

**OPTN Liver and Intestinal Organ Transplantation Committee
Pediatric End-stage Liver Disease (PELD)/ 1B Workgroup
Meeting Summary
October 25, 2021
Conference Call**

Evelyn Hsu, MD, Chair

Introduction

The OPTN PELD/ 1B Workgroup (the Workgroup) met via Citrix GoToMeeting teleconference on 10/25/2021 to discuss the following agenda items:

1. Additional PELD Points
2. Adolescent Candidates- MELD 3.0 vs. PELD Cr
3. Encephalopathy Requirements in Status 1A and 1B
4. Status 1B Extension for GI Bleeding

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

1. Additional PELD Points

The Workgroup discussed adding a set number of PELD points to each candidate's PELD score.

Summary of discussion:

The Workgroup reviewed feedback from the OPTN Liver and Intestinal Organ Transplantation Committee (the Committee). This feedback indicated that additional points should not be added to the PELD score after age- adjusted mortality. The Committee expressed that these extra points could cause the new PELD score to be arbitrary and inaccurate.

A Committee member added that PELD- Creatinine (Cr) should remain unaltered, but that the Workgroup could explore other methods for prioritizing pediatric candidates. This member mentioned that this prioritization could be addressed during continuous distribution or the Workgroup may consider nationalizing the region 8 split liver variance.

Next steps:

This proposal will not include adding additional PELD points, but the Workgroup plans to explore alternate methods to address pediatric priority.

2. Adolescent Candidates- MELD 3.0 vs. PELD Cr:

The Workgroup discussed how to handle adolescent candidates under the new MELD and PELD system.

Summary of discussion:

Feedback from the Committee questioned if adolescent candidates needed to be switched from Model for End-Stage Liver Disease (MELD) to PELD, as data shows that MELD is performing well for this population.

A member expressed concern that there is not enough attention paid to adolescents when considering the MELD score. Members considered transitioning adolescent candidates from MELD to PELD. The

Workgroup also discussed including adolescents in Median PELD at Transplant (MPaT). They supported converting exception scores by assigning adolescent exception candidates the same score relative to MPaT as they had for MMAaT. After considering the pros and cons, the Workgroup determined that they will recommend adolescent candidates be assigned PELD-Cr. One member opposed this recommendation.

Next steps:

The Workgroup will make these recommendations to the Committee.

3. Encephalopathy Requirements in Status 1A and 1B

The Workgroup discussed the encephalopathy requirements for Status 1A and 1B candidates.

Summary of discussion:

The Workgroup recommended removing the Status 1B criteria for Glasgow Coma Score (GCS) as the ability to perform this exam is very limited and therefore it is underutilized. The Workgroup recommended changes to the encephalopathy criteria for Status 1A to include a more objective definition.

Next steps:

The Workgroup will make these recommendations to the Committee.

4. Status 1B Extension for GI Bleeding

The Workgroup discussed the current extension requirement for Status 1B candidates with gastrointestinal (GI) bleeding.

Summary of discussion:

The Workgroup confirmed that no changes should be made to this language.

Next steps:

The Workgroup will recommend no changes to this language.

Upcoming Meetings

- As needed

Attendance

- **Work Group Members**
 - Emily Perito
 - Evelyn Hsu
 - John Magee
 - Andy Bonham
 - Douglas Mogul
 - George Mazariegos
 - Regino Gonzalez- Peralta
 - Jorge Reyes
 - Sara Rasmussen
 - Sarah Schwarzenberg
 - Steven Lobritto
 - James Pomposelli
 - James Trotter
 - Julie Heimbach
- **HRSA Representatives**
 - Jim Bowman
 - Marilyn Levi
- **SRTR Staff**
 - David Schladt
 - Katie Audette
 - Raelene Skerda
- **UNOS Staff**
 - Matt Cafarella
 - Julia Foutz
 - Kelley Poff
 - Leah Slife
 - Niyati Upadhyay
 - Rebecca Brookman