concerns related to the proposed requirement to store living donor samples for 10 years. Committee members commented storage of living donor samples should not be required due to cost and lack of data to suggest there is a demonstrated need for the requirement.

Sentiment Vote:

4 Strongly Support, 13 Support, 0 Neutral/Abstain, 0 Oppose, 0 Strongly Oppose

2. Updating NLRB Guidance Documents and Policy Clarifications: POC Project Approval

The Chair of the NLRB Subcommittee presented the new *Updating NLRB Guidance and Policy Clarifications* project.

Summary of Data:

The new project is being developed in collaboration with the Pediatric Committee to update the Pediatric Guidance Document. Specific sections to be updated include:

- Complications of portal hypertension, including ascites and gastrointestinal bleeding
- Growth failure/nutritional insufficiency
- Metabolic liver disease
- Conclusion

Additionally the NLRB Subcommittee will be reviewing Primary Sclerosing Cholangitis (PSC) guidance and diagnostic criteria for standardized Cholangiocarcinoma (CCA) exceptions to determine if updates are needed.

Next Steps:

The Committee supports sending the project to the Policy Oversight Committee (POC) for approval. The project will be sent to the POC for approval in September.

3. Acuity Circles Subcommittee Update

The Committee received updates on the work of the Acuity Circles Subcommittee.

Summary of Data:

The Subcommittee is working to address two concerns:

- Exception candidates listed at a transplant program with lower MMaT within close proximity of another transplant program with higher MMaT
- Exception candidates listed at a transplant program where MMaT decreases and use of time at score or higher as a tiebreaker gives historical advantage even after MMaT scores equalize

The Subcommittee has two approved projects to address these concerns:

- Updating the MMaT Calculation
- Sorting within Liver Allocation Classifications

The Committee reviewed the Subcommittee's proposed sorting option which ranks lab candidates ahead of exception candidates of the same MELD or PELD score and uses time at score or higher as the tie-breaker for lab candidates and time since initial approved exception for exception candidates.

The Committee then reviewed the Subcommittee's proposed solution to change MMaT calculation to be based on donor hospital:

- Every donor hospital would have an MMaT score based on the median (or mean, min, or max) MELD at transplant within 250 NM (or 150 or 500 NM) of the donor hospital
- When a match is run from the donor hospital, all exception candidates would be assigned an exception score based on the MMaT of that donor hospital

Summary of Discussion:

A Committee member commented the proposed MMaT calculation scenario seems to be too complicated and instead candidates with HCC exceptions should have the same MELD score nationwide. Another member responded that solution would result in disparities among exception candidates.

A member commented the circle around the donor hospital should be larger 500 NM to calculate MMaT. Another member commented assigning different scores within different circle zones. The Subcommittee Chair commented a larger circle could be calculated along with other circle sizes for further evaluation and discussion.

Next Steps

Both projects will continue to develop within the Subcommittee. The Liver Committee will review the final proposed solutions in late October.

Upcoming Meetings

- October 2, 2020
- October 22, 2020

Attendance

- **Committee Members**
 - Peter Abt
 - Kimberly Brown
 - James Eason
 - Alan Gunderson
 - Bailey Heiting
 - John Lake
 - Ray Lynch
 - Peter Matthews
 - Greg McKenna
 - Jen Kerney
 - Mark Orloff
 - James Pomposelli
 - Shekhar Kubal
 - Jorge Reyes
 - Julie Heimbach
 - James Trotter
- **HRSA Representatives**
 - Jim Bowman
 - Marilyn Levi
- **SRTR Staff**
 - Michael Conboy
- **UNOS Staff**
 - Matt Cafarella
 - Jason Livingston
 - Jennifer Musick
 - Samantha Noreen
 - Matt Prentice
 - Tynisha Robinson
 - Leah Slife
 - Peter Sokol
 - Emily Ward
 - Karen Williams
- **Other Attendees**
 - James Sharrock
 - Ricardo La Hoz