OPTN Liver and Intestinal Organ Transplantation Committee
Meeting Summary
August 2, 2024
Conference Call

Scott Biggins, MD, Chair
Shimul Shah, MD, MHCM, Vice Chair

Introduction

The OPTN Liver and Intestinal Organ Transplantation Committee (the Committee) met via WebEx teleconference on 08/02/2024 to discuss the following agenda items:

1. MELD 3.0/PELD Cr 6-Month Monitoring Report
2. Continuous Distribution: Utilization Efficiency Follow-up
3. Continuous Distribution: Geographic Equity Recap & Data Report

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

1. MELD 3.0/PELD Cr 6-Month Monitoring Report

The Committee reviewed the six-month monitoring report for the implementation of their proposal *Improving Liver Allocation: MELD, PELD, Status 1A, and Status 1B*.

Data summary:

- MELD 3.0
  - Transplant rates increased significantly post-policy both overall and for females, whereas the transplant rate for males remained roughly the same across policy eras
  - Transplant rates became more equal across height (and, to a lesser extent, BSA) post-policy compared to pre-policy
  - Waiting list removal rates due to death or too sick remained similar across policy eras both overall and by sex, with removal rates being higher for females compared to males
  - The median allocation MELD score at transplant remained the same across policy eras, although it was higher for females than for males
- PELD Cr
  - There were no significant changes in transplant rates and waiting list removal rates
  - The median PELD score at transplant decreased across policy eras, as did the interquartile range and extent of skewness
- Status 1A and 1B modifications
  - The proportion of Status 1B recipients with chronic liver disease, hepatoblastoma, or other diagnosis increased pre- to post-policy, whereas the proportion of recipients with metabolic disease decreased pre- to post-policy
  - The number of pediatric Status 1B cases that did not meet standard criteria decreased, and the number of those cases that were not approved decreased as well

Summary of discussion:

The Chair stated that these results show some improvement in height and BSA but that there is still room for improvement within the continuous distribution framework.

There were no further comments or questions.

Next steps:

The Committee will continue to review monitoring reports for this proposal.

2. Continuous Distribution: Utilization Efficiency Follow-up

The Committee continued discussing the utilization efficiency rating scale options by partaking in a pro con debate.

Summary of discussion:

The Vice Chair presented the potential benefits of a utilization efficiency rating scale based on transplant program's organ offer acceptance rates. The Vice Chair noted that if this rating scale was operationalized it would focus on medically complex liver offers. The Vice Chair stated that split liver transplant follows a similar practice because not all transplant programs are accepting split liver offers. The Vice Chair reviewed data that showed the variation in acceptance rates for DCD offers and age over 70 offers. The Vice Chair stated a rating scale for utilization efficiency based on using organ offer acceptance rates would help address the non-utilization of livers and out of sequence allocation. The Vice Chair stated that such a rating scale may increase efficiency for OPOs and allocation, optimize organ use, increase opportunities for transplant, help with broader allocation, and provide a fair and transparent system.

A member presented the potential downfalls of a utilization efficiency rating scale based on transplant program's organ offer acceptance rates. The member noted three concerns with this approach. First, the organ offer acceptance rate is a volatile metric that is subject to significant change due to multiple factors such as personnel changes, strategy changes, resource availability, and evolution of technology. The member added that larger programs can test innovations and alterations within their program without as much concern as small and medium sized transplant programs. Second, that it could perpetuate disparities among transplant programs and patients. The member provided an example that highlighted two candidates with similar clinical conditions that are nearby but one has state Medicaid and therefore little to no control over where they are able to list while the other has private insurance and resources to pick a transplant program for listing. The member noted that incorporating a rating scale that uses organ offer acceptance ratios may impact disparities at a programmatic and patient level. The member stated that smaller transplant programs have a smaller denominator of transplants and therefore have a more conservative practice meaning that they would likely not receive any points for utilization efficiency even though there is good reason for their program's more conservative practices. And third, allocation may not be the appropriate mechanism to address efficiency problems. The member stated that this attribute aims to address non-utilization and out of sequence allocation. The member explained that solutions to these issues should be addressed in the system and not within allocation. The member added these issues may also resolve once technology and preservation improves.

The Chair asked whether the impact of this attribute will be worth the effort. The Chair explained that this will likely be a very small portion of points in the overall composite allocation score, and it will likely require a lot of explanation to transplant programs and patients. The Vice Chair stated that it may not be worth the effort because it is controversial but does believe that it's worth the Committee and the community to begin to consider and discuss innovative solutions to current issues.

The Chair asked if inefficiencies continue to exist in continuous distribution 2.0, if it would still not be worth considering incorporating in the second version. A member replied that it is likely situational. The member stated that perfusion and pumping may advance in the coming years, and this may solve the current problems regarding non-utilization. The member noted that it would require significant cost effectiveness analyses to operationalize normothermic perfusion across the country.

A member stated that the Committee needs to seriously consider the impact this may have on patients and if they decide to incorporate a rating scale based on organ offer acceptance then they need to be prepared to explain to patients how their scores are affected by the behavior of the transplant program in which they are listed. The Chair stated that this rating scale could help push transplant programs and patients on their risk tolerance of what they may be willing to accept.

Members stated alignment with the con side of the debate. Another member asked whether there is information that should be collected in order to understand the feasibility and impact of incorporating such a rating scale in the future.

An SRTR representative noted that it would be within the Committee's scope to determine the level of points awarded for various organ offer acceptance rates. The SRTR representative explained that these decisions would be up to the Committee to determine whether or not transplant programs receive more or less priority based on differences in organ offer acceptance rates.

Next steps:

The Committee will revisit the utilization efficiency attribute once they receive public comment feedback.

3. Continuous Distribution: Geographic Equity Attribute Recap & Data Report

The Committee reviewed previous decisions on the geographic equity attribute within liver continuous distribution. The Committee did not have enough time to review the full data report on population density and will follow-up at the upcoming meeting.

Summary of discussion:

The Vice Chair stated that the rating scale should be developed in a data-driven manner.

Next steps:

The Committee will continue this discussion and review the population density report at the upcoming meeting.

Upcoming Meetings

- August 16, 2024 at 2 pm ET (teleconference)

Attendance

- **Committee Members**
  - Allison Kwong
  - Chris Sonnenday
  - Joseph DiNorcia
  - Kathy Campbell
  - Marina Serper
  - Neil Shah
  - Scott Biggins
  - Shimul Shah
  - Tovah Dorsey-Pollard
  - Vanessa Pucciarelli
- **HRSA Representatives**
  - Jim Bowman
- **SRTR Staff**
  - Katie Audette
  - Nick Wood
  - Simon Horslen
- **UNOS Staff**
  - Benjamin Schumacher
  - Cole Fox
  - Erin Schnellinger
  - Jesse Howell
  - Meghan McDermott
  - Susan Tlusty