

OPTN Liver & Intestinal Organ Transplantation Committee**Meeting Summary****November 6, 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 11/6/2020 to discuss the following agenda items:

1. Policy Oversight Committee (POC) Update
2. MMaT Calculation Project
3. Updating Guidance for Candidates with Primary Sclerosing Cholangitis (PSC)

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

1. Policy Oversight Committee (POC) Update

The Vice Chair presented an update from the Policy Oversight Committee (POC). The POC has three strategic policy priorities:

- Continuous distribution
- Multi-organ allocation
- Efficient donor/recipient matching to increase utilization

The Vice Chair reviewed the number of projects underway that fall under these priorities. There are a number of other projects that do not fall under these priorities that are still important to pursue.

The Committee was reminded that they will begin work on continuous distribution in January 2021. Additionally, the Liver Committee is collaborating on the Multi-Organ Workgroup and the *Consistent Practices in Organ Recovery* and *Pathology Report* projects. The Liver Committee has also been identified as a potential sponsor for the *Criteria for Bedside Liver Biopsy* project.

2. MMaT Calculation Project

The Committee reviewed the goal and progress of the *Updating MMaT Calculation* project. The Committee was also informed the *Sorting within Liver Allocation Classifications* and *Updating MMaT Calculation* projects have been merged into one project going forward.

The Committee was informed the project was recently reviewed by the POC who expressed some concern for the lack of available data demonstrating a need to update the MMaT calculation. The Vice Chair commented the issue is not a data-driven issue but is a fairness issue.

The Chair presented a counter-argument to the proposal to change the MMaT Calculation. The Chair stated the project may receive opposition because (1) there is currently no evidence of harm, (2) the current allocation system is designed to allocate livers to higher MELD candidates, (3) HCC candidates in high-MELD areas need higher MELD exception scores because they compete with higher lab MELD candidates, (4) reducing MELD score at the time of allocation defeats the purpose of this assigned MELD

score, and (5) surgeon behavior can in part address potential inequity in HCC access. The Chair commented that it is important to acknowledge these counter-points for consideration.

The Committee discussed the counter-points and data presented. A member commented the arguments have been deliberated within the Acuity Circles Subcommittee and Committee before, and feels the project should still move forward.

The Committee then revisited the question of HCC candidates and if they should receive time since submission of first approved exception or since submission of second extension (six month delay). The Acuity Circles Subcommittee had recommended it should begin at submission of the second extension. However, the Committee was informed if the six month delay is excluded, it would be different than the current system and could be a complex programming effort as there would need to be a conversion of patients currently on the Waitlist to the new system. More so, it could deprioritize HCC candidates relative to other exception candidates more than intended. The Committee sentiment was to count time since submission of the initial approved exception.

The Committee previously discussed instituting a minimum exception score for standardized and non-standardized exceptions of 15. In current policy, HCC candidates on their six month delay get an exception score of six. The Committee supported stating that candidates are listed based on their lab MELD instead of assigning an exception score of six during the six month delay due to the minimum exception score.

The Committee also previously discussed that the new system would be designed so that programs can submit requests for MELD/PELD adjustments. In the current system, requests for MELD 40 or PELD 40 and above are not tied to MMaT. The Committee discussed whether those requests should still be untied to MMaT. The Committee decided to keep the policy the same.

The Committee then considered waiting time for exception candidates and if a candidate is approved for an exception with one diagnosis and then is approved for an exception with a different diagnosis, if he or she should receive time since submission of the first exception. The Acuity Circles Subcommittee recommended that time since submission of the initial approved exception should only be counted for exceptions of the same diagnosis. However, the Committee felt that this would significantly increase the complexity of the proposal to account for a very rare circumstance. Therefore, the Committee decided that candidates should receive time since submission of earliest approved exception regardless of diagnosis.

The Committee considered if there be a time limit between exceptions. The Acuity Circles Subcommittee recommended there should not be a time limit and the Committee agreed.

The Committee was informed in current policy, there is no distinction between exceptions that are *approved* vs. *assigned* and there are instances in policy where the distinction should be clarified. The Committee did not have feedback on these proposed changes. further.

Next Steps

The Committee will continue to discuss the project on the next call.

3. Updating Guidance for Candidates with Primary Sclerosing Cholangitis (PSC)

The Committee reviewed initial data and proposed changes to guidance presented during the previous meeting. The Committee was informed the additional data that was requested would not be available in time for January 2021 public comment.

The Committee discussed whether to wait for additional data before proposing changes to guidance. A member commented the proposed changes are minor and they would support putting them out for public comment. Members commented the proposed changes are meant to clarify the criteria, as the current criteria are felt by some to be too stringent. The Committee agreed to move forward with a proposal for January 2021 public comment. The Committee will also move forward with the additional data request.

Upcoming Meetings

- November 20, 2020

Attendance

- **Committee Members**
 - Peter Abt
 - Diane Alonso
 - Sumeet Asrani
 - Kimberly Brown
 - Derek DuBay
 - Alan Gunderson
 - Julie Heimbach
 - Bailey Heiting
 - Jennifer Kerney
 - Shekhar Kubal
 - Ray Lynch
 - James Markmann
 - Peter Matthews
 - Greg McKenna
 - Mark Orloff
 - James Pomposelli
 - Jorge Reyes
 - James Trotter
- **HRSA Representatives**
 - Jim Bowman
- **SRTR Staff**
 - Michael Conboy
 - Andrew Wey
- **UNOS Staff**
 - Matt Cafarella
 - Shannon Edwards
 - Betsy Gans
 - Lindsay Larkin
 - Jennifer Musick
 - Joel Newman
 - Samantha Noreen
 - Matt Prentice
 - Liz Robbins Callahan
 - Karen Williams
- **Other Attendees**
 - James Sharrock