

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

### **Meeting Summary**

**October 7, 2022**

**Conference Call**

**James Pomposelli, MD, PhD, Chair**

**Scott Biggins, MD, Vice Chair**

### **Introduction**

The OPTN Liver and Intestinal Organ Transplantation Committee (the Committee) met via Citrix GoToMeeting teleconference on 10/07/2022 to discuss the following agenda items:

1. Challenges in the Multivisceral Transplant Allocation System

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

#### **1. Challenges in the Multivisceral Transplant Allocation System**

The Committee reviewed current OPTN policy regarding liver-intestine transplant candidates.<sup>1</sup> Current OPTN policy does not address which match run organ procurements organizations (OPOs) must use to allocate multi-organ combinations. Multivisceral transplant allocation uses the match run of the liver waitlist.

The Committee reviewed and discussed research regarding challenges with the multivisceral transplant allocation system.<sup>2</sup> The Committee reviewed previous OPTN National Liver Review Board (NLRB) Subcommittee discussions on this topic.<sup>3,4</sup> The Committee reviewed the results of the multivisceral data request.

#### Data summary:

Multivisceral transplant candidates tended to receive lower MELD/PELD scores, were less likely to receive transplant, and were more likely to be removed due to death/too sick post-acuity circles compared to pre-acuity circles.

In the post-policy era, multivisceral transplant candidates were also less likely to receive transplant and more likely to be removed from the waitlist due to death/too sick compared to liver-alone transplant candidates.

Post-acuity circles implementation, a lower proportion of multivisceral candidates were listed with an exception.

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<sup>1</sup> OPTN Policy 9.1.F: Liver-Intestine Candidates

<sup>2</sup> Tommy Ivanics et al. "Impact of the Acuity Circle Model for Liver Allocation on Multivisceral Transplant Candidates," *American Journal of Transplantation* 22, no. 2 (2021): pp. 464-473, <https://doi.org/10.1111/ajt.16803>.

<sup>3</sup> OPTN Liver and Intestinal Organ Transplantation Committee, National Liver Review Board Subcommittee, *Meeting Summary*, August 11, 2022. Available at [optn.transplant.hrsa.gov/](https://optn.transplant.hrsa.gov/).

<sup>4</sup> OPTN Liver and Intestinal Organ Transplantation Committee, National Liver Review Board Subcommittee, *Meeting Summary*, September 8, 2022. Available at [optn.transplant.hrsa.gov/](https://optn.transplant.hrsa.gov/).

### Summary of discussion:

A member of the community noted that there are not enough intestine representatives or multivisceral representatives on the Committee. The member of the community explained that multivisceral transplant usually is a liver-intestine-pancreas transplant, and noted that sometimes it will also include the stomach or colon. The member of the community stated that the main indication for multivisceral transplantation used to be short gut with liver failure because of the permanent total parenteral nutrition (TPN). The member of the community noted that currently the common indication for multivisceral transplant is portomesenteric venous thrombosis. The member of the community also noted that neuroendocrine tumors, tumors in the mesentery, and previous catastrophic surgeries to stomachs are indications for a multivisceral transplant. The member stated that the multivisceral transplant candidates are often very sick and their MELD scores do not reflect their urgency.

A member noted that the results of the data request indicate that most of the multivisceral transplant candidates are multi-organ combinations beyond liver-intestine. The member noted that the results of the data request indicate the risk of multivisceral transplant candidate waitlist mortality has doubled, while the transplant rates for multivisceral candidates decreased by half. The member noted that currently no criteria exists for NLRB exceptions for multivisceral transplant candidates. The member added that the NLRB Subcommittee discussed whether exceptions for multivisceral transplant candidates should be reviewed by intestine experts. The member noted that community feedback has indicated that multivisceral candidates are not comparable to liver-alone candidates and suggested an alternative prioritization score may be needed to address the differences.

