

OPTN Liver and Intestinal Organ Transplantation Committee

Meeting Summary

November 17, 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 11/17/2023 to discuss the following agenda items:

1. National Liver Review Board (NLRB) Transplant Oncology Project
2. Continuous Distribution: Blood Type Attribute Rating Scale

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

1. National Liver Review Board (NLRB) Transplant Oncology Project

The Committee reviewed the NLRB Transplant Oncology project.

Summary of discussion:

Decision: The Committee has voted to submit their project, *NLRB Updates related to Transplant Oncology* to winter 2024 public comment period.

The Committee reviewed their proposed modifications to the following documents and the system impact of these changes:

- Adult MELD Exceptions for Transplant Oncology Guidance
- Adult MELD Exception Review Guidance
- National Liver Review Board Operational Guidelines
- 9.5.A: Requirements for Cholangiocarcinoma (CCA) MELD or PELD Score Exceptions

The Committee unanimously voted to send the NLRB Transplant Oncology Project out for public comment in winter 2024.

The Vice Chair expressed their desire to review and update the standard criteria for MELD exceptions for hepatocellular carcinoma (HCC) to lessen the work of the review board. They also suggested the Committee may need to modify the number of reviewers on the Adult Transplant Oncology Review Board, but depending on public comment feedback, that may not be necessary.

Next steps:

The project will be out for public comment in January of 2024.

2. Continuous Distribution: Blood Type Attribute Rating Scale

The Committee discussed the blood type attribute rating scale within liver continuous distribution and reviewed how other OPTN organ-specific committees addressed this attribute.

Summary of presentation:

Rating scale options reviewed:

Option 1: Points based on the proportion of the donor pool that a candidate blood type is ineligible for

ABO	# Donors	# Compatible Donors	Prop. Eligible	Prop. Ineligible
O	9166	9166	0.49	0.5096
A	6888	16054	0.86	0.1411
B	2131	11297	0.60	0.3956
AB	507	18692	1.00	0.0000

Option 2: Same basis as option 1, but upscaled. Purpose of upscaling is to utilize the full amount of points within the rating scale.

ABO	Prop. Ineligible	Upscaled
O	0.5096	1.0000
A	0.1411	0.2769
B	0.3956	0.7763
AB	0.0000	0.0000

Option 3: Points based on the proportion of candidates listed per compatible donor. Different than previous options because if fewer candidates are competing for a particular donor, they receive fewer points even though they are compatible with fewer donors overall.

ABO	# Candidates	# Donors	# Compatible		
			Donors	Ratio	Normalized
O	17957	9166	9166	1.9591	1.0000
A	14221	6888	16054	0.8858	0.4323
B	4398	2131	11297	0.3893	0.1697
AB	1280	507	18692	0.0685	0.0000

Summary of discussion:

Decision: No decisions were made.

A member asked how much weight the blood type attribute will have in comparison to other continuous distribution attributes. The Chair affirmed that determining the weights of attributes is an important factor but is not part of this discussion and will likely happen in future discussions.

A member asked how the blood type rating scale option 1 is applicable to a blood type B donor. The Chair noted that if a candidate is blood type B, then they are eligible for 60% of the donors and they would receive 40% of the points in rating scale option 1. They elaborated, commenting that when a liver becomes available that is compatible with a blood type B candidate, they would be on that match run with those number of points. The Chair noted that candidates with blood group O over the past two years would have been eligible for 49% of donors based on blood type compatibility, therefore they would receive 51% of the points.

A member asked if any additional accommodations would be made for blood type B candidates, as currently, these candidates that are listed with a MELD score over 30 are prioritized to receive offers from donors who are blood type O.

A member suggested that since the OPTN Kidney Transplantation Committee as well as the OPTN Lung Transplantation Committee both opted to use clinical compatibility as the basis for the rating scale, the Committee should also use the same approach. The Chair encouraged members to consider the benefit of option 2 which utilizes the full points in the rating scale. Members agreed that option 2 is more intuitive.

The Chair determined based on the Committee's discussion that the leading option for blood type rating scales is option 2.

Next steps:

All three ABO rating scale options will be integrated into the mathematical optimization dashboard. The Committee will see the results from each option and will be able to determine the best option that meets the goals outlined by the Committee. The Committee will continue to discuss the blood type rating scale within liver continuous distribution.

Upcoming Meetings

- December 1, 2023 @ 2:00 PM ET (teleconference)
- December 15, 2023 @ 2:00 PM ET (teleconference)

Attendance

- **Committee Members**
 - Scott Biggins
 - Shimul Shah
 - Allison Kwong
 - Chris Sonnenday
 - Colleen Reed
 - Erin Maynard
 - Joe DiNorcia
 - Kym Watt
 - Lloyd Brown
 - Neil Shah
 - Shunji Nagai
 - Sophoclis Alexopoulos
 - Vanessa Cowan
 - Vanessa Pucciarelli
- **HRSA Representatives**
 - Jim Bowman
 - Marilyn Levi
- **SRTR Staff**
 - Katie Audette
 - Ryo Hirose
 - Tim Weaver
- **UNOS Staff**
 - Betsy Gans
 - Cole Fox
 - Eric Messick
 - Erin Schnellinger
 - James Alcorn
 - Joel Newman
 - Katrina Gauntt
 - Kayla Balfour
 - Laura Schmitt
 - Meghan McDermott
 - Niyati Upadhyay
 - Rob McTier
 - Susan Tlusty
- **Other**
 - Jennifer Lau (visiting board member)