# OPTN Liver and Intestinal Organ Transplantation Committee
# Meeting Summary
# December 15, 2023
# 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 12/15/2023 to discuss the following agenda items:

1. Welcome & Announcements
2. Continuous Distribution: Screening Rules and Donor Modifiers
3. Continuous Distribution: Liver-Intestine Attribute

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

## 1. Welcome & Announcements

The Committee was updated on the upcoming public comment period.

The Committee was informed that the OPTN Board of Directors approved the *Modify Organ Offer Acceptance Limit.* The Chair informed the Committee that they will receive the monitoring report once this proposal has been implemented and urged the Committee to consider any additional metrics that are of importance.

The Committee was informed of the open forum process.

There were no comments or questions.

## 2. Continuous Distribution: Screening Rules and Donor Modifiers

The Committee reviewed the differences between screening rules and donor modifiers.

Summary of discussion:

| There were no decisions made regarding this item. |
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There were no comments or questions regarding screening rules and donor modifiers.

Next steps:

The Committee will continue to apply donor modifiers and screening rules as needed to attributes in continuous distribution.

## 3. Continuous Distribution: Liver-Intestine Attribute

The Committee discussed the liver-intestine attribute in liver continuous distribution and determined relevant screening rules and donor modifiers.

Summary of discussion:

Decision #1: The Committee decided that a relevant donor modifier for the liver-intestine attribute should meet the following criteria donation after brain death (DBD), age 40 or younger, body mass index (BMI) ≤ 30, and no diabetic history controlled with medication.

Decision #2: The Committee decided that it may be acceptable to implement screening criteria for donors meeting one of the following: age > 55, BMI > 35, or diabetes.

Initial feedback from multivisceral transplant surgeons on the Committee gather prior to the meeting included:

- Ideal donor criteria
  - DBD, Age 40 or younger, BMI ≤ 30, and no diabetic history
- Screening criteria
  - Age > 55, BMI > 35, diabetic
  - Further discussion needed on whether DCD should be included because there are future possibilities to accept these types of organs and transplant programs have the option to accept DCD when listing a candidate so it may take care of itself as a screening criterion.

A member voiced their desire to accurately collect diabetic history from donors in order to incorporate as a donor modifier or screening criteria. A member noted that medical record review may be a way to collect clinical data, specifically looking at a donor's A1c, which may help determine their diabetic history.

The Chair mentioned that having an unknown diabetic history status may determine whether or not these donors will appear on the match run. A member stated that offers should not be screened off if the diabetic history status is unknown in order for there to be clinical decision making. A member expressed that there should be clarification in the OPTN Computer System regarding diabetic history because it can sometimes be confusing, thus leading to incorrect classifications.

The Chair asked whether well-controlled or mild diabetes should not be screened off match runs for multivisceral candidates. Regarding mild diabetes, a member claimed that it would be important to have data that details medication interventions, specifically insulin, for decision making. The Chair noted that they want to be cautious in proposing screening criteria. The Chair explained that if a donor with diabetes is screened off the match that would include those with mild diabetes, which MVT team may still want to see these donors appear on the match run. The Chair suggested that diabetes history should not be a screening criteria in order for MVT teams to review donors with diabetes and medication interventions when considering which offer to accept. A member agreed, noting that diabetic history should be removed from the screening criteria unless medication use for diabetes has been included.

A member also voiced their desire to remove the DCD criterion from screening criteria and have transplant programs decide for themselves. A member stated that they would still like to see these offers and that each transplant program can opt to screen them off if they choose to, but it is preferred to have donors meeting these criteria as an offer.

A member stated that a BMI ≤ 35 may be a more realistic as a screening criterion. A member responded that after looking at the data, there were very few transplants from multi-visceral donors in the past ten years who had a BMI ≥ 30, which is why the intestine transplant surgeons recommended that threshold as part of the screening criteria.

