

**Liver Allocation Variances**  
*Current as of March 1, 2020*

Per OPTN Policy 1.3, the OPTN Board of Directors can authorize policy variances. The following liver variances are currently active:

**Region-Wide Variances**

**Region 8 AAS (split liver)**

A transplant program can split an accepted liver and decide which segment to transplant into the index candidate. If the remaining segment is not accepted for high MELD/PELD or Status 1A/1B candidates close to the donor hospital, the transplant program may transplant the second segment into a different, medically-suitable candidate registered at the same transplant program or an affiliated transplant program with an active pediatric liver component. This variance is in OPTN Policy 9.11.C.

**Individual OPO variances**

**Closed Variance for Allocation of Blood Type O Deceased Donor Livers**

Livers from blood type O deceased donors in Hawaii and Puerto Rico are allocated to candidates with blood type O and then candidates with any compatible blood type within the same MELD or PELD classification in the allocation tables. This variance is in OPTN Policy 9.11.B.

**Closed Variance for Liver Transplantation in Hawaii and Puerto Rico**

This is a closed variance that only applies to liver and liver-intestine candidates registered at transplant programs in Hawaii or Puerto Rico who are listed as Status 1A or 1B or with a MELD or PELD of 37 or higher. The variance broadens the pool of donors from whom these candidates are able to receive offers to increase the likelihood these candidates will receive an offer in time to meet their need. For these candidates in Hawaii, there will be an additional unit of distribution at 2,400 NM. For candidates in Puerto Rico, there will be an additional unit of distribution at 1,100 NM. This variance is OPTN Policy 9.11.D.

**Open variances**

**Open Variance for Segmental Liver Transplantation**

When a transplant program transplants a right lobe or right tri-segment, the transplant program may offer the remaining left lobe or left lateral segment into a different, medically suitable recipient registered at the same transplant program or an affiliated pediatric program instead of offering the remaining segment to potential recipients at other transplant programs. This variance is in OPTN Policy 9.11.A.

**HIV Organ Policy Equity (HOPE) Act**

This variance permits the use of organs from HIV-positive donors for transplantation into HIV-positive candidates under approved research protocols designed to evaluate the feasibility, effectiveness, and safety of such organ transplants. This variance is in OPTN Policy 15.7.