

## RRB FUNCTIONS

**ASSESS APPLICATIONS FROM CENTERS FOR PATIENTS WHOSE MORTALITY RISK MAY NOT BE ADEQUATELY ADDRESSED BY MELD/PELD.**

### MELD SCORE EXCEPTIONS

A patient who does not have a MELD Score that, in the judgment of his transplant physician, appropriately reflects the patient's medical urgency may nevertheless be assigned to a higher MELD Score upon application and justification to the appropriate Regional Review Board (RRB). **Applications for MELD Score exceptions require prospective RRB approval.**

1. The Listing Center completes a MELD Exception Application online. UNet<sup>SM</sup> shows completed applications as 'Pending'.
2. UNOS blinds patient and center information, and releases the blinded application to RRB Members for medical review. UNet<sup>SM</sup> indicates 'Submitted to RRB'.
3. When the RRB has reached a majority vote, UNet<sup>SM</sup> indicates a majority decision.
4. If the requested higher MELD score is approved, the MELD score used by the liver match is immediately updated on the candidate's waiting list registration.
5. If the requested higher MELD score is not approved, the center can choose to appeal or not appeal.

**Policy 3.6.4.5 requires the case to be closed within 21 days or the patient automatically receives the requested MELD score. However, the case is then referred to the Membership and Professional Standards and Liver Committees.**

### SPECIAL CASES

- HCC (hepatocellular carcinoma)
- HPS (hepatopulmonary syndrome)
- Familial amyloidosis
- Other cases not specified

### HCC MEDICAL CRITERIA

HCC applications do not require prospective RRB approval: UNet<sup>SM</sup> assigns a MELD score = 15% mortality risk for HCC patients with tumor size < 2 centimeters, or MELD score = 30% mortality risk for HCC patients with tumor size greater or equal to 2 cm, or multiple lesions with the largest being < 3cm.

### INITIAL REGISTRATION CRITERIA

Patients need to undergo an evaluation of the number and size of tumors. The assessment must include ultrasound of the liver, CT or MRI of the abdomen and chest, and a bone scan **AND** one of the more invasive procedures listed in policy. For a tumor > 1 cm, the radiological assessment is adequate. The patient will receive additional MELD points equivalent to a 10% increase in pre-transplant mortality as assigned every three months. The Listing Center must enter an updated MELD Score Exception Application every three months in order to receive additional HCC points.

### IMPLEMENTATION FEBRUARY 27, 2002

#### 1ST 30 DAYS

##### •Status 2B and Status 3 Eliminated

- 2A patients are ahead of all MELD/PELD scores in allocation sequence.
- If a 2A patient no longer meets 2A criteria then s/he is assigned a MELD score based on most recent labs.
- 2B and 3 patients keep their total waiting time at the first MELD score when MELD starts. If they achieve a higher MELD score, waiting time starts over.
- Patients without MELD data entered will be assigned a score of 6.

#### AFTER 1<sup>ST</sup> 30 DAYS

##### •Status 2A Eliminated

##### •UNet<sup>SM</sup> Allows Only:

1. Status 1
2. MELD/PELD Score
3. Inactive

#### AFTER 1 YEAR

- Status 2B and 3 time is no longer factored into waiting time at MELD/PELD score.



# MELD Information for Liver Transplant Professionals

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#### POLICY QUESTIONS?

Call your UNOS Regional Administrator.

Patients Call 1-888-894-6361

# INFORMATION TRANSPLANT PROFESSIONALS NEED

## WHAT IS MELD?

The Model for End-stage Liver Disease (MELD) is a continuous disease severity scale that is highly predictive of the risk of dying from liver disease for patients waiting on the transplant list. Its ability to predict death is NOT improved by including subjective parameters like variceal bleeding, ascites and encephalopathy. The MELD score incorporates Bilirubin, INR and creatinine in an equation.

$$\text{MELD Score} = (0.957 \times \text{Log}_e(\text{creatinine mg/dL}) + 0.378 \times \text{Log}_e(\text{bilirubin mg/dL}) + 1.120 \times \text{Log}_e(\text{INR}) + 0.643) * 10$$

The MELD score is rounded to the nearest whole integer.

## WHY CHANGE ALLOCATION SYSTEMS?

The proposed system has been determined to better discriminate between patients at risk of dying of liver disease based on their disease severity than the present status-based system. MELD uses objective criteria to determine the severity of illness and significantly reduces the influence of waiting time on selecting patients.

## WHAT IF THE LISTING CENTER'S UNET<sup>SM</sup> ACCESS IS DOWN?

Call the UNOS Help Desk at 1-800-978-4334. If they are unable to resolve the problem quickly, call the Organ Center at 1-800-292-9537.

## WHY ARE THERE TWO MELD SCORES ON THE LIVER CANDIDATE PAGE?

The MELD score is calculated from the most recent laboratory values entered into UNet<sup>SM</sup> and may exceed 40. Policy limits the MELD score to a maximum of 40 points, so the liver match uses the MELD score of 40, even if the Lab MELD score is higher. If a patient's lab values are not recertified, the score is adjusted to a lower score as determined in policy.

## HOW FREQUENTLY DO MELD DATA GET RECERTIFIED?

Score	Recertification	Lab Values
≥25	every 7 days	≤ 48 hrs old
24-19	every 30 days	≤ 7 days old
18-11	every 90 days	≤ 14days old
≤10	every year	≤30 days old

Lab values must be updated according to the recertification schedule above, otherwise patients will automatically revert to the previous lower MELD score. If there was no previous score available, patients will be assigned a score of 6. **UNET<sup>SM</sup> will not accept lab dates outside the ranges shown.**

For patients with MELD scores ≥ 18, UNOS Compliance Examiners will call Transplant Coordinators to alert them **before patient scores are automatically adjusted.** These calls will be recorded for quality assurance.

## HOW IS WAITING TIME USED?

Waiting time is only used to break ties among patients with same MELD/PELD scores and blood type compatibility.

Waiting time is carried backwards but not forwards: When patient moves to higher MELD/PELD score, new waiting time clock starts. If patient moves to lower MELD/PELD

score, time accumulated at higher score or status 1 is included.

## HOW WILL MELD AFFECT ALLOCATION POLICY?

Status 2A will be eliminated from the allocation algorithm 30 days after MELD implementation. Any time spent in 2A during this period (up to a total of 30days) will be associated with the patient's first calculated MELD score at the end of the transition period or upon downgrade from a 2A to MELD during the transition period.

The adult status 1 definition will not be changed.

The allocation sequence will continue to be: Local, Regional and National. All current regional sharing agreements for status 1 will remain unchanged.

**MELD WILL BE MONITORED CLOSELY AFTER IMPLEMENTATION, SO THAT NECESSARY CHANGES CAN BE IDENTIFIED AND ADOPTED AS MORE DATA ARE COLLECTED.**