

OPTN Liver and Intestinal Organ Transplantation Committee

Meeting Summary

November 5, 2021

Conference Call

James Pomposelli, MD, Chair

Scott Biggins, MD, Vice Chair

Introduction

The OPTN Liver and Intestinal Organ Transplantation Committee (the Committee) met via Citrix GoToMeeting teleconference on 11/05/2021 discuss the following agenda items:

1. PELD/Status 1B Project Update
2. NLRB Project Update
3. MELD 3.0 Update

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

1. PELD/Status 1B Project Update

The Pediatric End-Stage Liver Disease (PELD)/Status 1B Work Group presented updated project recommendations to the Committee.

Summary of discussion:

PELD Creatinine (CR): The Work Group's updated recommendation was to include points for adjusted mortality, but add no points to PELD Cr. Instead, the Work group suggested addressing additional pediatric priority as part of continuous distribution.

A member encouraged the Committee to pursue the goal of zero waitlist mortality for pediatric candidates. Another member agreed with this sentiment, but noted that adding extra points to PELD Cr could interfere with the tool's accuracy. Members agreed that pediatric waitlist mortality could be addressed through methods other than altering the PELD Cr, such as mandating splits.

Minimum PELD Score: The Work Group's updated recommendation was to set the minimum PELD Cr score to 6 to align with MELD. The Committee supported this updated recommendation.

Adolescent Candidates: The Work Group's updated recommendation was to include adolescent candidates in the Median PELD at Transplant (MPaT) calculation as part of the policy change. Adolescent candidates will become part of MPaT as the cohort is updated every 6 months. The Work Group also recommended that for standard exceptions, candidates will keep the same relative adjustment and that non-standard exceptions should be treated similarly. The Committee reviewed the advantages and disadvantages of switching adolescent candidates from MELD to PELD Cr or keeping them with MELD 3.0. The PELD/1B Work Group recommended switching them to PELD Cr. However, the Committee supported using MELD 3.0 for adolescent candidates, as they currently fare well using MELD Na. They also requested data to determine if both male and female adolescent candidates should receive the 1.33 MELD points provided to female candidates in MELD 3.0.

Status 1A/1B: Encephalopathy: The Work Group recommended striking language that uses the Glasgow Coma score as a criterion for Status 1B as it is rarely used and not clinically relevant. They also

recommended a more standardized definition for encephalopathy for Status 1A. The Committee agreed with these recommendations.

Next steps:

The Committee will look at waitlist outcomes data for adolescent males and females to help determine if all adolescent candidates should receive the 1.33 MELD points provided to female candidates in MELD 3.0.

2. NLRB Project Update

The Chair discussed updating guidance for Hepatocellular carcinoma (HCC) and Polycystic Liver Disease (PLD).

Summary of discussion:

HCC: A member asked if there was a pathway for candidates who do not have cirrhosis. The Committee agreed that the new HCC guidance should not be limited to patient with cirrhosis. The NLRB chair presented various scenarios reflecting how candidates would be treated under the new HCC guidance. A member asked if there was a standardized definition for “completely treated or resected”. Members determined that “completely” should be removed from this language. They also added language clarifying that patients HCC was treated by local or regional therapy.

PLD: A member explained the modifications to the definition of “Moderate to severe protein calorie malnutrition”. Members agreed with these changes. They also supported changing the guidance to recommend candidates meeting the criteria should be provided a score equivalent to MMaT.

Next steps:

These modifications will be included in proposed NLRB guidance that is slated for the OPTN January 2022 public comment period.

3. MELD 3.0 Update

The Committee discussed final details for the MELD 3.0 project.

Summary of discussion:

For the sake of consistency, the Committee recommended removing the MELD 11 threshold in the new policy. Members also favored adding a field to the candidate demographic information form asking if a candidate’s current sex is the same as sex at time of birth. If yes, the form then asks for the candidate’s current sex. The Committee determined that the first field should not be required but the second field would be required if the response to the first question is yes.

Next steps:

These modifications will be included in the MELD proposal that is slated for the OPTN January 2022 public comment period.

Upcoming Meetings

- November 16, 2021

Attendance

- **Committee Members**
 - Alan Gunderson
 - Allison Kwong
 - Greg McKenna
 - James Markmann
 - Kimberly Brown
 - Shekhar Kubal
 - Kym Watt
 - Jorge Reyes
 - Mark Orloff
 - Peter Abt
 - Peter Matthews
 - Scott Biggins
 - Sumeet Asrani
 - James Trotter
- **HRSA Representatives**
 - Jim Bowman
- **SRTR Staff**
 - Jack Lake
 - Katie Audette
 - Ryutaro Hirose
 - Tim Weaver
- **UNOS Staff**
 - Joel Newman
 - Matt Cafarella
 - Julia Foutz
 - Kelley Poff
 - Liz Robbins
 - Matt Prentice
 - Betsy Gans
 - Leah Slife
- **Other Attendees**
 - Emily Perito
 - Evelyn Hsu
 - Nicholas Wood
 - Samantha Delair
 - Samantha Taylor