Meeting Summary

OPTN
Organ Procurement & Transplantation Network

Liver & Intestinal Organ Transplantation Committee (LIOTC)

Date: 4/17/2026
Time: 2:00 – 3:00 PM ET
Host: HRSA OPTN Meetings
Purpose: The Liver and Intestinal Organ Transplantation Committee considers medical, scientific, and ethical aspects related to liver and intestine organ procurement, distribution, and allocation. The Committee considers both the broad implications and the specific member situations of these liver or intestinal issues and policies. The goal of the Committee meetings are to review and develop evidence-based policies aimed at reducing the burden of liver disease in transplant patients (candidates and recipients), increasing liver utilization, improving access to liver transplantation, and improving the health outcomes of liver transplant recipients.

Meeting Attendees

Organization	*Name(s)*
HRSA	Raymond Lynch Joni Mills
OPTN Committee Members	Scott Biggins Lloyd Brown Vanessa Cowan Joseph Dinorcia Omer Junaidi Allison Kwong Erin Maynarde Vanessa Pucciarelli Chirstine Radolovic Neil Shah Shimul Shah
OPTN Board Members	John Magee
OPTN Meeting & Logistics Contractor	Lindsey McEntee Andrea Soong Vanessa Treanor

Action Items

Action Item	*Owner(s)*	*Due Date*
Continue evaluation of donation after circulator death (DCD) donor inclusion in median Model for End-Stage Liver Disease (MELD) calculations	LIOTC / HRSA	Ongoing

Meeting Notes and Key Decisions

Meeting Notes

Welcome and Agenda

- The Committee met quorum with 11 voting members
- HRSA discussed the transition to OPTN 360, and noted that future votes and reviews will increasingly occur asynchronously once the committee receives full access

- The OPTN Board President shared MPSC items the Board of Directors (the Board) voted on during their 4/16 meeting
  - The Board voted to approve Director of Liver Transplant Anesthesia as key personnel
  - The Board voted to require liver transplant programs to notify the OPTN of such key personnel within 30 days of notification
  - The Board voted to approve a second living donor surgeon for liver programs as key personnel
  - The Board voted to require liver transplant programs to notify the OPTN of such key personnel within 30 days of notification
- The Chair welcomed attendees to the call and reviewed the agenda

Review Cholangiocarcinoma Protocol

- The committee reviewed a redacted, member-submitted cholangiocarcinoma protocol against current OPTN policy requirements
- Members confirmed that the protocol content was largely pro forma and consistent with longstanding guidance
- Members discussed that many protocol elements reflect historical standards and that clinical practice has evolved
- The Chair clarified that:
  - The protocol represents a center-specific internal protocol, not OPTN policy
  - The committee's role is to confirm alignment with the "letter and spirit of OPTN policy," not to mandate clinical approaches
- Several members noted that:
  - Requirements such as exclusion for prior resection or limited neoadjuvant detail may no longer reflect current practice
  - These elements are discretionary at the center level and do not conflict with OPTN policy
- Members observed that the protocol appeared to include chemoradiation only, without commonly used systemic agents
  - The committee agreed this is likely to reflect an omission rather than a prohibition
- The committee agreed this issue did not warrant withholding approval, and that the committee should share informal feedback with the center
- The committee voted to approve the cholangiocarcinoma protocol
  - The Vice Chair motioned to vote; a committee member seconded the motion
  - Members submitted votes via a poll following quorum confirmation
    - **Vote Results:**
      - ◊ **Approve:** 10
      - ◊ **Reject:** 0
      - ◊ **Abstain:** 0
    - **Decision:** The committee approved the cholangiocarcinoma protocol

Open Forum / Liver Policy Discussion

- Members raised concerns about the growing proportion of DCD liver transplants and their exclusion from median MELD-at-transplant calculations
- Discussion emphasized that:
  - DCD donors now account for a substantial portion of liver transplants
  - Incorporating DCDs into median MELD metrics could have significant downstream impacts, particularly for MELD exception populations
- HRSA and committee leadership noted:
  - DCD-related policy changes are under active consideration
  - Any changes would require detailed impact analysis and public comment
- HRSA indicated that there are no regular LIOTC meetings scheduled
  - Absent urgent issues, The OPTN Board President estimated the next committee to occur no earlier than June 2026, pending modernization activities and contractor transition milestones