

OPTN Liver and Intestinal Organ Transplantation Committee

Meeting Summary

March 15, 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 03/15/2024 to discuss the following agenda items:

1. Public Comment Presentation: Clarify Requirements for Pronouncement of Death
2. Continuous Distribution: Medical Urgency Attribute

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

1. Public Comment Presentation: Clarify Requirements for Pronouncement for Death

The Committee received a presentation regarding the Clarify Requirements for Pronouncement of Death proposal, which was out for public comment during the winter 2024 cycle by the OPTN Organ Procurement Organization (OPO) Committee.¹

Summary of discussion:

Decision: The Committee supports this proposal.

The Chair pointed out that this policy seems very clear and straightforward, highlighting that it is mostly a language change to keep consistent with processes. Members agreed.

Next steps:

Feedback will be summarized and posted to the OPTN public comment website on behalf of the Committee.

2. Continuous Distribution: Medical Urgency Attribute

The Committee discussed and identified questions that will aid in evaluating the different medical urgency models. The questions will be sent to the authors of: model for end-stage liver disease (MELD), optimized prediction of mortality (OPOM), and dynaMELD.

Summary of discussion:

The Committee's questions will be compiled and submitted the authors of various medical urgency models.

¹ <https://optn.transplant.hrsa.gov/policies-bylaws/public-comment/clarify-requirements-for-pronouncement-of-death/>

Members provided pre-meeting input on potential questions within three topic areas: general questions, model performance questions, and model comparison questions. In addition to the already identified questions, the Committee brainstormed additional questions to include in their request.

A member indicated that they felt it was reasonable to ask the authors how they would present their model to transplant candidates. They highlighted that with MELD, they've appreciated the simplicity of being able to explain it to liver transplant candidates in a way that they understand that their MELD score factors into when they will receive an organ offer. A member suggested asking what the strengths and weaknesses of the model are, without including the statistical language and processes, which can be complex.

A member suggested including a question along the lines of "Are there existing disparities that the model addresses or are there guardrails against exacerbating certain disparities?". The Chair suggested reframing the question to say "Are there implicit biases that will be reinforced and do you anticipate any vulnerable populations that will be missed, for example, small women, small-statured individuals, and race-based metrics?".

A member asked if these questions were strictly about the medical urgency aspect or if they included post-transplant outcomes. The Chair replied that this is strictly medical urgency and does not include post-transplant outcomes, however, dynaMELD does have a post-transplant survival model that the Committee may seek to review in the future.

An SRTR representative interjected that the Committee must think about balancing many different aspects when talking about what to include as far as variables for medical acuity. They continued that the Committee requested that age be taken out of the OPOM model, and there may have been many reasons for that, but when constraints are introduced, the performance of the metric also becomes constrained. They noted that having models be race-neutral does not mean they are just or equitable and the Committee must be careful of the stated purpose.

A member added two questions they have, how frequently will the data that feeds the model need to be updated and how often will the model change over time?. The Chair agreed that these are important questions for the authors to consider when presenting to the Committee. A member raised the question of, how they navigate fluidity of the score due to considerations such as candidates who live far away and need to travel for their transplant. One member agreed, noting how the first question they ask during rounds is "What is the patient's MELD score?" since it is such an important indicator of how sick they are.

A member noted that it is extremely important to explain the medical urgency score and that it is not developed randomly. They added that patients need to understand not just their score, but the range of scores and what they mean. They emphasized the significance of patients and their families understanding medical urgency, as this score has real-life implications for people, but appreciate the Committee's recognition and consideration for patients when designing Continuous Distribution.

Next steps:

The questions will be compiled and sent to the authors of each of the following medical urgency models: MELD, dynaMELD, and OPOM, which they will answer during their presentation at the April 15th meeting.

Upcoming Meetings

- April 5, 2024, at 2 pm ET (teleconference)
- April 15, 2024, at 12 pm ET (teleconference)

Attendance

- **Committee Members**
 - Scott Biggins
 - Aaron Ahearn
 - Allison Kwong
 - Chris Sonnenday
 - Colleen Reed
 - Joseph DiNorcia
 - Kym Watt
 - Lloyd Brown
 - Neil Shah
 - Sophoclis Alexopoulos
 - Vanessa Pucciarelli
- **HRSA Representatives**
 - Marilyn Levi
- **SRTR Staff**
 - Katie Audette
 - Nick Wood
 - Ryo Hirose
 - Tim Weaver
- **UNOS Staff**
 - Erin Schnellinger
 - Katrina Gauntt
 - Kayla Balfour
 - Meghan McDermott
 - Niyati Upadhyay
 - Susan Tlusty
- **Other**
 - PJ Geraghty (Chair of the OPTN OPO Committee)