

OPTN Liver & Intestinal Organ Transplantation Committee

Meeting Summary

October 2, 2020

Conference Call

James Trotter, MD, Chair

James Pomposelli, MD, PhD, Vice Chair

Introduction

The Liver & Intestinal Organ Transplantation Committee (the Committee) met via Citrix GoToMeeting teleconference on 10/2/2020 to discuss the following agenda items:

1. Updating Median MELD at Transplant (MMaT) Calculation

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

1. Updating Median MELD at Transplant (MMaT) Calculation

The Committee reviewed progress so far on the *Updating MMaT Calculation* project. There are two parts to the proposal: sorting within allocation classifications and basing MMaT around the donor hospital. The Chair reminded the Committee that post-Acuity Circle data has not shown a disparity in access to transplant.

Modeling

The Committee discussed whether the proposed solution should be modeled prior to public comment. The Committee was informed modeling the proposed changes could take as long as six months and there is not a mechanism to update MMaT scores while the simulation is running, meaning the MMaT values would be static over time. Also the exception scores used in modeling would be based on scores under the previous review board system. Additionally, modeling would be unlikely to show much impact as most sorting is still primarily accomplished through the allocation classifications themselves.

A Committee member proposed that the Committee move forward with a public comment proposal and model simultaneously. Some Committee members commented the cohort that would be used for modeling would be of limited value as it does not use the current NLRB system and would be impacted by the COVID-19 pandemic. A Committee member disagreed with modeling concurrently due to the limitations in the available cohort but would rather continue to monitor current data along with Public Comment.

A representative from the SRTR stated that modeling would be of limited use and that Liver Simulated Allocation Model (LSAM) does have the ability to model a version of the NLRB system but cannot periodically update the MMaT during a multi-year simulation run. The representative stated because of the nature of the policy changes the Committee is considering, modeling wouldn't be beneficial as it would only show broad concepts but not specific details of how the proposed policy changes would affect allocation. Furthermore, the acceptance behavior is fixed and is based on historical acceptance behavior. The representative stated the proposed policy changes would most likely drive an acceptance behavior change which cannot be modeled.

A Committee member further commented that building trust in the community and getting them to weigh in ahead of time is more important. Committee members agreed due to the complexity of the issue, the proposal would need to be written very clearly and justifications thoroughly explained.

The Committee agreed that modeling would be of limited value and that the proposed solution could go to Public Comment without modeling.

Updating MMaT Calculation

The Committee reviewed the Acuity Circles Subcommittee's (the Subcommittee) proposed solution of drawing the allocation circle around the donor hospital. The Committee then reviewed options on specifics within the proposed solution including circle size and options for calculating MMaT.

The Committee was presented with two options for calculating MMaT:

- Calculate based on transplants that occurred within whichever distance of the donor hospital
- Calculate based on MMaT of transplant programs within whichever distance of the donor hospital

The Committee then reviewed example scenarios for various geographic locations based on the two options.

A Committee member commented the inclusion of exception candidates in the calculation of MMaT may be problematic as this could perpetually reinforce the same MMaT. The Chair commented the Acuity Circles Subcommittee thought taking the median of all individual transplants was more direct.

The Committee also considered what cohort size would be sufficiently large enough to calculate MMaT around a donor hospital. The Committee was informed current policy has a cohort size of 10 qualifying transplants. A smaller cohort would increase variability but allow for smaller circle sizes, and a larger cohort would be more stable but increases the number of donor hospitals that would need to utilize a larger circle when calculating MMaT. The Committee then reviewed example scenarios for various geographic locations.

The Committee then reviewed the following data:

- Deceased donor, liver-alone transplants by exception status and distance from donor hospital to transplant program
- Deceased donor, liver-alone transplants by allocation MELD or PELD score or status, exception status and distance from donor hospital to transplant program
- Number of liver transplant programs within 150, 250, and 500 NM of each donor hospital
- Count and percent of donor hospitals with fewer than 10, 25, and 50 transplants and number of transplant programs within 150 and 250 NM
- Difference in MMaT around the donor hospital at 150 and 250 NM

The Committee then discussed a new option which would use 150 or 250 NM as the initial circle size and a combination of two transplant programs and a specified number of transplants as the cohort threshold. If the cohort is not met in the initial circle size, the circle is increased at small increments such as 50 NM until the required cohort is met.

Committee members suggested creating a video or other enhanced educational resource to explain the proposed concepts to the community at large.

Next Steps

Both projects will continue to develop within the Subcommittee. The Subcommittee will consider which circle size should be initially used to calculate MMaT (150 or 250 NM), how MMaT should be calculated (by transplant or by transplant programs), and what cohort size is sufficiently large enough to calculate MMaT around the donor hospital.

The Liver Committee will review the final proposed solutions in late October.

Upcoming Meetings

- October 22, 2020
- November 6, 2020

Attendance

- **Committee Members**
 - Diane Alonso
 - Sumeet Asrani
 - Kimberly Brown
 - Alan Gunderson
 - Julie Heimbach
 - Jennifer Kerney
 - Shekhar Kubal
 - Ray Lynch
 - James Markmann
 - Greg McKenna
 - Mark Orloff
 - Jorge Reyes
 - James Trotter
- **HRSA Representatives**
 - Jim Bowman
- **SRTR Staff**
 - Michael Conboy
 - John Lake
 - Josh Pyke
 - Andrew Wey
- **UNOS Staff**
 - Matt Cafarella
 - Craig Connors
 - Lindsay Larkin
 - Jason Livingston
 - Victor Melendez
 - Jennifer Musick
 - Samantha Noreen
 - Karen Williams
- **Other Attendees**
 - James Sharrock
 - Ryutaro Hirose