

TALKING ABOUT TRANSPLANTATION

Questions & Answers

for **Transplant**
Candidates *about*
Liver Allocation Policy



UNITED NETWORK FOR ORGAN SHARING

The United Network for Organ Sharing (UNOS), a non-profit charitable organization, operates the Organ Procurement and Transplantation Network (OPTN) under federal contract. On an ongoing basis, the OPTN/UNOS evaluates new advances and research and adapts these into new policies to best serve patients waiting for transplants.

As part of this process, the OPTN/UNOS developed a system for prioritizing candidates waiting for liver transplants based on statistical formulas that are very accurate for predicting who needs a liver transplant most urgently. The MELD (Model for End Stage Liver Disease) is used for candidates age 12 and older and the PELD (Pediatric End Stage Liver Disease Model) is used for patients age 11 and younger.

This document will explain the system and how it affects those needing a transplant.

What is MELD? How will it be used?

The Model for End-Stage Liver Disease (MELD) is a numerical scale, ranging from 6 (less ill) to 40 (gravely ill), used for liver transplant candidates age 12 and older. It gives each person a 'score' (number) based on how urgently he or she needs a liver transplant within the next three months. The number is calculated by a formula using three routine lab test results:

- bilirubin, which measures how effectively the liver excretes bile
- INR (prothrombin time), which measures the liver's ability to make blood clotting factors
- creatinine, which measures kidney function. (Impaired kidney function is often associated with severe liver disease.)

The only priority exceptions to MELD are the categories known as Status 1A and 1B. Status 1A patients have acute (sudden and severe onset) liver failure and a life expectancy of hours to a few days without a transplant. Status 1B is reserved for very sick, chronically ill pediatric patients (age less than 18). Less than one percent of liver transplant candidates are in these categories at any one time. All other liver candidates age 12 and older are prioritized by the MELD system.

A patient's score may go up or down over time depending on the status of his or her liver disease. Most candidates will have their MELD score assessed a number of times while they are on the waiting list. This will help ensure that donated livers go to the patients in greatest need at that moment.

What is PELD? How does it differ from MELD?

Candidates age 11 and younger are placed in categories according to the Pediatric End-stage Liver Disease (PELD) scoring system. Again, a small group of urgent patients may be listed as a Status 1A or 1B. All other candidates in this age range receive priority through PELD.

PELD is similar to MELD but uses some different factors to recognize the specific growth and development needs of children. PELD scores may also range higher or lower than the range of MELD scores. The measures used are as follows:

- bilirubin, which measures how effectively the liver excretes bile
- INR (prothrombin time), which measures the liver's ability to make blood clotting factors
- albumin, which measures the liver's ability to maintain nutrition;
- growth failure
- whether the child is less than one year old.

As with MELD, a patient's score may go up or down over time depending on the degree of his or her disease severity. Most candidates will have their PELD score assessed a number of times while they are on the waiting list. This will help ensure that donated livers go to the patients in greatest need at that moment.

What Led To the MELD/PELD System?

Until 2002, patients needing liver transplants were grouped into four medical urgency categories. The categories were based on a scoring system that included some laboratory test results and some symptoms of liver disease.

One concern with using symptoms in scoring was that different doctors might interpret the severity of those symptoms in different ways. In addition, this scoring system could not easily identify which patients had more severe liver disease and were in greater need of a transplant.

Research showed that MELD and PELD accurately predict most liver patients' short-term risk of death without a transplant. The MELD and PELD formulas are simple, objective and verifiable, and yield consistent results whenever the score is calculated.

OPTN/UNOS committees developed the liver policy based on MELD and PELD, with key support from transplant patient/family advocates. It was approved by the OPTN/UNOS Board of Directors in November 2001 and went into effect in February 2002.

How are livers allocated?

