OPTN Liver and Intestinal Organ Transplantation Committee
Meeting Summary
March 7, 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 03/21/2025 to discuss the following agenda items:

1. Welcome & Announcements
2. Guidance for Multivisceral Transplant Candidates One-Year Monitoring Report
3. Continuous Distribution: Split Liver (Continued Discussion)

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

1. Welcome & Announcements

The Committee reviewed a couple brief follow-up announcements.

Summary of discussion:

As a follow-up to the non-standard exception data report represented at the October 9, 2024, meeting, the Committee was informed that upon further review and analysis the revised number of Hepatic Encephalopathy non-standard exceptions that were submitted between July 1, 2022, and December 31, 2023 was 11 forms (10 denied, 1 approved). The Committee acknowledged that this revised number appeared more accurate than the data that was previously reviewed.

As a follow-up to the OPTN Lung Transplantation Committee's OPTN Board of Directors approved project, *Promote Efficiency of Lung Allocation,* the Committee discussed the system enhancement related to opt in in to offers from isolated areas. The Committee confirmed that the ability to opt in to offers from geographically isolated areas should also be available for use on expedited liver matches to ensure a similar efficiency gain for transplant programs and organ procurement organizations (OPOs) placing livers from an expedited match.

2. Guidance for Multivisceral Transplant Candidates One-Year Monitoring Report

The Committee reviewed the one-year monitoring report for the implemented project, *Guidance for Multivisceral Transplant Candidates*.

Data summary:

- A greater number of multivisceral candidates applied for and received a liver exception
- The number of multivisceral candidates with an exception removed due to death or too sick increased by three
- The number of multivisceral candidates without an exception removed due to death or too sick decreased by six

- Multivisceral transplants increased by two transplants, and more recipients were transplanted with a liver exception

Summary of discussion:

The Chair noted that there was an increase in the number of candidates removed due to death or too sick and wondered whether that is an indication that the multivisceral population is not receiving enough priority. A member noted that this could be due to transplant programs listing more multivisceral candidates compared to before.

Another member stated that the transplant rate did not increase much post-implementation of this project. The member stated they have received feedback from the multivisceral community that the score recommendation for multivisceral candidates should be higher because they still are not receiving access to appropriate offers. A member wondered whether it is still too early to see the effects of the project since the exception score should increase during each extension period. A member suggested a higher score recommendation upon initial exception, such as MMaT plus nine or twelve. The member noted that due to multi-organ allocation considerations, multivisceral candidates should have an initial exception score that places them near a MELD of 37 to have access to the acceptable organ offers.

The Chair noted that specific organs should be directed to candidates who will accept them, which can be accomplished with the framework of continuous distribution.

Another member stated that the population of multivisceral candidates may not be homogeneous in their need for priority. A member responded that monitoring should help determine whether more specific guidance is needed to distinguish between the population. A member agreed and stated the allocation priority should not drive the demand; the allocation priority should respond to the need.

The Chair suggested that the NLRB Subcommittee should discuss future updates to the guidance.

Next steps:

The Committee will discuss whether changes to multivisceral transplant candidate guidance are needed.

3. Continuous Distribution: Split Liver (Continued Discussion)

The Committee continued to discuss split liver in the context of liver continuous distribution.

Data summary:

The Committee reviewed various data analyses related to split liver to aid their discussion and decisions.

- About 200-250 split liver transplants per year
- An overwhelming majority of index recipients are pediatric, and the second recipients are adult
- Female candidates receive disproportionate percent of split livers
- While the first segment is often allocated to high MELD/Status 1A/1B, the second segment almost always goes to low MELD/PELD candidates
- In the majority of cases, the second segment is allocated to a recipient at the same program or same OPTN region

Summary of discussion:

The Committee revisited the concept of incorporating a criterion relating to transplant programs having prior split liver transplant experience to receive points within the split liver transplant attribute. The Vice Chair noted that incorporating this type of criterion will require a lot of considerations and decisions related to updating the Management and Membership policies. Additionally, the OPTN does not currently collect information on individual surgeon activity as it relates to split liver transplant making it

more complex to implement and track. The Vice Chair stated that this criterion may not be as beneficial to incorporate given the operational complexity of implementation.

Based on the data the Committee reviewed, the Vice Chair suggested that if the goal is to prioritize candidates more likely to initiate a split, then pediatric candidates and low-body surface area (BSA) adult candidates should be prioritized for livers meeting splitable criteria. The Vice Chair stated that the pediatric priority and BSA attribute could be more heavily weighted for livers meeting split criteria and this would remove the potential for transplant programs to opt their candidates in as willing to accept a split liver to receive more points. A member supported this concept and stated that optimizing the priority for pediatrics accurate will have the most impact.

The Committee discussed options for the allocation of the second segment:

1. Allow primary program to transplant second segment into another candidate at the same program or affiliated program
2. Based allocation of second segment on location of primary transplant program and increase weight of travel efficiency attribute
3. Base allocation of second segment off location of primary transplant program or donor hospital and increase weight of travel efficiency attribute
4. Require second segment to be allocated using same match run, if not allocation prior to operating room, primary program can keep second segment

The Chair stated that the first option is likely to not be supported by the community. The Chair stated that the fourth option is also not ideal because it could mean that the second segment is allocated far away. A member agreed that options two and three should be the focus. The member added that it is important to incentivize transplant programs that are currently performing split liver transplants to perform more.

Members agreed that option three may be the most appropriate solution for allocation of the second segment. A member asked what the distance may be used for priority for the second segment. The Chair suggested that the Committee could propose using 150 nautical miles since that is what allocation currently uses for medically complex livers. Other members agreed.

Another member stated that they do not like to encourage ex-vivo splitting but understood there is no way to enforce in situ splitting.

A member noted that a major impediment for split liver transplant is risk perception and the metrics which transplant programs are evaluated on. The member stated that the Committees should have input on the metrics with Program Specific Reports (PSRs) that are generated by the SRTR. Another member stated that split liver is risk adjusted and perhaps a better solution would be education that this adjustment is accounted for in the evaluation metrics. The Vice Chair wondered whether the risk adjustment is high enough.

<u>Next steps:</u>

The Committee will continue to develop the split liver attribute and its operational aspects.

Upcoming Meetings

- April 4, 2025 at 2 pm ET (teleconference)

Attendance

- **Committee Members**
  - Allison Kwong
  - Cal Matsumoto
  - Chris Sonnenday
  - Kathy Campbell
  - Lloyd Brown
  - Michael Kriss
  - Omer Junaidi
  - Scott Biggins
  - Shimul Shah
  - Shunji Nagai
  - Vanessa Cowan
  - Vanessa Pucciarelli
- **SRTR Staff**
  - David Schladt
  - Jack Lake
  - Nick Wood
  - Ray Kim
- **UNOS Staff**
  - Alex Carmack
  - Alina Martinez
  - Benjamin Schumacher
  - Kaitlin Swanner
  - Matt Cafarella
  - Meghan McDermott
  - Niyati Updahyay