A member questioned if there would be a cutoff for alanine aminotransferase (ALT) and aspartate aminotransferase (AST) levels for elevated liver enzymes. A member responded that it is difficult to

come up with cut-offs for AST and ALT levels and they personally do not have any cut-offs for the liver function tests.

The Chair confirmed that for the donor modifier relative to the liver-intestine attribute, the donor would have to meet all of the following criteria: DBD, age 40 or younger, BMI ≤ 30, and no diabetic history. They also confirmed that for screening criteria, donors would have to meet one of the following: age > 55, BMI > 35, or diabetes. Staff will follow up with more information to aide the Committee's decision on whether diabetes should be included as donor modifiers and screening criteria.

A member confirmed that when a potential candidate is listed as a MVT candidate, specifically for liver-intestine, transplant programs will never accept a liver alone offer.

A member commented that they support having liver-intestine candidates always receive some liver-intestine points, even if the donor is not ideal and then the donor modifier would give these candidates an additional boost for ideal donors. They noted that transplant programs will be able to turn down a donor which is not ideal, which is better since some transplant programs are more conservative than others.

A member asked the member who specializes in MVT transplants if their geographic restrictions are similar to liver along offers or if they are different. The member responded, indicating that it is hard to answer this question, specifically noting that many transplant programs that perform MVTs are aggressive and often do not mind flying over 1000 nautical miles (NM), but transplant programs are now trying to focus on accepting more local offers. A member asked whether a distance threshold should be included as a criterion for the donor modifier or screening rule. A member responded by saying that right now, it is hard to determine what distance is appropriate to incorporate as a donor modifier or screening rule. The Chair recommended that a way to mitigate this would be to include screening criteria for distance or to allow transplant programs to voluntarily include that information. A member volunteered to reach out to other transplant programs that perform MVTs to gather feedback on the distance they travel.

A member stated the Committee should develop a policy that screens off MVT candidates if there is a late turndown for a liver-alone offer. The member explained that if procurement has begun, and there is not an intestine surgeon in the operating room, then they should not be on the list for reallocating a liver. The member stated that policy should be written to ensure that it would not appear as an out-of-sequence allocation and that the organ procurement organization (OPO) should not be reprimanded if they choose to bypass MVT candidates for a liver-alone expedited pathway. They added that something should be added into policy that prevents MVT surgeons from receiving calls unless it is the entire MVT organ group that their candidate needs.

A member commented that there are likely differences in the liver-intestine candidate population that require different screening rules or donor modifier considerations, however, they do not perform pediatric MVTs, therefore they need to consult others in the MVT field. The member recommended removing the BMI cutoff for the liver-intestine candidates. The member stated that the BMI thresholds are important for liver-intestine-pancreas MVT combinations.

<u>Next steps:</u>

Information regarding screening rules and/or donor modifiers will be inputted into the mathematical optimization dashboard. Upcoming meetings will focus on discussing screening rules and/or donor modifiers for the body surface area (BSA) attribute.

**Upcoming Meetings**

- January 5, 2024, at 2:00 pm ET (teleconference)
- January 19, 2024, at 2:00 pm ET (teleconference)

**Attendance**

- **Committee Members**
    - Scott Biggins
    - Shimul Shah
    - Aaron Ahearn
    - Allison Kwong
    - Jennifer Muriett
    - Joe DiNorcia
    - Kathy Campbell
    - Kym Watt
    - Neil Shah
    - Shunji Nagai
    - Vanessa Cowan
    - Vanessa Pucciarelli
- **HRSA Representatives**
    - Jim Bowman
    - Marilyn Levi
- **SRTR Staff**
    - Jack Lake
    - Katie Audette
    - Tim Weaver
- **UNOS Staff**
    - Betsy Gans
    - Cole Fox
    - Erin Schnellinger
    - James Alcorn
    - Joel Newman
    - Katrina Gauntt
    - Kayla Balfour
    - Laura Schmitt
    - Meghan McDermott
    - Niyati Upadhyay
    - Susan Tlusty
- **Other**
    - Jennifer Lau (visiting board member)