

**OPTN Liver and Intestinal Organ Transplantation Committee  
National Liver Review Board (NLRB) Subcommittee**

**March 27, 2025**

**Conference Call**

**James Pomposelli, MD, PhD, Chair**

## **Introduction**

The OPTN National Liver Review Board Subcommittee (the Subcommittee) met via WebEx teleconference on 03/27/2025 to discuss the following agenda items:

1. Continuous Distribution & Review Boards

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

### **1. Continuous Distribution & Review Boards**

The Subcommittee discussed how review boards could be updated within the framework of continuous distribution.

#### Summary of discussion:

The Subcommittee reviewed how the lung review boards function within their continuous distribution system.

The Chair noted that liver allocation is much different than lung allocation so aligning aspects of review boards may not be beneficial. The Chair stated that exceptions for medical urgency scores are the only type of exceptions that the National Liver Review Board (NLRB) should adjudicate. The Chair added that the current non-standard exception processes works well because the system for exceptions in liver allocation has been developed and refined over a long period of time.

A member stated that if non-standard exceptions were based on percentages instead of median MELD at transplant (MMaT), it seems extremely difficult for transplant programs and reviewers to discern between a request for the 80% vs 90% of points. The member supported having categories of medical urgency in order to alleviate some of the grey areas if it was on a more continuous scale. The member stated if these categories were developed and explained in the guidance, then how the points are awarded (e.g. MMaT vs percentages of the attribute's rating scale) may not matter as much. The member wondered whether MMaT will mean as much as it does now given that the focus in a continuous distribution system is likely to be on the total composite allocation score (CAS) instead of MELD.

The Chair stated the system could show MELD scores and percentages of medical urgency scores in order to get the community used to this frame of thought. A member also suggested that this could be defined in the guidance. For example, a diagnosis with a score recommendation of MMaT minus three is now equivalent to a certain percentage of medical urgency score points.

Another member stated that a non-standard exception pathway for patient access may be helpful. The member noted there are situations where a candidate may not have a lot of medical urgency but will

never get access to an organ because of certain circumstances, and allowing exceptions to account for these specific situations could be warranted.

A member suggested that including patient access could give the ability to have an escalator of points for candidates who were waiting longer.

A member stated that the patient access attributes should be preserved because if non-standard exceptions were submitted for the goal of patient access, then it could result in geographic differences not being accounted for. The member explained that if there were two candidates with identical exceptions, the system should still prioritize candidates who are closer to the liver offers. If exceptions were submitted for the entire goal of patient access rather than attribute-specific, these geographic and efficiency considerations may be lost.

The Subcommittee discussed MMaT within continuous distribution.

A member stated that if the patient access attributes address geographic differences across the nation, then MMaT may not be necessary, but the member noted this is very difficult to predict whether that will happen upon implementation of continuous distribution. Another member added that even if continuous distribution fixes geographic differences, MMaT is still needed. The member explained that MMaT equalizes the exception candidates to the urgency of the rest of the liver candidate population. The member stated that the medical urgency of the entire liver candidate population can go up or down and MMaT also helps address this, which is an issue that continuous distribution is not able to fix.

#### Next steps:

The Subcommittee will continue to discuss review boards updates within continuous distribution.

#### **Upcoming Meetings**

- TBD

## Attendance

- **Subcommittee Members**
  - Aaron Ahearn
  - Allison Kwong
  - Jim Pomposelli
  - Neil Shah
- **SRTR Staff**
  - David Schladt
  - Jack Lake
  - Katie Siegert
  - Simon Horslen
- **UNOS Staff**
  - Ben Schumacher
  - Betsy Gans
  - Joel Newman
  - Kaitlin Swanner
  - Keighly Bradbrook
  - Matt Cafarella
  - Meghan McDermott
  - Niyati Upadhyay