First, transplant candidates that are not compatible with the donor based on a number of characteristics (blood type, height, weight, etc.) are screened from the match run that determines the order a liver is offered. The remaining candidates on this match run are prioritized based on the following factors:

- their medical urgency
- their geographical proximity to the donor (local-defined by the Organ Procurement Organization's service area; regional- the OPTN/UNOS has 11 allocation regions in the U.S.; national- all remaining candidates in the nation)
- the donor's age.

Livers from adult donors are allocated first to the most urgent candidates (Status 1A candidates, followed by Status 1B candidates) that are located in the same region as the donor. Next, liver offers are made to candidates that are local to the donor that have a MELD/PELD score greater than or equal to 15, then to similarly urgent candidates within the same region as the donor. This same local/regional classification order is followed for candidates with a MELD/PELD score less than 15. If the liver is not accepted for any of these patients, it is then offered to potential transplant recipients nationwide, with those most urgent patients being offered the liver first.

Partly because pediatric transplant candidates need smaller organs, they will receive priority in the liver offer sequence if the donor is younger than 18. If the donor is 0-10 years of age, liver offers are first extended to all compatible pediatric Status 1A candidates located in the same region as the donor. Next, the liver is offered to the remaining Status 1A candidates across the nation that are 0-11 years old. If the liver has not been accepted yet, it is offered to local adult Status 1A potential transplant recipients then to Status 1A adults in the same region. Next, all pediatric Status 1B candidates in the region receive the liver offer, followed by all candidates 0-11 years old in the region in order of decreasing PELD score. If no one has accepted the liver at this point, it is offered to adolescent (12-17 years old) candidates that are local to the donor and have a MELD score greater than or equal to 15, then to local adults that have a MELD score greater than or equal to 15. That same adolescent/adult MELD score greater than or equal to 15 sequence of offers would then be made to those potential transplant recipients in the region. Following these offers, candidates with a MELD score less than 15 are offered the liver using the same adolescent/adult progression locally, then regionally. If not accepted for any of these patients, the liver is then offered to potential transplant recipients nationwide, with similar pediatric priority and those most urgent patients being offered the liver first.

Comparable priority is given to pediatric transplant candidates if the donor is 11-17 years of age. In these cases, offers are made to potential transplant recipients in the following order: local pediatric Status 1A, regional pediatric Status 1A, local adult Status 1A, regional adult Status 1A, local Status 1B, regional Status 1B, with the remaining MELD/PELD and national offers being made in the same general order as if the liver was from a younger pediatric donor.

Is waiting time counted in the system?

Various studies report that waiting time is a poor indicator of how urgently a patient needs a liver transplant. This is because some patients are listed for a transplant very early in their disease, while others are listed only when they become much sicker.

Under the MELD/PELD system with a wide range of scores, waiting time is not often used to break ties. Waiting time will only determine who comes first when there are two or more patients in the same allocation classification with the same MELD or PELD score.

Do MELD and PELD account for all conditions?

MELD/PELD scores reflect the medical need of most liver transplant candidates. However, there may be special exceptions for patients with medical conditions not covered by MELD and PELD. If your transplant team believes your case qualifies for an exception, they may submit information to their regional review board (RRB) and request a higher score. The RRB will consider the medical facts and determine whether or not to grant a higher score.

Is this system likely to change?

Liver allocation policy based on MELD and PELD has already been changed as transplant professionals have applied and learned from the system, and future changes will likely be required to better meet patients' needs. In fact, this system is designed to be flexible and allow improvements. In transplantation, as in all scientific fields, new studies are taking place all the time to learn how to save more lives and help people live longer and better.

What if I have more questions?

If you have any further questions or concerns, you should contact your transplant team for further information. Additional details about the OPTN, UNOS, allocation policy and patient informational resources are available on the following websites:

www.optn.transplant.hrsa.gov • www.unos.org

www.transplantliving.org

*The UNOS mission is to advance organ availability and transplantation
by uniting and supporting its communities for the benefit of patients
through education, technology and policy development.*



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