

OPTN Liver and Intestinal Organ Transplantation Committee

Meeting Summary

July 19, 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 07/19/2024 to discuss the following agenda items:

1. National Liver Review Board (NLRB) Guidance for Multivisceral Candidates 6-Month Monitoring Report
2. June 21 Meeting Recap
3. Continuous Distribution: Utilization Efficiency Attribute

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

1. National Liver Review Board (NLRB) Guidance for Multivisceral Candidates 6-Month Monitoring Report

The Committee reviewed the six-month monitoring report for the implementation of their proposal *NLRB Guidance for Multivisceral Transplant Candidates*.¹

Data summary:

- A greater number of multivisceral candidates applied for and received a liver exception
- The number of multivisceral candidates removed due to death or too sick decreased by two
- Multivisceral transplants decreased by a single transplant, however more recipients were transplanted with a liver exception
- The current number of multivisceral candidates and transplants remains small – results should be taken with caution

Summary of discussion:

The Chair stated that the six-month monitoring results appear promising. A member asked why there are some multivisceral candidates whose transplant program did not apply for an exception. Another member responded that it could be that the multivisceral candidate had a high MELD without the exception or that the transplant program was unaware of the new NLRB guidance. The member noted they have seen positive change within their transplant program for these candidates. The member added that an issue that still remains to be addressed are situations where the pancreas is reallocated

¹ OPTN Liver & Intestinal Organ Transplantation Committee, *Policy Notice*, National Liver Review Board Guidance for Multivisceral Transplant Candidates. OPTN Board of Directors approved on June 26, 2022. Available at https://optn.transplant.hrsa.gov/media/ivjkaq10/optn_lic_mvt-guidance_pn_june-2023.pdf.

and only the liver-intestine is available which is not useful for multivisceral candidates. The member stated they will bring this forward to the OPTN Ad Hoc Multi-Organ Transplantation Committee.

Next steps:

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

2. June 21 Meeting Recap

The Committee reviewed discussions from the June 21 meeting where they discussed the purpose of each standard exception.

Summary of discussion:

There were no questions or comments.

Next steps:

The Committee will revisit addressing exceptions (condition associated-priority) in upcoming meetings.

3. Continuous Distribution: Utilization Efficiency Attribute

The Committee discussed the utilization efficiency attribute within liver continuous distribution. An SRTR representative presented a concept for a potential rating scale that would be based on organ offer acceptance practices.

Summary of presentation:

A rating scale for the utilization efficiency attribute could be developed based on the program specific reports (PSRs) produced by the SRTR, which include information on a transplant programs' offer acceptance practices. This means that transplant programs would receive some points within the utilization efficiency attribute if they have higher organ offer acceptance. Since PSRs are continually updated, the rating scale could change in reaction to each transplant programs' changing behaviors. This rating scale could have a donor modification associated with it in order to limit the scope to liver offers that come from complex donors and are particularly hard-to-place. According to the Final Rule, organ allocation policies shall not be based on the candidate's place of listing unless doing so avoids wasting organs and/or promotes the efficient management of organ placement.

Summary of discussion:

The Chair agreed that a donor modification is important to develop in combination with this attribute's rating scale in order to align with regulatory requirements for allocation policy development.

An SRTR representative stated that if the Committee wanted the data that is inputted into the rating scale to be updated on a more frequent basis, that could be done.

A member noted some concern for incorporating a rating scale such as this into liver allocation but is somewhat reassured by the notion of the self-regulating feedback loop. The member stated that their main concern with incorporating an organ utilization metric in allocation is that it is very volatile and transplant program-specific. The member explained that organ acceptance behavior is changing rapidly due to technological advances as well as changing based on personnel changes. The member stated another concern is that a metric based on transplant program behavior has not been incorporated into allocation previously. The member stated that if this is a direction that the Committee seeks to go, then there needs to be a lot of transparency to the public so that candidates understand they may be lower on a match run because of past behavior of their transplant program.

The Chair agreed with the previously noted concerns. The Chair stated that if the Committee is to move forward with a rating scale based on transplant program's organ offer acceptance ratio, then a donor modification will be very important.

An SRTR representative stated that if this is incorporated into a composite allocation score it opens the opportunity for transplant programs to also apply for exceptions related to it. The SRTR representative explained that if there were personnel changes, the transplant program could submit an exception detailing these changes and provide documentation of organ offer acceptance behavior based on the changes in order to receive additional points while the current PSRs are updating to account for the new behavior. The Chair stated that operationalizing this would be very complicated.

A member questioned whether DCD liver offers should be included in the definition of medically complex liver offers based on the rapidly changing field.

Another member asked whether the rating scale would be based on organ acceptance rates for all offers or specific offers. An SRTR representative stated that the Committee could define the type of offer they are seeking to increase utilization efficiency of and then the organ acceptance rates would be based only on those types of offers. The member advocated for the Committee to target specific organ offers and not all offers.

A member stated they are concerned about the data lag for the data that would be inputted into the rating scale as organ offer practices can change quickly. The member stated organ offer behavior within a transplant program can be very heterogeneous leading to different organ offer acceptance practices depending on who is on call. The member stated that the exception request pathway may be difficult as there are endless possibilities for how a transplant program may make the argument that their organ offer acceptance practices are changing and everyone will be trying to receive more points. The member added that this could also stifle innovation because it may not as readily support evolving transplant programs.

Another member agreed and added that their additional concern is that this concept is independent of the outcome of the transplant. The member stated that transplant programs could receive more points but have lower post-transplant survival than transplant program who accepts these offers less but have a higher post-transplant survival. A member added that small and medium-sized transplant programs may be more negatively impacted as their behaviors may change more drastically based on one or two bad outcomes compared to a large transplant program. Another member responded that transplant programs of all sizes would be affected by this based on the characteristics of their waitlists and relative size at any given moment, it just may be exacerbated in small and medium-sized transplant programs.

The Vice Chair stated that the community is likely to have the same concerns that are being voiced by the members during this meeting. The Vice Chair reminded the Committee that this concept was presented because of efficiency and that this proposed solution would make the process more efficient and help organ procurement organizations (OPOs) place offers faster. The Vice Chair cautioned that an unintended consequence could be that it may widen disparities because candidates may not be able to travel to transplant programs that have more aggressive organ offer acceptance practices.

The Chair stated that the OPTN Expedious Taskforce may have additional ideas on how to increase efficiency through operational means. The Chair added it would be helpful to receive some community feedback on the topic.

Next steps:

The Committee will continue this discussion at the upcoming meeting.

Upcoming Meetings

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

Attendance

- **Committee Members**
 - Aaron Ahearn
 - Allison Kwong
 - Cal Matsumoto
 - Chris Sonnenday
 - Colleen Reed
 - Lloyd Brown
 - Marina Serper
 - Michael Kriss
 - Neil Shah
 - Omer Junaidi
 - Scott Biggins
 - Shimul Shah
 - Shunji Nagai
 - Vanessa Cowan
 - Vanessa Pucciarelli
- **HRSA Representatives**
 - **Jim Bowman**
 - Marilyn Levi
- **SRTR Staff**
 - Jack Lake
 - Jon Snyder
 - Katie Audette
 - Nick Wood
- **UNOS Staff**
 - Benjamin Schumacher
 - Betsy Gans
 - Cole Fox
 - Jesse Howell
 - Katrina Gauntt
 - Kayla Balfour
 - Meghan McDermott
 - Niyati Upadhyay
 - Susan Tlusty