OPTN Liver and Intestinal Organ Transplantation Committee
Meeting Summary
November 1, 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 11/01/2024 to discuss the following agenda items:

1. Finalize Project: NLRB Guidance Update Winter 2025
2. Continuous Distribution: Confirmation for Modeling/Continued Discussion

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

1. Finalize Project: NLRB Guidance Update Winter 2025

Presentation Summary

National Liver Review Board (NLRB) Guidance is being revised based on new literature and priority score recommendations are being added. The last three conditions that need revision are Hepatic Hydrothorax, Hepatic Adenomas, and Metabolic Disease. Policy language is also being updated to add contrast-enhanced ultrasound as an acceptable adjunct diagnostic tool for HCC and to align with LI-RADS-5 terminology for imaging classification criteria.

Summary of Discussion:

No decisions were made regarding this agenda item.

For the guidance on hepatic hydrothorax the Committee suggested some of the sentence structure be rearranged and that references to mortality be condensed. The Committee briefly debated the length of time the cytology draws needed to be performed over. They discussed 6 weeks or 3 months as viable options. They felt that 6 weeks was sufficient as more cytology draws would be redundant and lead to excessive data input. The Committee felt that Median Meld at Transplant (MMaT)-3 was an appropriate recommendation of patient priority for this condition. They also felt that a line about a transjugular intrahepatic portosystemic shunt (TIPS) failing to resolve the patient's condition needed to be added for clarity and to ensure other options were tried before granting this exception.

The Committee discussed potentially adding requirements for diuretics to the hepatic hydrothorax guidance to ensure all options have been exhausted for patients before granting the exception. The Committee was concerned that patient care could suffer if the guidelines for this exception were not strict enough. Ultimately the Committee decided the review board would ensure that other options were tried before this exception is granted. The Committee also felt this exception had more requirements than almost any other and was therefore sufficient.

The Committee approved of the proposed changes to guidance for Hepatic Adenomas. They did not see a need for additional changes.

The Committee approved of the proposed changes to guidance for Metabolic Disease. One member asked for clarification that this guidance is for adults. Another member noted most cases of metabolic disease are in pediatric patients so the number of patients getting this exception as an adult should be exceedingly small. The Vice Chair suggested running the new language for metabolic disease by the Pediatric Committee to get their take on it.

The Committee discussed the update to policy language for the addition of contrast enhanced ultrasound (CEUS) as an adjunct diagnostic tool. One Committee member asked if there were any real changes to the policy other than adding CEUS. The Vice Chair responded there were not any changes of substance other than to add CEUS to the policy. The Committee proposed a few minor adjustments to some of the sentence structure to increase clarity.

Next steps:

- NLRB Guidance + LI-RADS marked up policy language and guidance changes for full Committee review by 11/11/2024.
- Vote on guidance and policy language changes on 11/15/2024

2. Continuous Distribution: Confirmation for Mode

Presentation Summary

The purpose of the travel efficiency attribute in continuous distribution is to reduce the distance between donor hospital and transplant program. The attribute is to be based on the differences in flying versus driving the organ and not to incorporate cost-related considerations. Liver's travel efficiency attribute rating scale is most closely aligned with lung's proximity efficiency attribute. Some GPS data and community feedback was collected to help define the rating scale, but the sample size is currently too small to analyze national travel practices.

The purpose of the split liver attribute in continuous distribution is to help eliminate pediatric waitlist mortality and address donor-recipient size matching for smaller candidates. In past discussions the Committee felt there should be a mechanism in place to ensure that centers that indicate split livers have the capability to do so. The Committee needs to determine the definition of a splitable liver, donor modifications for individual centers willing to accept a split liver, the allocation rules for keeping a remnant of a splitable liver, and the allocation of a liver that is split but does not meet the definition of a splitable liver.

Summary of Discussion:

Decision #1: The Committee decided that patients would get full points for the travel efficiency attribute up to 50 miles, half the points at 250 miles, and no points at 500 miles.

Under the current proposed travel efficiency attribute, a patient will be assigned the full number of points when the donor hospital is within 150 miles of the transplant program the patient is at. After 150 miles the number of points decreases with a patient receiving half the points for travel efficiency at 500 miles. The Committee debated where the inflection points should be. Most of the committee members felt that past 500 miles, the transplant program was so far away as to be irrelevant and so perhaps the second inflection point should be at 250 miles. The Committee also discussed making the first inflection point at a shorter distance to encourage livers to stay local. The Committee noted that this single metric would not shut any transplant program out and would likely not change the priority order of patients very much as this attribute is going to be weighted low compared to other attributes such as medical urgency.

The Committee compared the current split liver criteria to multi visceral transplant criteria to see if they should be the same. The Committee discussed the differences between BMI and donation after circulatory death (DCD) criteria. They considered making it so that the split liver criteria did not allow for DCD livers. They concluded however there was no biological reason to make the criteria the same for split liver and multi visceral transplant.

The members of the Committee debated what qualified as a splitable liver. Some members felt it was very subjective based on the skill of the transplant center, the needs of the patient, and the rapid progression of medical technology such as machine perfusion. The Committee considered not having any criteria for split livers because of the subjectivity over what constitutes a splitable liver. One member noted a problem with getting rid of criteria for split livers renders the split liver attribute unable to incentivize split livers. The Chair pointed out that by having criteria for splitable livers, the Committee could incentivize split livers that otherwise would not happen, but that does not mean that transplant centers could not split livers that do not meet criteria for this attribute. One member voiced concern that if criteria is used to determine what livers should be split, it would effectively remove high quality livers from the pool of available livers which could be problematic for patients that need unsplit high quality livers. Another member also mentioned it could create issues for patients that experience technical difficulties during transplant and require another transplant.

The chair asked what the Committee should do to incentivize split livers because what they have done in the past has not been effective. One member pointed to the Region Eight variance and noted that allowing a transplant center to control both parts of a split liver might help incentivize transplant centers to do splits.

<u>Next steps:</u>

The Committee will consider discussing this topic in future meetings.

Upcoming Meeting

- November 15, 2024,

Attendance

- **Committee Members**
  - Scott Biggins
  - Shimul Shah
  - Aaron Ahearn
  - Allison Kwong
  - Neil Shah
  - Lloyd Brown
  - Collen Reed
  - Shunji Nagai
  - Michael Kriss
  - Cal Matsumoto

- **HRSA Representatives**
  - Jim Bowman

- **SRTR Staff**
  - Katie Audette
  - Jack Lake

- **UNOS Staff**
  - Emily Ward
  - Cole Fox
  - Jesse Howel
  - Ben Schumacher
  - Alina Martinez
  - Betsy Gans
  - Keighly Bradbrook
  - Ethan Studenic