

OPTN Liver and Intestinal Organ Transplantation Committee

Meeting Summary

December 3, 2021

Conference Call

James Pomposelli, MD, Chair

Scott Biggins, MD, Vice Chair

Introduction

The OPTN Liver and Intestinal Organ Transplantation Committee (the Committee) met via Citrix GoToMeeting teleconference on 12/03/2021 to discuss the following agenda items:

1. Two- Factor Authentication in UNetSM
2. Review updated policy and vote
3. Acuity Circles: 18 month monitoring report
4. Introduction: Continuous Distribution

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

1. Two- Factor Authentication in UNetSM

The Committee was updated on two-factor authentication in UNetSM.

Summary of discussion:

There was no discussion.

Next steps:

Two-factor authentication in UNetSM will be implemented in January 2022.

2. Review updated policy and vote

The Committee reviewed updated policy language for public comment in January 2022.

Summary of discussion:

Policy 9.1.F: Liver-Intestine Candidates

During their last meeting, the Committee voted to change policy such that liver-intestine points are based on age at the time of registration for either the liver or the intestine, whichever is first. Upon further discussion, it was discovered that this policy change has the potential to introduce inconsistency with priority in liver allocation such that candidates registered for an intestine prior to turning 18 could be prioritized as a pediatric candidate in liver allocation. The proposed solution is to use age at the time of liver registration to assign liver-intestine points.

Policy 9.1.E PELD Score

The Committee discussed a change to Pediatric End-Stage Liver Disease (PELD) Creatinine (Cr) for candidates on dialysis. In order to be consistent with Model for End-Stage Liver Disease (MELD), the proposed solution is to assign the maximum creatinine value to PELD candidates with two or more dialysis treatments in the last 7 days or 24 hours of continuous veno-venous hemodialysis (CCVHD) in the last seven days.

Policy 9.1.D: MELD Score

The Committee also discussed a small modification to the MELD 3.0 score for candidates who received two or more dialysis treatments or have received 24 hours of CVVHD within the last seven days. The updated policy makes it more clear that these candidates will utilize a creatinine value of 3.0 mg/dl in the MELD 3.0 score if they have received two or more dialysis treatments or have received 24 hours of CVVHD in the seven days immediately prior to the serum creatinine test. This change will align policy language with data collection in UNetSM.

The Committee voted on the following:

- Do you support sending the updated MELD/PELD/Status 1A/1B project out for public comment in January 2022?
 - Support- 14, Abstain- 0, Oppose-0

Policy 9.5.l.i: Initial Assessment and Requirements for HCC Exceptions

The Committee also voted on an update regarding the proposed changes to HCC policy language to align with Liver Imaging Reporting and Data System (LI-RADS). In the initial version of the updated language “macrovascular involvement” was changed to “tumor in vein.” The Committee voted to change the language back to “macrovascular involvement,” which is more inclusive.

The Committee voted on the following:

- Do you support sending the updated Ongoing Review of National Liver Review Board (NLRB) Diagnoses project out for public comment in January 2022?
 - Support- 14, Abstain- 0-, Oppose-0

Next steps

The updated MELD/PELD/Status 1A/1B and NLRB projects are slated to go out for public comment in January 2022.

3. Acuity Circles: 18 month monitoring report

The Committee reviewed the 18 month monitoring report for the Acuity Circles (AC) policy.

Summary of discussion:

A member asked if more candidates with higher MELD/PELD scores are being transplanted after implementation of the AC policy. The presenter responded that the data shows a 4-5% increase in transplants of candidates with higher MELDS post AC policy implementation. Another member asked if there was a breakdown showing age of recipients at time of transplant and if more candidates with alcohol-associated liver diseases are being transplanted. The presenter confirmed that more candidates diagnosed with alcohol-associated liver diseases are being transplanted and noted a small increase in the number of transplants in the 18-39 candidate age group. A member pointed out the decrease in split livers and suggested the Committee address this problem in the future.

Next steps:

The Committee will continue to monitor the AC policy.

4. Introduction: Continuous Distribution

The Committee received an introductory presentation on the Continuous Distribution allocation framework.

Summary of discussion:

A member asked about any available resources to assist with modeling attributes, such as population density. The presenter explained that population and transplant density were discussed by the OPTN Lung Transplantation Committee and can be considered by the Liver Committee. The presenter continued that the OPTN has engaged with outside experts for assistance, but noted that some data (such as cost) is unavailable and that this is a current limitation.

Next steps:

The Committee will continue work on Continuous Distribution.

Upcoming Meeting

- January 7, 2021 @ 3 PM ET

Attendance

- **Committee Members**
 - Alan Gunderson
 - Allison Kwong
 - Sumeet Asrani
 - Derek DuBay
 - James Pomposelli
 - James Trotter
 - James Markmann
 - Jennifer Kerney
 - Jorge Reyes
 - Shekhar Kubal
 - Kym Watt
 - Mark Orloff
 - Peter Abt
 - Sophoclis Alexopoulos
- **HRSA Representatives**
 - Jim Bowman
- **SRTR Staff**
 - David Schladt
 - Katie Audette
 - Ryutaro Hirose
 - Tim Weaver
- **UNOS Staff**
 - Chelsea Haynes
 - Matt Cafarella
 - Darren Stewart
 - Kelley Poff
 - James Alcorn
 - Jennifer Musick
 - Julia Foutz
 - Leah Slide
 - Liz Robbins
 - Matt Prentice
 - Mike Ferguson
 - Niyati Upadhyay
 - Betsy Gans
- **Other Attendees**
 - Samantha Delair
 - Samantha Taylor