

# Further Enhancements to the National Liver Review Board (NLRB)

*OPTN Liver and Intestinal Organ Transplantation Committee*

# Purpose of Proposal

- Incorporate improvements to the NLRB based on initial experience
  - NLRB was implemented in May 2019
  - First round of enhancements approved by the Board in June 2020
  - Liver Committee has continued to consider feedback from the transplant community
  - Proposal includes improvements to policy, operational guidelines, and guidance
- Improvements will increase equity and efficiency in granting exception requests

# Proposal: NLRB Policy Language

- Updated Criteria for Portopulmonary Hypertension (POPH) Exceptions:
  - Proposed changes:
    - Pre-treatment MPAP and PVR must show moderate to severe POPH
    - Allow candidates with post-treatment MPAP greater than or equal to 35 mmHg to also be eligible
    - Documentation that other causes of pulmonary hypertension have been assessed and not determined to be a contributing factor and documentation of portal hypertension
    - Update extension criteria to match post-treatment criteria on initial exception
- Create a more effective process for reviewing *Post-Transplant Explant Pathology* forms for candidates with hepatocellular carcinoma (HCC)

# Proposal: POPH Criteria

## Pre-Treatment MPAP and PVR Thresholds

Current Threshold: None

Proposed Threshold:  
MPAP  $\geq$  35 mmHg and PVR  $\geq$  240  
dynes\*sec/cm<sup>5</sup>

## Post-Treatment MPAP and PVR Thresholds

Current Threshold: MPAP < 35 mmHg  
and PVR < 400 dynes\*sec/cm<sup>5</sup>

Proposed Thresholds:  
MPAP < 35 mmHg and PVR < 400  
dynes\*sec/cm<sup>5</sup>  
OR  
MPAP  $\geq$  35 and < 45 mmHg and PVR <  
240 dynes\*sec/cm<sup>5</sup>

# Proposal: Operational Guidelines

- Create a separate Appeals Review Team (ART) specifically for pediatric cases
  - Reviewers from Pediatric Specialty Board
  - Other operational aspects would be the same as current ART
- Add member of the Liver Committee to each ART as “ART Leader”
  - Guide conversation
  - Provide feedback to Liver Committee on opportunities for improvement

# Proposal: Guidance Documents

- Guidance for Polycystic Liver Disease (PLD)
  - Clarify the MELD score recommendation
  - Provide guidance for candidates also requiring a kidney
  - Add new comorbidities that should be considered for a MELD exception
    - Prior kidney transplant
    - Moderate to severe protein calorie malnutrition

# Rationale

- Proposed changes are based on:
  - Experience with the NLRB
  - Medical literature
  - Input of clinicians with expertise in POPH
  - OPTN data

# Member Actions

- Updated POPH Criteria:
  - Initial exception form:
    - Two new fields and updated data validation
  - Exception extension form:
    - Three new fields and one field removed
  - No new tests/procedures required – new data collection available in candidate’s medical record
- HCC Explant Form Review:
  - Additional documentation or imaging studies will not need to be submitted as often



# Feedback Requested

- Do updated criteria for standardized POPH exceptions appropriately capture candidates needing a standardized exception?
  - Is new data collection sufficiently clear?
- What should responsibilities of ART leader be?
- Is updated guidance and score recommendation for PLD/PCLKD clear?

***Please introduce yourself when you speak***

# Further Enhancements to the NLRB

- **NLRB Policy language**
  - Update criteria for portopulmonary hypertension (POPH) exception and extensions
  - More effective process for reviewing *Post-Transplant Explant Pathology* forms for candidates with hepatocellular carcinoma (HCC)
- **Operational Guidelines**
  - Create a separate ART for pediatric cases and add ART leader
- **Guidance for Polycystic Liver Disease (PLD)**
  - Clarify the MELD score recommendation, provides guidance for candidates also requiring a kidney, and add new comorbidities that should be considered for a MELD exception

*Feedback is summarized and shared as public comment*