OPTN Liver and Intestinal Organ Transplantation Committee
Meeting Summary
May 12, 2023
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 05/12/2023 to discuss the following agenda items:

1. Background: Next Steps in Continuous Distribution
2. Revealed Preference Analysis Results
3. Values Prioritization Exercise Results

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

1. Background: Next Steps in Continuous Distribution

The Committee reviewed the project plan for the development of the continuous distribution of livers and intestines.

Summary of discussion:

A member of the community asked if the values prioritization exercise (VPE) included questions regarding split liver. Staff clarified that the VPE was structured to gather feedback on the goals rather than the specific attributes.

Another member of the community asked why the revealed preference analysis (RPA) did not include prior living donor. Staff stated current liver allocation does include priority for prior living donors.

The Vice Chair stated that the RPA is a mathematical representation of the current state of priorities in liver allocation and the VPE is how stakeholders think the current state of priorities should be.

Next steps:

The Committee will utilize the results from the reports to continue to develop the continuous distribution project.

2. Revealed Preference Analysis (RPA) Results

The Committee reviewed results from the RPA. This analysis used match run data to estimate how attributes in the current allocation system are weighted in a points-based framework.[1]

Data summary:

Below is the rank of candidate attributes by importance in liver allocation using data from all 2021 match runs. This is stratified by four different deceased donor categories in OPTN Policy 9.8: Liver

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[1] Link to posting?

Allocation, Classifications, and Rankings. The rank of candidate attributes within each donor category is ranked from highest to lowest.

- Non-DCD Deceased Donor Younger Than 11 Years of Age
    - MELD/PELD
    - Status 1A or 1B
    - Proximity (Nautical Miles)
    - Blood Type
    - Pediatric Priority
    - Waiting Time
- Non-DCD Deceased Donors 11 to 17 Years of Age
    - MELD/PELD
    - Status 1A or 1B
    - Blood Type
    - Proximity (Nautical Miles)
    - Pediatric Priority
    - Waiting Time
- Non-DCD Deceased Donors 18 to 69 Years of Age
    - MELD/PELD
    - Status 1A or 1B
    - Blood Type
    - Waiting Time
    - Proximity (Nautical Miles)
    - Pediatric Priority
- Donor Who are at Least 70 Years of Age and/or DCD Donors
    - MELD/PELD
    - Status 1A or 1B
    - Blood Type
    - Proximity (Nautical Miles)
    - Waiting Time
    - Pediatric Priority

Summary of discussion:

The Vice Chair noted that the RPA provides a mathematical model that shows the preferences that exist in the current allocation policy. The Chair stated this information combined with results from the VPE will provide a foundation for the Committee to determine the changes that may be needed to the priorities in allocation policy.

The Vice Chair noted that it may be beneficial to stratify some of the results by candidates with exceptions and candidates without exceptions as well as stratifying those candidates with cancer exceptions. The Chair noted there may be large deviations between these groups of populations. The Vice Chair asked if waiting time was determined by time on the wait list, time at MELD score, or time with an exception. The presenter stated that waiting time was determined by current status.

The Vice Chair asked whether any perturbations could change the rank order that resulted from the model. The presenter noted that the rank order would likely remain the same because the suggested adjustments are related to medical priority measures. The Vice Chair stated that waiting time might not be as strong as a predictor as indicated, especially when considering candidates with exceptions.

Another member asked if the RPA used a linear model for nautical miles. The member explained that the considerations between 150 nautical miles and 500 nautical miles is very different, therefore a linear model may not be the most appropriate model in this situation. The presenter noted that the model has difficulty in converging when using distance zones which is why a linear model was chosen. A member suggested a linear model that incorporate 0 to 500 nautical miles may be more appropriate since the majority of transplant would occur in that distance range.

Next steps:

The Committee will consider the results from the revealed preference analysis while they work to determine the weights of the various attributes.

3. **Values Prioritization Exercise Results**

The Committee did not have enough time in the meeting to review the results of the values prioritization exercise. This information will be presented and discussed during the upcoming meeting on May 19, 2023.

Upcoming Meeting

- May 19, 2023 @ 3:00 PM ET (teleconference)
- June 2, 2023 @ 3:00 PM ET (teleconference)

Attendance

- **Committee Members**
  - Aaron Ahearn
  - Alan Gunderson
  - Allison Kwong
  - Christopher Sonnenday
  - Colleen Reed
  - Greg McKenna
  - James Trotter
  - Jim Pomposelli
  - Kym Watt
  - Neil Shah
  - Scott Biggins
  - Sophoclis Alexopoulos
  - Vanessa Pucciarelli
- **HRSA Representatives**
  - Marilyn Levi
- **SRTR Staff**
  - Jack Lake
  - Katie Audette
- **UNOS Staff**
  - Brendon Cummiskey
  - Dzhuliyana Handarova
  - Erin Schnellinger
  - James Alcorn
  - Katrina Gauntt
  - Laura Schmitt
  - Matt Cafarella
  - Meghan McDermott
  - Niyati Upadhyay
  - Sarah Scott
  - Susan Tlusty