The Vice Chair asked why multivisceral transplant candidates are not receiving exceptions. A member of the community responded that willingness to submit exceptions for multivisceral candidates has decreased due to the exceptions being denied. The Vice Chair wondered if the exception denials are due to lack of guidance or lack of expertise with multivisceral transplantation. Another member responded that multivisceral candidates have a different disease process, and the MELD score was not designed to address that. The member stated that multivisceral candidates should be separated from liver-alone candidates. A member agreed that is a long-term solution, but the Committee should seek a solution for the short-term. Another member of the community emphasized that intestine allocation needs to be addressed in continuous distribution.

A member of the community noted that there is precedent in policy regarding kidney-pancreas candidates. The member of the community explained kidney-pancreas candidates are placed at the top in kidney allocation in order to receive a quality kidney-pancreas offer. The member stated that is similar to multivisceral transplant, which makes up less than one percent of all liver transplants performed. The member of the community noted that multivisceral transplant may become an obsolete surgery if the community does not find a way to encourage it and allow transplant programs to receive the right offers.

Another member asked if there should be an identified subset of deceased donors that are offered first to multivisceral candidates rather than every organ offer. The member added that may impact "splittable" livers for pediatric candidates. A member of the community stated that pediatric candidates should be prioritized above multivisceral candidates. The member of the community suggested prioritization of multivisceral candidates through a mechanism such as creating "status 1C". The member of the community stated that multivisceral candidates need to be higher than MELD score of 35. The member of the community stated that there are about sixty multivisceral transplants a year.

The Vice Chair suggested the Committee should consider, during the development of continuous distribution, whether intestinal organs may need a separate allocation system. Staff noted that the

Committee may also consider whether policy or guidance is needed to clarify whether OPOs should use the liver match run or the intestine match run for allocating multivisceral transplants.

Another member of the community questioned whether a potential policy change to address waitlist mortality of multivisceral transplant candidates could be expedited through an emergency pathway. The member of the community noted this is a patient safety issue that is a result of a previous allocation change. A member noted that the increased number of waitlist mortality for multivisceral candidates is six, which may not be representative of a national emergency. Staff added that emergency pathways are to address issues which suddenly arise. The member of the community accepted the response.

Members noted support for having intestine experts review multivisceral NLRB exceptions. Another member asked if education could be provided to the current NLRB reviewers in the short-term.

Another member of the community recommended that the NLRB guidance for multivisceral transplant candidates suggest median MELD at transplant (MMaT) minus ten. The Vice Chair acknowledged that the data has shown higher waitlist mortality and decreased access to transplant for multivisceral candidates. The Vice Chair stated that the transplant community will need to provide feedback on future NLRB guidance in order to determine which MMaT score should be provided via NLRB exception.

The Committee agreed to submit a project for OPTN Policy Oversight Committee approval which creates NLRB guidance for multivisceral candidate MELD exceptions.

Next steps:

The Committee will submit a project detailing the development of NLRB guidance for multivisceral exceptions to the OPTN Policy Oversight Committee for project approval.

**Upcoming Meeting**

- October 11, 2022 @ 9:00 AM CT (Chicago, IL)
- October 28, 2022 @ 4:00 PM ET (teleconference)
- November 10, 2022 @ 4:00 PM ET (teleconference)

## Attendance

- **Committee Members**
  - Alan Gunderson
  - Allison Kwong
  - Bailey Heiting
  - Chris Sonnenday
  - Colleen Reed
  - Diane Alonso
  - Greg McKenna
  - James Trotter
  - Joseph DiNorcia
  - Kym Watt
  - Scott Biggins
  - Sophoclis Alexopoulos
  - Vanessa Pucciarelli
- **HRSA Representatives**
  - Jim Bowman
- **SRTR Staff**
  - John Lake
  - Katie Audette
  - Ryo Hirose
- **UNOS Staff**
  - Betsy Gans
  - Erin Schnellinger
  - James Alcorn
  - Katrina Gauntt
  - Krissy Laurie
  - Matt Cafarella
  - Megan Oley
  - Meghan McDermott
  - Niyati Upadhyay
  - Rob McTier
  - Sarah Scott
- **Other Attendees**
  - Dave Weimer
  - Jesse Schold
  - Jonathan Fridell
  - Shekhar Kubal
  - S DeLair
  - S Taylor