

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

*OPTN Liver and Intestinal Organ Transplantation Committee  
James Pomposelli, Chair*

# Purpose of Proposal

- The **National Liver Review Board (NLRB)** is responsible for reviewing model for end-stage liver disease (MELD) and pediatric end-stage liver disease (PELD) exception score requests
- The NLRB uses **OPTN policy and guidance** to review exception cases
- Purpose:
  - Ensure **guidance and policy remain clear and aligned** with current research so that the appropriate candidates receive MELD or PELD exceptions

# Proposal: Hepatocellular Carcinoma (HCC)

## Policy and Guidance

- HCC Policy:
  - Update policy language to **align with Liver Imaging Reporting and Data System (LI-RADS)** terminology and classifications
  - Ensure consistent classification of HCC lesions
- HCC Guidance:
  - Simplify guidance for candidates who had HCC that was **treated and subsequently recurs**
  - Provide more consistent and equitable pathway for these candidates to receive a MELD exception

# HCC Guidance

Section 1 (Being Removed)	Section 5 (Being Removed)	*NEW* Section
<ul style="list-style-type: none"><li>• Patients treated more than two years ago</li><li>• No evidence of recurrence</li><li>• Develop new or recurrent lesions after two years</li><li>• Need to wait six months if request is for their first HCC exception</li></ul>	<ul style="list-style-type: none"><li>• Patients with cirrhosis and T2 HCC who underwent complete resection</li><li>• Later develop T1 or T2 HCC</li><li>• Do not need to wait six months</li></ul>	<ul style="list-style-type: none"><li>• Patients with stage T2 HCC that was treated by locoregional therapy or resected</li><li>• Develop T1 or T2 HCC and program is requesting an exception more than six months but less than 60 months following initial treatment or resection</li><li>• Do not need to wait six months</li></ul>

# Proposal: Ischemic Cholangiopathy (IC)

## Guidance

- Recommend all candidates meeting criteria in guidance be provided a score **equal to median MELD at transplant (MMaT)**
- No changes to criteria for exception
- Higher score assignment will allow candidates to access re-transplant more quickly

# Proposal: Polycystic Liver Disease (PLD)

## Guidance

- Add more objective definition for moderate to severe protein calorie malnutrition
- Add sarcopenia as a qualifying comorbidity
- Remove unnecessary and confusing language
- Recommend all candidates meeting criteria be considered for MMaT, not just liver-kidney

# Rationale

- HCC Policy:
  - Feedback and collaboration with American College of Radiologists to align terminology
- HCC Guidance:
  - Confusion and inconsistent application of prior guidance demonstrated need for simplicity for candidates who have recurrence
- IC Guidance:
  - Committee sentiment that candidates with IC after DCD transplant should be prioritized for re-transplant
- PLD Guidance:
  - Community feedback that prior guidance was complicated and definition of moderate to severe protein calorie malnutrition should be objectively defined
  - Mortality risk driven by liver disease; therefore all candidates meeting criteria should get MMaT

# Member Actions

- Transplant programs and NLRB reviewers will need to be familiar with updated policy language and guidance



# What do you think?

- Are the proposed changes to HCC policy helpful and clear?
- Does the updated HCC guidance adequately capture those HCC candidates that should be able to bypass the six-month waiting period?
- Do you support a higher score for candidates meeting exception criteria for IC?
- Is the updated definition of moderate to severe protein calorie malnutrition appropriate?
- Do you support the higher score for all candidates meeting exception criteria for PLD?