OPTN Liver and Intestinal Organ Transplantation Committee
Meeting Summary
January 03, 2025
Conference Call

Scott Biggins, MD, Chair
Shimul Shah, MD, MHCM, Vice Chair

Introduction

The OPTN Liver and Intestinal Organ Transplantation Committee (the Committee) met via WebEx teleconference on 01/03/2025 to discuss the following agenda items:

1. Last Review: Submit Research Questions for Continuous Distribution Modeling
2. Continuous Distribution: Hepatocellular Carcinoma (HCC) Stratification Workgroup Recommendation
3. Annual Data Report: Liver and Intestine Variances in OPTN Policy (Region 8)
4. Continuous Distribution: Split Liver (Continued Discussion)
5. Request for Feedback: Modify Organ Offer Acceptance Limit 3-Month Monitoring Report

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

1. Last Review: Submit Research Questions for Continuous Distribution Modeling

The Committee reviewed a drafted timeline for the liver continuous distribution project. The Committee reviewed research questions to submit to the SRTR.

Summary of Discussion:

No decisions were made regarding this agenda item.

The Committee had no edits to the drafted research questions.

Next steps:

The Committee will submit the research questions to SRTR.

2. Continuous Distribution: HCC Stratification Workgroup Recommendation

Presentation Summary

HCC Stratification Recommendation

The HCC Subcommittee objective was to maintain appropriate priority for HCC candidates within continuous distribution (CD) while considering how to stratify priority for those candidates. The Subcommittee felt there was sufficient data to stratify the HCC population.

The HCC Subcommittee recommended a stratification system based on the Multi-HCC framework.[1] The Multi-HCC stratification system is based on Model for End-Stage Liver Disease (MELD) 3.0, Alpha-fetoprotein (AFP), and tumor burden. The Multi-HCC system stratifies patients into quartiles for priority. These quartiles are recalculated every three months which allows HCC candidates to potentially move up in priority but not down. Finally, the system uses an elevator method that increases an HCC candidate's priority over the course of nine months.

Summary of Discussion:

No decisions were made regarding this agenda item.

A member wondered if this will set a precedent around biology dictating priority. The Committee members noted that stratifying HCC may set a precedent for data driven ways of setting priority in the future but that right now the reason it was possible to stratify HCC is because there is more data on the condition unlike other exceptions. The Vice Chair noted there would be a need for data collection and monitoring of the HCC stratification system to ensure that certain subpopulations of HCC candidates were not over prioritized. They also noted this may be a way to assure the transplant community's concerns about stratifying HCC priority.

Next steps:

The Committee will seek feedback on incorporating a Multi-HCC stratification system from the community.

3. Annual Data Report: Liver and Intestine Variances in OPTN Policy (Region 8)

Data Summary:

The Region 8 split liver variance policy allows participating transplant programs to offer the second segment of a split liver to a candidate at the same or affiliated transplant program after offering it to MELD/PELD 33+ and Status 1 candidates listed within 500 nautical miles of the donor hospital. This variance was implemented on 12/03/2019 with the purpose of encouraging split liver transplants. The four-year results show a national decrease in the number of split liver transplants from 787 pre-policy to 668 post-policy with Region 8 being one of the regions in which the number of split liver transplants decreased. The results so far do not suggest an increase in the number of split liver transplants after implementation of the Region 8 Split Liver Variance.

Summary of Discussion:

No decisions were made regarding this agenda item.

There was no discussion on this agenda item.

Next steps:

There are no next steps for this agenda item.

[1] Norman J, Mehta N, Kim WR, Liang JW, Biggins SW, Asrani SK, Heimbach J, Charu V, Kwong AJ, Multi-HCC: A practical model to prioritize patients with hepatocellular carcinoma on the liver transplant waiting list, Gastroenterology (2024), doi: https://doi.org/10.1053/j.gastro.2024.11.015

4. Continuous Distribution: Split Liver (Continued Discussion)

Presentation Summary

The Committee discussed how to incorporate split liver into liver continuous distribution.

