OPTN Liver and Intestinal Organ Transplantation Committee
Meeting Summary
February 3, 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 02/03/2023 to discuss the following agenda items:

1. Public Comment Update
2. Continuous Distribution Rating Scale: Pediatric Priority
3. Continuous Distribution Rating Scale: Liver-Intestine Registration Priority
4. Continuous Distribution Rating Scale: Prior Living Donor Priority

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

1. Public Comment Update

The Committee reviewed feedback to date on their two public comment items.

Summary of discussion:

National Liver Review Board (NLRB) Guidance for Multivisceral Transplant Candidates

This public comment proposal has been generally support thus far during the winter 2023 public comment period. While there is support for increased priority for multivisceral transplant candidates, regional meeting feedback has questioned whether the score recommendation of median model for end stage liver disease (MELD) at transplant (MMaT) plus six with a three point every 90 days increase is too high. During the Committee's previous deliberations, it was agreed that MMaT plus six with a three point increase every 90 days is an appropriate score recommendation in order to increase access for multivisceral candidates while balancing the needs of high MELD liver-alone candidates.

Additional feedback questioned a section of guidance that states "a candidate should not be considered for a MELD exception if the reason he or she requires a liver transplant is solely for immunological reasons". Feedback cited it is difficult to identify these candidates.

Update on Continuous Distribution of Livers and Intestines

Some feedback received from regional meetings thus far requested the Committee to consider allocation efficiency and cost to transplant programs in the new framework. A member added that there has been community feedback that highlighted concern that post-transplant survival was not included as an attribute.

Next steps:

The Committee will continue to review public comment feedback on their two proposals and incorporate post-public comment changes as needed.

2. Continuous Distribution Rating Scale: Pediatric Priority

The Committee discussed a rating scale for the pediatric priority attribute under the patient access goal.

Summary of discussion:

The Vice Chair stated that current liver allocation classifies candidates under the age of 18 to receive pediatric priority. The Vice Chair suggested that a binary rating scale may be an appropriate rating scale in order to replicate current pediatric priority into a continuous distribution framework. The Vice Chair explained that a binary rating scale would defined as a candidate registered before turning 18 would receive pediatric priority, and a candidate registered after turning 18 would not receive pediatric priority. The Vice Chair referenced that lung, kidney, and pancreas also are defining pediatric priority in this manner in their respective continuous distribution frameworks.

A member noted that the experience of children is different by age; specifically small children have lower access to transplant and higher waitlist mortality. The member suggested a rating scale should take into account that smaller children receive higher priority compared to adolescents. The Vice Chair agreed but explained that differences in pediatrics will be addressed in other attributes, such as medical urgency or height/body surface area (BSA). The Vice Chair added that determining the weights of each attribute will allow the Committee to ensure that specific populations receive sufficient priority.

A member suggested developing separate rating scales for various age ranges within the pediatric population. Staff responded that NOTA states that organ allocation must consider the special circumstances of pediatric candidates, which is defined as candidates under the age of 18. Staff stated that if the Committee seeks to separate various pediatric age ranges, then there needs to be justification that age is a factor in and of itself, as age cannot be used as a proxy. Staff explained that if size of pediatric candidates is the issue, then it is more appropriately addressed in a size-related attribute rather than an age-related attribute. The Vice Chair stated the Committee is interested in discussing very young pediatric candidates, age 0 to 2, to ensure they are appropriately prioritized. The Vice Chair suggested the Committee revisit this consideration after discussing the height/body surface area attribute.

The Committee supported a binary rating scale for pediatric priority within the goal of patient access.

Next steps:

The Committee will refine the rating scale as needed.

3. Continuous Distribution Rating Scale: Liver-Intestine Registration Priority

The Committee discussed a rating scale for the liver-intestine registration priority attribute under the patient access goal.

Summary of discussion:

The Vice Chair noted that liver-intestine registration is an attribute under the patient access goal and the medical urgency goal. The Vice Chair stated that this discussion is focused on liver-intestine registration under the patient access goal. The Vice Chair explained that currently, in regards to patient access, liver-intestines are offered to liver-intestine candidates across the nation before being offered to any candidates with MELD/PELD below 29, for adult donors. The Vice Chair suggested a binary rating scale for liver-intestine registration under the patient access goal. The Vice Chair explained this would be defined as a candidate registered for both a liver and intestine would receive liver-intestine priority, and a candidate not registered for a liver-intestine would not receive priority. The Vice Chair noted that liver-

intestine registration includes candidates registered for liver-intestine-pancreas, liver-intestine, liver-intestine-pancreas-kidney, and liver-intestine-kidney.

The Committee supported a binary rating scale for liver-intestine registration within the goal of patient access.

Next steps:

The Committee will refine the rating scale as needed.

4. Continuous Distribution Rating Scale: Prior Living Donor Priority

The Committee discussed a rating scale for the prior living donor priority attribute under the patient access goal.

Summary of discussion:

The Vice Chair noted that current liver allocation policy does not include priority for prior living donors. The Vice Chair reminded the Committee of previous decision to incorporate priority for all prior living donors into liver allocation. The Vice Chair suggested a binary rating scale for prior living donor priority. The Vice Chair explained this rating scale would be defined as a candidate who is a prior living donor would receive prior living donor priority, and a candidate who is not a prior living donors would not receive prior living donor priority. The Vice Chair that lung, kidney, and pancreas also are defining prior living donor priority in this manner in their respective continuous distribution frameworks.

The Chair of the OPTN Living Donor Committee noted that in past 25 years, there have been 16 prior living kidney donors waitlisted for a liver, and 8 prior living liver donors waitlisted for a liver.

The Committee supported a binary rating scale for prior living donor priority within the goal of patient access.

Next steps:

The Committee will refine the rating scale as needed.

Upcoming Meeting

- February 17, 2023 @ 3:00 PM ET (teleconference)
- March 9, 2023 @ 2:30 PM ET (teleconference)

Attendance

- **Committee Members**
  - Alan Gunderson
  - Allison Kwong
  - Bailey Heiting
  - Christopher Sonnenday
  - Erin Maynard
  - Greg McKenna
  - James Markmann
  - Jim Pomposelli
  - James Trotter
  - Joseph DiNorcia
  - Kym Watt
  - Scott Biggins
  - Shunji Nagai
  - Sophoclis Alexopoulos
  - Sumeet Asrani
  - Vanessa Pucciarelli
- **HRSA Representatives**
  - Jim Bowman
- **SRTR Staff**
  - John Lake
  - Katie Audette
  - Nick Wood
  - Ryutaro Hirose
- **UNOS Staff**
  - Betsy Gans
  - Erin Schnellinger
  - James Alcorn
  - Katrina Gauntt
  - Matt Cafarella
  - Meghan McDermott
  - Niyati Upadhyay
  - Robert McTier
  - Susan Tlusty
- **Other Attendees**
  - Catherine Kling
  - Dave Weimer
  - Nahel Elias
  - S DeLair
  - S Taylor
  - Stevan Gonzalez