

## **OPTN Liver and Intestinal Organ Transplantation Committee**

### **Meeting Summary**

**June 6, 2025**

**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 06/06/2025 to discuss the following agenda items:

1. Continuous Distribution Update
2. Project Ideas

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

### **1. Continuous Distribution Update**

The Committee reviewed progress to date on the liver continuous distribution project and discussed upcoming work.

#### Summary of discussion:

The Committee reviewed the takeaways from the two-year monitoring report for Lung Continuous Distribution, including transplant rates increased by 31%, waitlist mortality decreased by 34%, and one-year post-transplant survival remained stable. Utilization of both DCD and non-DCD donors also rose. The Chair emphasized that the monitoring report demonstrates successful implementation of a continuous distribution system, providing encouragement as the liver continuous distribution project advances.

The Committee discussed the current progress of the liver continuous distribution project. It was noted that the phase of determining and defining attributes is complete, and the Committee is now entering the analysis and optimization stage. The match run analysis request has been submitted to SRTR, with results expected in the coming months.

The Chair highlighted that the Committee will begin reviewing operational components of liver policy that must be addressed, such as lab update schedules and blood type screening rules. As the Committee works through operational components, they will also begin to undertake developing intestine continuous distribution.

The Committee was reminded that a liver continuous distribution update paper will be submitted for the upcoming summer public comment period. Members were encouraged to suggest any additional items for inclusion.

Several members suggested including specific questions in the public comment to gather community input on whether DCD should be included in the definition of a medically complex liver offer. It was emphasized that public comment questions are crucial for stimulating stakeholder engagement and guiding future work.

The Chair acknowledged the Committee's extensive efforts and emphasized the need to carefully balance advancing policy while maintaining community alignment.

Next steps:

The Committee will continue work developing the liver continuous distribution framework.

## **2. Project Ideas**

The Committee discussed new project ideas.

Summary of discussion:

The Committee reviewed a list of previously identified project ideas and discussed new ideas to add. The Chair noted that the following ideas were identified as priorities:

- Update Status 1A pre-existing liver disease definition
- Modify lab update schedule (address impact of Terlipressin on MELD scores)
- Update median MELD at transplant (MMaT) calculation – include DCD
- Update National Liver Review Board (NLRB) guidance for multivisceral candidates

The Vice Chair proposed a new idea to automatically generate anteroposterior (AP) diameter measurements within the OPTN computer system.

The Committee discussed the project idea to update Status 1A pre-existing liver disease definition. Members acknowledged this as a high-priority area that requires updates.

Next, the Committee revisited the use of Terlipressin and its effect on MELD scores. Members discussed extending the MELD lab update interval from 7 to 14 days for MELD scores greater than 25, which could neutralize the unintended effects of Terlipressin and similar treatments. Concerns were raised about whether 14 days is too long, but most agreed it could reduce unnecessary simultaneous liver-kidney (SLK) transplants.

The Committee discussed the possibility of including DCD transplants in the calculation of MMaT. Members noted that including these transplants could lower the median MELD and unintentionally raise the bar for exception cases.

The Committee discussed updating NLRB guidance for multivisceral candidates. Members acknowledged that the current score recommendation of MMaT+6 may not provide sufficient access to organs for multivisceral candidates.

Members of the community joined the meeting to present a new project idea regarding incompatible living donor-candidate pairs. The idea addresses incompatible living liver donors who are currently unable to donate. In the proposed model, an incompatible living donor would donate to a compatible recipient on the waitlist, and their intended recipient would receive a type of allocation prioritization. Member expressed interest in the concept, noting its potential to grow living liver donations.

Next steps:

The Committee will continue to discuss project ideas and prioritize.

**Upcoming Meetings**

- June 20, 2025 at 2 pm ET (teleconference)

## Attendance

- **Committee Members**
  - Allison Kwong
  - Chris Sonnenday
  - Christine Radolovic
  - Colleen Reed
  - Erin Maynard
  - Joseph DiNorcio
  - Kathy Campbell
  - Lloyd Brown
  - Michael Kriss
  - Neil Shah
  - Omer Junaidi
  - Scott Biggins
  - Shimul Shah
  - Vanessa Cowan
  - Vanessa Pucciarelli
- **SRTR Staff**
  - David Schladt
  - Ray Kim
- **UNOS Staff**
  - Alina Martinez
  - Benjamin Schumacher
  - Betsy Gans
  - Erin Schnellinger
  - Keighly Bradbrook
  - Laura Schmitt
  - Matt Cafarella
  - Meghan McDermott
  - Niyati Updhyay
- **Other Attendees**
  - Tarunjeet Kalir
  - Whitney Jackson