

OPTN Liver and Intestinal Organ Transplantation Committee

Meeting Summary

March 4, 2022

Conference Call

James Pomposelli, MD, PhD, Chair

Scott Biggins, MD, Vice Chair

Introduction

The OPTN Liver and Intestinal Organ Transplantation Committee (the Committee) met via Citrix GoToMeeting teleconference on 03/04/2022 to discuss the following agenda items:

1. Public Comment Review
2. Review Recently Implemented Policy: Clarify Multi-Organ Allocation Policy
3. Continuous Distribution: Identification and Categorization of Attributes

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

1. Public Comment Review

The Committee reviewed community feedback to-date on *Improving Liver Allocation: MELD, PELD, Status 1A and Status 1B* and *Ongoing Review of National Liver Review Board (NLRB) Diagnoses*.

Summary of discussion:

Improving Liver Allocation: MELD, PELD, Status 1A and Status 1B-

Generally, this proposal has received widespread support. A member referenced the expressed concerns about the inclusion of albumin and potential for manipulation. This member confirmed that the Committee determined that albumin could be included with low risk, as it has less effect at higher Model for End-Stage Liver Disease (MELD) scores due to the interaction albumin has with high creatinine levels.

Ongoing Review of National Liver Review Board (NLRB) Diagnoses-

Generally, this proposal has also received widespread support.

Next steps:

The Committee will review all comments on both public comment items during their meeting in April.

2. Review Recently Implemented Policy: Clarify Multi-Organ Allocation Policy

The Committee received an update on the progress of *Clarify Multi-Organ Allocation Policy*.

Summary of discussion:

A member mentioned that the simultaneous liver-kidney allocation policy is not in alignment with other multi-organ transplant (MOT) allocation policies and that this can impact the ability of a transplant program to receive a kidney with an accepted liver offer. Another member agreed and shared that their program is frequently offered the liver without the kidney and that this can contribute to waitlist mortality. A member suggested that more formal thoracic-kidney criteria should be developed, similar to requirements for liver-kidney transplants. This member continued that safety net kidneys could be

made available for heart-kidney and lung-kidney transplants. They mentioned the recent increase in frequency of MOT transplant and that a Status 1A pediatric candidate should take priority over a combined thoracic-abdominal transplant. A member voiced support for changing the liver-kidney allocation policy as soon as possible. Members suggested comparing liver alone candidates to liver MOT candidates to monitor if and when each type of candidate is offered a liver, the length of their wait on the list, and their outcomes. Another member pointed out that some candidates who receive a liver and need a kidney are never listed for the safety net because their comorbidities related to renal failure make them ineligible for kidney transplant. The candidates that are never listed would not be captured in the dataset.

Next steps:

The Committee's feedback will be recorded and delivered to the OPTN Ad Hoc Multi Organ Committee.

3. Continuous Distribution: Identification and Categorization of Attributes

The Committee continued discussions about attributes for the continuous distribution of liver and intestinal organs.

Summary of discussion:

A member highlighted the importance of increased access for disadvantaged populations. Another member suggested the Committee consider the addition of height as an attribute, noting its difference from body surface area (BSA)/donor-recipient size matching. A member added that growth failure could be important to include when considering prioritization of pediatric candidates. A member commented that liver-intestine candidates are often prioritized on the basis of having a higher chance of mortality and limited access to suitable donors. They explained that liver-intestine grafts can be challenging to find and oftentimes the Organ Procurement Organizations (OPOs) choose to keep these grafts in the local area.

Members began discussing a new method for processing exception requests for standard diagnoses that would grant points based on the candidate's medical urgency for transplant or need for higher access to transplant. A member suggested that prioritizing split livers may help increase access by adding more organs to the pool. Members also noted the need to stratify hepatocellular carcinoma (HCC) candidates, as many candidates with this diagnosis have similar MELD scores despite differing tumor burden.

Next steps:

The Committee will continue discussions on continuous distribution of livers during their next meeting.

Upcoming Meeting

- April 4, 2022, Chicago, 10:00 AM-4:00 PM ET

Attendance

- **Committee Members**
 - Alan Gunderson
 - Allison Kwong
 - Bailey Heiting
 - Derek DuBay
 - Greg McKenna
 - James Trotter
 - James Pomposelli
 - Jen Kerney
 - Jorge Reyes
 - Kym Watt
 - Pete Abt
 - Peter Matthews
 - Shekhar Kubal
 - James Eason
- **HRSA Representatives**
 - Jim Bowman
 - Marilyn Levi
 - Raelene Skerda
- **SRTR Staff**
 - David Schladt
 - John Lake
 - Nick Wood
 - Tim Weaver
 - Katherine Audette
- **UNOS Staff**
 - Betsy Gans
 - Matt Cafarella
 - Kelley Poff
 - Jason Livingston
 - Jennifer Musick
 - Joel Newman
 - Julia Foutz
 - Kaitlin Swanner
 - Liz Robbins
 - Leah Slife
 - Susan Tlusty