

OPTN Liver and Intestinal Organ Transplantation Committee

Meeting Summary

June 20, 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 06/20/2025 to discuss the following agenda items:

1. Discussion: Hepatocellular Carcinoma (HCC) Guidance
2. Project Ideas
3. Continuous Distribution: Medical Urgency Score Operational Questions

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

1. Discussion: Hepatocellular Carcinoma (HCC) Guidance

The Committee discussed the National Liver Review Board (NLRB) review of HCC cases.

Summary of discussion:

The Chair explained that there has been feedback from the community that the NLRB may be approving non-standard HCC cases where the transplant program is requesting to skip the six-month wait due to the diagnosis of the HCC being made more than six-months prior. The Chair explained that in these instances the candidates had met all other criteria defined in Policy 9.5.I: *Requirements for HCC MELD or PELD Score Exceptions*. The Chair clarified that current policy requires the six-month wait to begin from the date of the first approved exception request.

Committee members discussed whether the policy should be revised. A member stated that modifying the six-month wait to be based on time of diagnosis may be important for equity as well as considerations for late referrals. While some members expressed openness to exploring a policy change, others emphasized the importance of maintaining consistency and avoiding potential gaming of the system.

The Committee agreed that education is needed to ensure that transplant programs and NLRB reviewers understand and apply the policy correctly.

Next steps:

The Committee will develop an educational effort for the Adult Transplant Oncology Review Board members.

2. Project Ideas

The Committee discussed new project ideas.

Summary of discussion:

The Committee reviewed and scored five leading project ideas using the Policy Oversight Committee (POC)'s established benefit scoring framework. Each project was evaluated based on alignment with the OPTN Strategic Plan, impact on vulnerable populations, size and percentage of population affected, and measurability.

Project ideas reviewed and discussed:

- Update Status 1A pre-existing liver disease definition
- Modify lab update schedule to address impact of Terlipressin on MELD scores
- Update median MELD at transplant (MMaT) calculation to include DCD donors
- Update multivisceral transplant (MVT) guidance to increase priority for MVT candidates
- Higher priority for candidate with incompatible living donor who donated to another candidate

The Chair highlighted a project idea that would address the minimum weight limit for donor acceptance liver criteria. The Chair explained that community members have recommended for the minimum weight limit to be removed. The Chair stated that the current limit imposed is 40 pounds for adult candidates above 100 pounds per an action from a 1996 OPTN Board of Directors meeting. The Chair stated this could be included in the broader continuous distribution project.

The Chair emphasized that while the scoring system provides a structured approach, it is not binding. Committee members were encouraged to consider both the quantitative scores and the qualitative impact of each proposal. Committee members discussed the relative merits of each project, the following three projects were determined to be the leading project ideas.

Update median MELD at transplant (MMaT) calculation to include DCD donors

A member noted that while the benefit score of this project may be low, they believe that it is a highly important project because the current MMaT calculation is not accounting for the significant amount of DCD transplants performed. Other members agreed that this project is important and should be prioritized. The Vice Chair agreed and stated that one purpose of acuity circles was to lower the median MELD at transplant, and this may have occurred if DCD transplants are taken into account. The Chair suggested a data request may be beneficial for the Committee to analyze the problem.

Update multivisceral transplant (MVT) guidance to increase priority for MVT candidates

A member voiced support for this project from an equity standpoint. Another member agreed this project should be prioritized. The member stated that the previous MVT guidance project was generous but it has not had the intended impact. The member explained that it remains difficult to access MVT organ offers and while the upcoming proposal from the OPTN Ad Hoc Multi-Organ Transplantation Committee may provide some increased access, an update to guidance is important and impactful in the meantime.

Higher priority for candidate with incompatible living donor who donated to another candidate

Several members voiced support for prioritizing this project and noted it as bold and impactful. A member stated some concern about its limited applicability given that living donation accounts for only ~5% of liver transplants. Other members noted its potential to reverse declining living liver donation rates and stimulate innovation.

The Chair summarized the Committee's discussion and noted that the live donor project idea as the leading idea followed by the MVT guidance update. The Chair stated that a data request can be submitted for the MMaT calculation project idea to further understand the problem.

Next steps:

The Committee will continue to refine the scope of their project ideas and submit data requests.

3. Continuous Distribution: Medical Urgency Score Operational Questions

The Committee discussed operational questions related to the *Medical Urgency Score* attribute.

Summary of discussion:

The Committee reviewed two operational considerations related to the *Medical Urgency Score* attribute within the continuous distribution project:

- Lab update schedules
- Voluntary vs mandatory reporting

Lab update schedules

Policy 9.2: *Status and Laboratory Values Update Schedule* details the required lab update schedules based on MELD and PELD scores. Committee leadership recommended that for adult candidates with MELD 25 or greater, the timeframe to submit new labs should be modified from 7 days to 14 days. The Chair explained that this addresses prior concerns about the impact of Terlipressin and aligns with the policy for pediatric candidates with MELD/PELD scores of 25 or greater.

Members had no comments or objections to Committee leadership's recommendation.

Voluntary vs mandatory reporting

Policy 9.2 also details requirements for voluntary and mandatory reporting. When voluntarily submitting new labs (i.e. before they are due), labs must be from the same 48 hour period. This is not required when submitting mandatory labs. Labs must always be the most recent and there are timeframes for how old they can be. Committee leadership recommended to remove the requirement for voluntary labs to be from the same 48 hour period. The Chair explained that this would create consistency with mandatory lab submission timeframes and labs would still be required to be the most recent and could not be older than the timeframes detailed in policy.

The Committee discussed the rationale behind the original 48-hour rule, which was likely intended to prevent cherry-picking of lab values. However, with the current requirement to use the most recent labs, members agreed the risk of gaming is minimal.

Next steps:

The Committee will continue reviewing additional operational questions.

Upcoming Meetings

- July 18, 2025 at 2 pm ET (teleconference)

Attendance

- **Committee Members**
 - Allison Kwong
 - Cal Matsumoto
 - Chris Sonnenday
 - Joseph DiNorcia
 - Scott Biggins
 - Shimul Shah
 - Tovah Dorsey-Pollard
 - Vanessa Pucciarelli
- **SRTR Staff**
 - David Schladt
 - Jack Lake
 - Katie Siegert
 - Ray Kim
 - Ryo Hirose
- **UNOS Staff**
 - Benjamin Schumacher
 - Kaitlin Swanner
 - Keighly Bradbrook
 - Laura Schmitt
 - Matt Cafarella
 - Niyati Updahyay
 - Susan Tlusty