

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

### **Meeting Summary**

**February 7, 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 02/07/2025 to discuss the following agenda items:

1. Data Request: Modify Organ Offer Acceptance Limit Monitoring Report
2. Public Comment Presentation: Establish Comprehensive Multi-Organ Allocation Policy, Request for Feedback
3. Project Update: OPTN Operations & Safety Committee, Deceased Donor Testing Updates
4. Continuous Distribution: Split Liver (Continued Discussion)

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

### **1. Data Request: Modify Organ Offer Acceptance Limit Monitoring Report**

The Committee moved forward with submitting their own data request to analyze the impact of the Modify Organ Offer Acceptance Limit project.

#### Summary of discussion:

The Committee requested the following data:

- Number of MELD 37-40, Status 1A, and Status 1B candidates ever waiting pre and post policy by month
- Number of MELD 37-40, Status 1A, and Status 1B candidates removed for death or too sick to transplant pre and post policy by month
- For MELD 37-40, Status 1A, and Status 1B candidates who had a final acceptance on a match run post-policy:
  - Number and percent of candidates that appeared on at least one other match during the time that the match run with the final acceptance was open
  - Number of match runs candidates appeared on during the time the match run with the final acceptance was open
    - Donor characteristics of the match runs where these candidates who had a final acceptance also appeared
- Among the MELD 37-40, Status 1A, and Status 1B candidates who had a final acceptance on a match run and appeared on another match while that match was open, how many died within seven days of waiting list removal or were removed from the waiting list as a result of becoming too sick to transplant?

The Committee also shared anecdotal situations where the implementation of this policy has impacted them. A member stated that for a liver candidate that had a MELD score of 40, they had accepted a liver offer from a younger deceased donor. The member stated that the donor never went to the operating room and over the course of three days 6-8 other liver offers were declined because they were waiting

for the offer they had accepted. The member stated because of all the delays and the donor never making it to the OR, the candidate was not able to be transplanted.

Another member stated a similar experience for a candidate that with relisted for primary nonfunction (PNF). The member stated that the liver offer that they accepted was being delayed and they reached out to the medical director at the organ procurement organization (OPO) to explain the situation in order to keep the case from being delayed. The member noted that if that had not worked out then their candidate also would have not been able to be transplanted.

A member stated they had a candidate with a MELD score of 40 where they had accepted a younger DCD liver offer but ultimately declined that offer in order to take an older DBD offer to secure a transplant for their candidate.

Another member asked whether OPO representatives could be engaged to work together to ensure that younger donor offers for high MELD and Status 1 candidates are more efficient. The member explained that these candidates do not have a lot of time to wait for these offers to get to the operation room due to their medical urgency.

A member noted that there has been an acute spike in turndowns within eight hours of the case. The member noted that the implementation of this policy may be the driver for that. The Chair stated that it sounds like there may be unintended inefficiencies that have been introduced.

Next steps:

The Committee will submit the data request.

**2. Public Comment Presentation: Establish Comprehensive Multi-Organ Allocation Policy, Request for Feedback**

The Committee received a presentation from the Ad Hoc Multi-Organ Transplantation Committee on their public comment item, Establish Comprehensive Multi-Organ Allocation Policy request for feedback.

Summary of discussion:

The Chair asked how multivisceral candidates are incorporated into the proposed multi-organ allocation policies. The Chair stated that feedback from the multivisceral community emphasizes the need of a pancreas in these multi-organ combinations which is difficult in the current schema. A member stated that the proposed multi-organ allocation tables have liver candidates with a MELD score of 37 or higher come before pancreas candidates. The member stated that if a multivisceral candidate is able to receive a nonstandard exception for a MELD score of 37 or higher, then they would have better access to the appropriate multi-organ combination. The member suggested that the Committee should revisit the nonstandard exception pathway for multivisceral candidates and increase the score recommendation to median MELD at transplant (MMaT) plus nine or twelve so that the candidates can reach a MELD score of 37 faster.

The Chair asked how these proposals will be incorporated as other organs convert to continuous distribution allocation systems. The Chair of the Ad Hoc Multi-Organ Transplantation Committee stated that the proposed multi-organ allocation tables will be easy to adjust to include composite allocation scores as other organs implement continuous distribution systems.

A member asked whether the implementation of the multi-organ allocation tables will prevent OPOs from making primary single organ offers prior to multi-organ offers. The Chair of the Ad Hoc Multi-Organ Transplantation Committee responded that these multi-organ allocation tables will ensure that OPOs are use the multi-organ allocation tables prior to making primary single organ offers.

The Chair of the Ad Hoc Multi-Organ Transplantation Committee asked the Committee whether Status 1 intestine candidates are the correct group to place above kidney-pancreas candidates. A member agreed that it is okay to keep as is.

Next steps:

The Committee will submit a formal public comment to the Ad Hoc Multi-Organ Transplantation Committee.

**3. Project Update: OPTN Operations % Safety Committee, Deceased Donor Testing Updates**

The Committee received an update on the Operations & Safety Committee's deceased donor testing update project.

Summary of discussion:

The Workgroup representative stated they advocated to require that every liver offer must come with imaging but received pushback from the Workgroup. Members agreed that imaging with liver offers would be ideal.

The Committee agreed that cross-sectional imaging should be required and wondered how many offers occur without cross-sectional imaging.

Next steps:

The Committee's feedback will be relayed to the Workgroup developing this project.

**4. Continuous Distribution: Split Liver (Continued Discussion)**

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

Summary of discussion:

A member stated it would be difficult to mandate the livers be split at the donor hospital because a lot of staff have expertise in an ex vivo split. The member stated that there are differences among donor hospitals as well so access to certain equipment may vary.

Another member stated that only candidates who are willing to accept a split liver should appear on the match run. The member stated it could help ensure that transplant programs are having informed discussions with their candidates about split liver transplant. The member added that transplant programs performing living liver donor transplants should be included in the criterion of prior experience.

Next steps:

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

**Upcoming Meetings**

- February 21, 2025 at 2 pm ET (teleconference)

## Attendance

- **Committee Members**
  - Aaron Ahearn
  - Allison Kwong
  - Christine Radolovic
  - Colleen Reed
  - Erin Maynard
  - Joseph DiNorcio
  - Lloyd Brown
  - Neil Shah
  - Omer Junaidi
  - Scott Biggins
  - Shimul Shah
  - Shunji Nagai
  - Tovah Dorsey-Pollard
  - Vanessa Cowan
  - Vanessa Pucciarelli
- **SRTR Staff**
  - David Schladt
  - Jack Lake
  - Katie Siegert
  - Nick Wood
- **UNOS Staff**
  - Alina Martinez
  - Benjamin Schumacher
  - Joann White
  - Joel Newman
  - Kaitlin Swanner
  - Laura Schmitt
  - Matt Cafarella
  - Meghan McDermott
  - Niyati Updadyay
  - Sarah Roache
  - Susan Tlusty
- **Other Attendees**
  - Lisa Stocks