A proposed model for split liver incentivization is that a separate split liver transplant (SLT) match run would be generated for the second segment. Donors meeting SLT criteria would receive additional points for candidates willing to accept SLT. Centers accepting the primary segment would receive proximity points for the second segment. Other centers would also receive proximity points in the match run based on their location to the donor hospital to the potential recipient. Primary segment center proximity points would be higher than location proximity points to enhance allocation. Finally, a center must have performed at least one SLT in the last 5 years to be eligible to help improve the efficiency of the policy.

Summary of Discussion:

No decisions were made regarding this agenda item.

The Chair expressed the idea that under continuous distribution it may be easier to incentivize split liver transplants and that this proposal may be a step in the right direction. The Committee overall felt this was a good proposal, but a few members noted there were some issues that would need to be resolved.

A member stated that having the criterion related to transplant programs performing one split liver transplant in the last five years apply only to the second segment match run is more appropriate than it being applied to both match runs. The member also noted that the second liver segment being on its own match run may help with placement and therefore use of the second segment because this would mean the OR time would not be set until the second segment was allocated. The member suggested that this change may require the Committee to develop best practice recommendations on how the anatomy of the liver needs to be split, such as how the artery and bile ducts would need to be divided between liver segments.

Another member pointed out that some primary centers are pediatric centers that are not in the same institution or affiliated with an adult center and that this could complicate how priority points are awarded. The Vice Chair responded that those situations are rare but that there might be a way to partner those centers with other centers and the Chair confirmed there is a precedent for how to operationalize this.

Next steps:

The Committee will consider this agenda item further in future meetings.

5. Request for Feedback: Modify Organ Offer Acceptance Limit 3-Month Monitoring Report

Presentation Summary

Key Takeaways from the Report

- The percentage of hearts, livers, and lungs allocated out of sequence decreased post-implementation.
- Waiting list mortality rates did not change significantly for heart, liver, or lung candidates.
- Utilization rates increased for heart and liver donors post-implementation. Non-use rates increased for liver donors and decreased for lung donors.

The Committee has considered the following questions/modifications to monitor Status 1/high MELD candidates.

- How many Status 1 candidates who died had an accepted offer?
- How many had a provisional yes on the same day as death?
- Ask for data with a MELD cutoff of 37 including Status 1

Summary of Discussion:

No decisions were made regarding this agenda item.

The Committee discussed what data they might ask for to capture what was happening to Status 1 and high MELD candidates in need of transplant. One member noted it was difficult to capture these events outside of collecting granular details of individual events when they occurred. The Chair noted this may need to be what the Committee must do because the data monitoring report is set up to capture frequent events. The cases of Status 1/high MELD patients dying while waiting for high quality organs are relatively rare, so they are unlikely to show up in the monitoring report at statistically significant levels.

A member wondered if there was data to understand the average length of time from declaration of death to OR in order to compare how many offers are missed during the time.

Next steps:

The Committee leadership will meet with OPO leadership to discuss the issue further and the Committee will consider this agenda item in the future.

Upcoming Meeting

- January 17, 2025

Attendance

- **Committee Members**
  - Scott Biggins
  - Shimul Shah
  - Chris Sonnenday
  - Neil Shah
  - Kathy Campbell
  - Christine Radolovic
  - Marina Serper
  - Omer Junaidi
  - Joseph DiNorcia
  - Allison Kwong
  - Vaness Cowan
  - Lloyd Brown
  - Michael Kriss

- **HRSA Staff**
  - Jim Bowman

- **SRTR Staff**
  - David Schladt
  - Jack Lake
  - Nick Wood

- **UNOS Staff**
  - Emily Ward
  - Alex Carmack
  - Eric Messick
  - Ben Schumacher
  - Cole Fox
  - Ethan Studenic
  - Betsy Gans
  - Laura Schmitt
  - Keighly Bradrook
  - Niyati Upadhyay
  - Susan Tlusty
  - Alina Martinez
  - Kaitlin Swanner