

## **OPTN Liver and Intestinal Organ Transplantation Committee**

### **Meeting Summary**

**February 17, 2023**

**Conference Call**

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

**Scott Biggins, MD, Vice Chair**

### **Introduction**

The OPTN Liver and Intestinal Organ Transplantation Committee (the Committee) met via Citrix GoToMeeting teleconference on 02/17/2023 to discuss the following agenda items:

1. Public Comment Update
2. Public Comment Presentation: Ethical Evaluation of Multiple Listing
3. Public Comment Presentation: Identify Priority Shares in Kidney Multi-Organ Allocation
4. Public Comment Presentation: Expand Required Simultaneous Liver-Kidney Allocation

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

#### **1. Public Comment Update**

The Committee reviewed feedback to date on their two public comment items.

##### Summary of discussion:

##### *National Liver Review Board (NLRB) Guidance for Multivisceral Transplant Candidates*

This public comment proposal has been generally support thus far during the winter 2023 public comment period. While there is support for increased priority for multivisceral transplant candidates, regional meeting feedback has questioned whether the score recommendation of median model for end stage liver disease (MELD) at transplant (MMaT) plus six with a three point every 90 days increase is too high. During the Committee's previous deliberations, it was agreed that MMaT plus six with a three point increase every 90 days is an appropriate score recommendation in order to increase access for multivisceral candidates while balancing the needs of high MELD liver-alone candidates.

Additional feedback questioned a section of guidance that states "a candidate should not be considered for a MELD exception if the reason he or she requires a liver transplant is solely for immunological reasons". Feedback cited it is difficult to identify these candidates.

There has been some opposition to the recommended point escalation but the Committee proposed the three point increase to account for multivisceral candidates that require increased access to transplant.

##### *Update on Continuous Distribution of Livers and Intestines*

Some feedback received from regional meetings thus far requested the Committee to consider allocation efficiency and cost to transplant programs in the new framework. There has been an increase in feedback recommending the Committee reconsider post-transplant survival as an attribute.

##### Next steps:

The Committee will continue to review public comment feedback on their two proposals and incorporate post-public comment changes as needed.

## **2. Public Comment Presentation: Ethical Evaluation of Multiple Listing**

The Committee received a presentation on the OPTN Ethics Committee's public comment item, *Ethical Evaluation of Multiple Listing*.

### Summary of discussion:

A Committee member mentioned that their transplant program lists all of their liver transplant candidates at multiple transplant programs, which may account for the majority of multi-listing candidates in the data analysis included in the white paper. The member recommended that the OPTN Ethics Committee should take that into account when reviewing the data and discussing multiple-listed candidates, regardless of socioeconomic background.

The Committee was also concerned about any potential impact on a candidate's ability to compare different transplant programs and choose the transplant program that best suits their needs.

A member asked whether the OPTN Ethics Committee reviewed data on differences in waitlist mortality between single listed and multi-listed candidates. The member asked whether the recommendations were developed based on insurance and education data rather than transplant rate and waitlist mortality. The OPTN Ethics Committee member responded that insurance and education data was used as a surrogate for wider disparities in access to healthcare. Another member encouraged the OPTN Ethics Committee to consider how state Medicaid coverage and restrictions may impact any candidate's ability to access either multiple listing or multiple evaluations for transplant.

A member asked whether the OPTN Ethics Committee reviewed data on the timing of the registrations for candidates who are multi-listed. The member explained that sometimes, when a candidate is transferring between two programs, the candidate can be listed at both programs for a period of time, even though their goal is not to be multi-listed.

Some members did not agree with the recommendations in the *Ethical Evaluation of Multiple Listing* white paper.

### Next steps:

The Committee's feedback will be summarized and submitted to the OPTN Ethics Committee.

## **3. Public Comment Presentation: Identify Priority Shares in Kidney Multi-Organ Allocation**

The Committee received a presentation on the OPTN Ad Hoc Multi-Organ Transplantation Committee's public comment item, *Identify Priority Shares in Kidney Multi-Organ Allocation*.

### Summary of discussion:

The Vice Chair stated that liver-kidney transplantation is one of the more common multi-organ combinations and as such this future work will likely impact the liver transplant community.

A member stated that the multi-organ field will change significantly once there are minimum listing criteria and safety net criteria for all multi-organ combinations. The member stated that multi-organ prioritization should be based on acuity. The member noted that comparing medical urgency across organs is difficult.

Another member stated that if a kidney-pancreas is not allocated together, then there is a high likelihood the pancreas will not be transplanted. The member stated that if a heart-kidney, lung-kidney, or liver-kidney is not allocated together, then those organs will likely still be transplanted.

The Committee is supportive of any effort to create more clear prioritization between multi-organ candidates.

Next steps:

The Committee's feedback will be summarized and submitted to the OPTN Ad Hoc Multi-Organ Transplantation Committee.

**4. Public Comment Presentation: Expand Required Simultaneous Liver-Kidney Allocation**

The Committee received a presentation on the OPTN Ad Hoc Multi-Organ Transplantation Committee's public comment item, *Expand Required Simultaneous Liver-Kidney Allocation*.

Summary of discussion:

The Vice Chair noted that the idea for this project originated within the Committee A member supported this proposal and stated that this proposal will create consistency. Another member suggested this proposal should be monitored to ensure it does not increase non-use of organs. An attendee suggested the Committee consider changing the MELD 29 threshold in the future. The Committee supports this proposal and is eager to see it implemented in OPTN policy.

Next steps:

The Committee's feedback will be summarized and submitted to the OPTN Ad Hoc Multi-Organ Transplantation Committee.

**Upcoming Meeting**

- March 9, 2023 @ 2:30 PM ET (teleconference)
- March 17, 2023 @ 3:00 PM ET (teleconference)

## Attendance

- **Committee Members**
  - Allison Kwong
  - Christopher Sonnenday
  - Colleen Reed
  - Erin Maynard
  - Greg McKenna
  - James Eason
  - James Markmann
  - James Trotter
  - Peter Abt
  - Scott Biggins
  - Shunji Nagai
  - Sophoclis Alexopoulos
  - Vanessa Pucciarelli
- **HRSA Representatives**
  - Jim Bowman
- **SRTR Staff**
  - John Lake
  - Katie Audette
- **UNOS Staff**
  - Alex Carmack
  - Betsy Gans
  - Cole Fox
  - Erin Schnellinger
  - James Alcorn
  - Jennifer Musick
  - Joel Newman
  - Meghan McDermott
  - Niyati Upadhyay
  - Susan Tlusty
- **Other Attendees**
  - Dave Weimer
  - George Bayliss
  - Heather Miller-Webb
  - Shimul Shah