

OPTN Liver and Intestinal Organ Transplantation Committee

Meeting Summary

February 21, 2025

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 02/21/2025 to discuss the following agenda items:

1. Continuous Distribution: Split Liver (Continued Discussion)

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

1. Continuous Distribution: Split Liver (Continued Discussion)

The Committee continued to discuss split liver in the context of liver continuous distribution.

Summary of discussion:

The Chair stated it may make sense to have the allocation of the second segment be based off of where the location of the split occurs, whether that is at a transplant program or donor hospital. Members agreed. The Chair added that this solution may not incentivize the splitting of livers to occur at a donor hospital which is the preferential location. A member emphasized that the purpose of this attribute is to promote splitting and use of both segments.

A member asked for data that analyzes how many second segments are not utilized. The member stated that if this is a common occurrence, the Committee should develop a solution that addresses this.

The Vice Chair stated that the first match run for an organ offer that meets splitable criteria will be the transplant program's decision on whether they want to accept the whole liver offer or a split liver offer. The Vice Chair explained that medically urgent candidates should not be bypassed in order to perform a split liver. Members agreed. A member added that candidates who are listed at transplant programs who do not perform split liver offers should not be screened off of organ offers that meet splitable criteria.

The Committee discussed what threshold of medical urgency should receive the whole liver offer before it is split. A member advocated that candidates with MELD/PELD scores 37 and higher and Status 1A/1B candidates should continue to receive access to whole liver offers even if it meets splitable criteria. Another member asked the population sizes for these categories of candidates. The member noted that the population of high MELD candidates are not all similar. The member stated that they agree Status 1A/1B should remain prioritized but if the goal is to incentivize splits, then the more carve outs that there are for high MELD scores may make said goal less achievable.

The Chair encouraged the Committee to consider which type of candidates they would be more likely to accept a split liver offer for. The Chair stated that it would be very unlikely to accept a split liver offer for a Status 1A or Status 1B candidate due to their medical urgency.

Members noted that it may be important to consider priority for candidates with small body surface area for the second segment.

The Committee discussed whether priority for split liver offers should be restricted to transplant programs with prior split liver transplant experience. A member supported this idea and noted that split liver transplant is similar to living donor procedures which requires experience. The member stated that having defined criteria may encourage other programs to seek to develop their liver programs to include split liver as an expertise.

Another member asked whether criteria for split liver experience should mirror live donor experience requirements. The Vice Chair stated that it may require a decent amount of work. The Chair agreed there may be burden. The Chair explained that there are transplant programs currently performing split liver transplants that have not had to meet requirements so adding in requirements may create an obstacle to split liver transplant when the goal is to incentive and increase split liver transplant.

A member asked whether the goal is to increase split liver transplant or to increase equity in the right lobe placement. The member explained stated that to achieve the goal of maximum utilization of the split liver, the transplant program that accepted the first segment should get to also place the second segment with a candidate in their transplant program. The member added that this solution would mean that there are two surgeons in the operating room that are both vested in splitting the liver. The Vice Chair stated that this could be inequitable for transplant programs that are not affiliated with pediatric transplant programs.

Next steps:

The Committee will continue to develop the split liver attribute and its operational aspects.

Upcoming Meetings

- March 4, 2025 at 2 pm ET (teleconference)
- March 21, 2025 at 2 pm ET (teleconference)

Attendance

- **Committee Members**
 - Allison Kwong
 - Cal Matsumoto
 - Joseph DiNorcia
 - Lloyd Brown
 - Marina Serper
 - Michael Kriss
 - Neil Shah
 - Omer Junaidi
 - Scott Biggins
 - Shimul Shah
 - Tovah Dorsey-Pollard
 - Vanessa Pucciarelli
- **SRTR Staff**
 - Jack Lake
 - Katie Siegert
 - Nick Wood
- **UNOS Staff**
 - Alina Martinez
 - Betsy Gans
 - Benjamin Schumacher
 - Kaitlin Swanner
 - Keighly Bradbrook
 - Matt Cafarella
 - Meghan McDermott
 - Niyati Updahyay
 - Susan Tlusty