

Pediatric Transplantation Committee

David N. Campbell, MD, Chair
Heung Bae Kim, MD, Vice Chair

Report to the Board of Directors
November 14-15, 2011
Atlanta, Georgia

Items for the Board's Consideration

- Proposal to Eliminate the Requirement that *Pediatric* Liver Candidates Must be Located in a Hospital's Intensive Care Unit to Qualify as Status 1A or 1B
- Proposal to List All Non-Metastatic Hepatoblastoma Pediatric Liver Candidates as Status 1B

Proposal to Eliminate the Requirement that Pediatric Liver Candidates Must be Located in a Hospital's Intensive Care Unit to Qualify as Status 1A or 1B

Pediatric and Liver & Intestinal
Organ Transplantation
Committees

Current Policy

- Policy 3.6.4.2 (Pediatric Candidate Status) states:

“A pediatric candidate listed as Status 1A or 1B is located in the hospital's Intensive Care Unit (ICU).”

Background

- June 2009 memo from the MPSC:
 - Noted that several liver transplant programs list candidates as Status 1A or 1B while they are admitted to telemetry or step down units.
 - Expressed concern that this policy may promote costly and inefficient listing behavior because candidates may be admitted to an ICU solely to qualify as pediatric Status 1A or 1B.

Problem

- Since the criteria for admission to an ICU varies from institution to institution across the country, the use of this surrogate creates inequality in pediatric Status 1A and 1B liver listings.

Proposed Solution

- Eliminate the requirement that *pediatric* liver candidates must be located in the hospital's ICU to be listed as Status 1A or Status 1B.

Evidence & Support

- Yields more consistent listings
- Currently not uncommon for candidates not in the ICU to be listed as Status 1A/1B
 - Generally approved assuming a detailed narrative explaining the candidates meets all other conditions of a particular criteria
 - Of 266 Status 1A/1B special case listings, 25 were ONLY because the candidate was not in the ICU
- Ultimately will reduce TXC and committee workload
- Remaining criteria are stringent enough

Public Comment Feedback

Public Comment Response Tally					
Type of Response	Response Total	In Favor	In Favor as Amended	Opposed	No Vote/ No Comment/ Did Not Consider
Individual	14	7 (100%)	NA	0	7
Regional	11	10 (91%)	NA	1 (9%)	0
Committee	20	4 (100%)	NA	0	16

Proposed Policy Changes

- Modify 3.6.4.2 (Pediatric Candidate Status)
- Please see Resolution 12

Questions?



Proposal to List All Non-Metastatic Hepatoblastoma Pediatric Liver Candidates as Status 1B

Pediatric and Liver & Intestinal
Organ Transplantation
Committees

Background

- Hepatoblastoma is the most common primary liver malignancy in children
- Complete surgical resection is essential to achieve cure
- For those tumors still unresectable after chemotherapy, liver transplantation has proven to be an effective treatment

Background

- The optimal window for transplant is small:
 - Children's Oncology Group protocol (AHEP0713-see Exhibit A in the proposal): referral to a liver program if the tumor remains unresectable after the second round (total of six) of chemotherapy.
 - The ideal time for transplant is following the fourth cycle of chemotherapy.
 - Recommended that the last two cycles of chemotherapy are reserved for use following transplant.

Current Policy

3.6.4.4.1 Pediatric Liver Transplant Candidates with Hepatoblastoma. A pediatric candidate with non-metastatic hepatoblastoma who is otherwise a suitable candidate for liver transplantation may be assigned a PELD (less than 12 years old) or MELD (12-17 years old) score, of 30. If the candidate does not receive a transplant within 30 days of being listed with a MELD/PELD of 30, then the candidate may be listed as a Status 1B. Hospitalization is not a requirement for listing in Status 1B for these candidates. A biopsy is required for these candidates. Candidates meeting these criteria will be listed in as a MELD/PELD of 30 and subsequent Status 1B without RRB review.

Problem

- Current policy regarding non-metastatic hepatoblastoma candidates stands to be modified to improve the management of these patients without harming other liver candidates

Removal Types for Liver Registrations Where Registrants Ever Had an Approved Exception for Non-Metastatic Hepatoblastoma

		Registration Removal Type					Total
		Still Waiting	DD Tx	Other	Too sick	LD Tx	
Overall	Candidate Status at TX Offer/Removal/Current Time						
	LI: Status 1A	0	1	0	0	0	1
	LI: Status 1B	0	53	1	0	2	56
	LI: MELD/PELD 30	0	44	6	1	9	60
	LI: MELD/PELD 36	0	1	0	0	0	1
	LI: MELD/PELD 40	0	1	0	0	0	1
	LI: Temporarily Inactive	2	0	4	1	0	7
	Total	2	100	11	2	11	126

Number of Days in Most Recent Status for Registrations Removed for Deceased Donor Liver Transplants in Status 1B or MELD/PELD of 30

	Days in Most Recent Status								Total	
	1-15		16-30		31-50		>50			
	N	%	N	%	N	%	N	%	N	%
Candidate Status at TX Offer/Removal/Current Time						↓		↓		
LI: Status 1B	6	11.3	2	3.8	26	49.1	19	35.8	53	100.0
LI: MELD/PELD 30	27	61.4	13	29.5	3	6.8	1	2.3	44	100.0
Total	33	34.0	15	15.5	29	29.9	20	20.6	97	100.0

Additional Evidence

- Not anticipated to impact waiting time or access to transplant for all other liver candidate
 - ~13 Status 1B hepatoblastoma candidates transplanted per year with a deceased donor liver accounts for less than 0.25% of deceased donor liver transplants (~6300/yr)
 - Livers from small pediatric donors and or left lateral split grafts from adult donors will be commonly used to transplant these candidates

Proposed Solution

- Candidates with a biopsy proven hepatoblastoma without evidence of metastatic disease at the time of listing may be listed as Status 1B
- Eliminate the requirement that these candidates are initially listed at a MELD/PELD score of 30 for 30 days

Public Comment Feedback

Public Comment Response Tally					
Type of Response	Response Total	In Favor	In Favor as Amended	Opposed	No Vote/ No Comment/ Did Not Consider
Individual	14	9 (100%)	NA	0	5
Regional	11	11 (100%)	NA	0	0
Committee	20	2 (66.6%)	NA	1 (33.3%)	17

Proposed Policy Changes

- Modify 3.6.4.2 (Pediatric Candidate Status)
- Delete 3.6.4.4.1 (Pediatric Liver Transplant Candidates with Hepatoblastoma)
- Please see Resolution 13

Questions?

