

# Updates to National Liver Review Board Guidance (NLRB) & Further Alignment with Liver Imaging Reporting and Data System (LI-RADS)

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

# Purpose of Proposal

- Update the Adult Model for End-Stage Liver Disease (MELD) Exception Review guidance documents and Adult Transplant Oncology guidance documents and develop score recommendations for certain diagnoses.
- Align NLRB Operational Guidelines to the implementation of the Adult Transplant Oncology Review Board, replacing the Adult Hepatocellular Carcinoma (HCC) Review Board, to be implemented in February 2025.
- Change *Policy 9.5.1 Requirements for Hepatocellular Carcinoma (HCC) MELD or PELD Score Exceptions* to add contrast-enhanced ultrasound (CEUS) as an acceptable adjunct diagnostic imaging tool for a standard HCC exception.

# Update Guidance

- Provide clear and relevant updates to certain diagnoses in guidance to evaluate requests for nonstandard exceptions.
- Specific score recommendations are added, to ensure more consistent case review among different reviewers for the same conditions.



# Guidance Updates: Adult Other Diagnoses

| Condition  | Recommended Score                      |
|--|--|
| Budd Chiari  | MMaT-3                                 |
| Hepatic Hydrothorax  | MMaT-3                                 |
| Hereditary Hemorrhagic Telangiectasia  | MMaT-3 or MMaT (ongoing complications) |
| Polycystic Liver Disease   | MMaT                                   |
| Portopulmonary Hypertension  | Removed from Guidance                  |
| <u>Primary Sclerosing Cholangitis and Secondary Sclerosing Cholangitis</u>         | Criteria for MMaT-3 AND MMaT           |
| Metabolic Disease  | MMaT-3 or higher                       |
| Early Allograft Dysfunction (EAD) in Reduced Size Livers (Small for Size Syndrome) | Criteria for calculated MELD AND MMaT  |
| Diffuse Ischemic Cholangiopathy and Late Vascular Complications                    | MMaT-3                                 |

# Guidance Updates: Adult Transplant Oncology

| Condition                                | Recommended Score |
|--|-------------------|
| Hepatocellular Carcinoma (HCC)           | N/A               |
| <u>Neuroendocrine Tumors</u>             | MMaT-3            |
| Hepatic Epithelioid Hemangioendothelioma | MMaT-3            |
| Hepatic Adenomas                         | MMaT-3            |

# Update NLRB Operational Guidelines

- Changes language to ensure that all adult exception requests are submitted to ensure appropriate expertise in the review process.



# Add CEUS as part of HCC diagnostic option in Policy

- Language and chart in *Policy 9.5.1.vi Imaging Requirements for Class 5 Lesions*, modified to allow for contrast-enhanced ultrasound (CEUS) as an additional imaging option to create a pathway for automatic standard HCC exception approval.
- Submission of biopsy results remains in policy and can still be submitted instead of CT, MRI, or CEUS results.
- LI-RADS 5 added as a reference for HCC criteria in Adult Transplant Oncology Guidance

# Rationale

- Provide updated guidance aligned medical and clinical standards to retain currency and equity in MELD and PELD exception scores.
- Provide clarity in policy through direct reference to LIRADS-5 criteria.
- Allow an additional diagnostic imaging option (CEUS) to align with LIRADS terminology.



# What do you think?

- Do you agree with the proposed guidance and score recommendations for each condition listed? If not, please elaborate.
- Are there other exception requests related to liver cancers or tumors that should be addressed by either of the Adult Transplant Oncology Review Board or the Adult MELD Exception Review Board and associated guidance documents?
- Do you agree with the addition of contrast-enhanced ultrasound (CEUS) as an optional imaging option to provide a pathway to automatic standard HCC exception approval in Policy 9.5.1?
- Do pediatric practitioners incorporate LIRADS-5 criteria into case management? If not, what system or categories should be used to classify pediatric HCC?

# Additional Questions?

- Emily Ward, Policy Analyst
- [emily.ward@unos.org](mailto:emily.ward@unos.org)



# Provide Feedback

Submit public comments on the OPTN website

- January 21 – March 19, 2025
- **[optn.transplant.hrsa.gov](https://optn.transplant.hrsa.gov)**



# Regional Meeting Information

- Visit <https://optn.transplant.hrsa.gov/about/regions/regional-meetings/> for the latest regional meeting information and meeting materials

The screenshot shows the top navigation bar of the OPTN website with links for 'About', 'Policies & bylaws', 'Patients', 'Professionals', 'Data & calculators', and 'News & events'. Below the navigation bar is the header 'Organ Procurement and Transplantation Network'. The main content area features a large blue banner with the title 'Regional meetings'. Below the banner is a breadcrumb trail: 'Home » About » Regions » Regional meetings'. On the left side, there is a vertical menu with three items: 'WHAT IS THE OPTN', 'OPTN MEMBERSHIP', and 'GOVERNANCE', each with a downward arrow. The main text area contains the heading 'Regional Meetings' in green, followed by a paragraph: 'Regional meetings are held twice each year during the winter and summer public comment periods. Regional meetings are an opportunity to influence policy proposals, prepare for upcoming changes, and hear perspectives from the transplant community about improvements to organ allocation.' Below this paragraph is a link: 'Here's [what you can expect](#) at regional meetings. New to the public comment process? [Learn more here.](#)'

Thank You For Listening!