Introduction

The OPTN Liver and Intestinal Organ Transplantation Committee (the Committee) met via Citrix GoToMeeting teleconference on 02/05/2021 to discuss the following agenda items:

1. Final Rule Overview Presentation
2. Public Comment Ongoing Project Update
3. Continuous Distribution Overview Presentation

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

1. Final Rule Overview Presentation

Summary of discussion:

A member commented that they would like to have more influence on which projects are pursued. Committee members discussed their desire to have more time to generate project ideas and influence which projects are pursued. Staff responded that the OPTN relies upon its committee members to notice issues in the field that should be addressed. It is the role of committee support staff to ensure the proposed work is within the scope of the OPTN’s purview.

A member asked how the structure of the regulatory process has evolved with changes over time. Staff responded that while the Final Rule was established in 2000, the United States Department of Health and Human Services (HSS) could amend it to make changes. Additionally, the National Organ Transplant Act (NOTA) could be updated by Congress.

2. Public Comment Ongoing Project Update

Summary of discussion:

Feedback on Calculate Median Model for End-Stage Liver Disease (MELD) at Transplant (MMAI) around the Donor Hospital and Sorting within Liver Allocation:

The OPTN Pediatric Transplantation Committee raised a concern that ranking exception candidates after lab candidates of the same MELD/ Pediatric End-Stage Liver Disease (PELD) score and blood type compatibility will inappropriately decrease pediatric access to adult donor offers. Liver and Pediatric Committee leadership met and agreed to closely monitor the impact of this policy on the pediatric population.

Regional representative from OPTN Regions 4, 3, and 6 shared feedback from their regional meetings. During the Region 4 meeting, an Organ Procurement Organization (OPO) representative asked how moving a donor to an independent donor center for the procurement, as opposed to procuring at the donor hospital, would impact the MMAI calculation, as well as travel, costs, and cold ischemia time. Region 3 voiced concern about the reduction of organs transplanted following the implementation of
Acuity Circles (AC). Region 6 reported awaiting post-AC mortality reporting and questioned if having data on candidates’ MMaT upon waitlist removal for death or too sick for transplant would be valuable in understanding how organs are moving around the country.

3. Continuous Distribution Overview Presentation

Summary of discussion:
A member asked if equity could serve as a component of the patient access score. Staff responded that the first version of continuous distribution would consider the attributes currently used in organ allocation, but future versions could widen the scope and include attributes such as equity. A member commented that while they like the overall concept of the continuous distribution framework, the details still remain vague. This member foresees challenges during discussions about which attributes are most important.

Next steps:
The Committee will continue to discuss continuous distribution within the context of the liver allocation system.

Upcoming Meeting
- March 5, 2021
Attendance

- **Committee Members**
  - Peter Abt
  - Sumeet Asrani
  - Kimberly Brown
  - Derek DuBay
  - Alan Gunderson
  - Julie Heimbach
  - Baily Heiting
  - Jennifer Kerney
  - Shekhar Kubal
  - John Lake
  - James Markmann
  - Greg McKenna
  - Mark Orloff
  - James Pomposelli
  - Jorge Reyes
  - James Sharrock
  - James Trotter

- **HRSA Representatives**
  - Jim Bowman
  - Marilyn Levi

- **SRTR Staff**
  - Andrew Wey

- **UNOS Staff**
  - James Alcorn
  - Matt Cafarella
  - Betsy Gans
  - Jason Livingston
  - Jennifer Musick
  - Joel Newman
  - Samantha Noreen
  - Kelley Poff
  - Liz Robbins
  - Karen Williams

- **Other Attendees**
  - Scott Biggins (Vice Chair, July 2021)
  - Samantha DeLair