

Meeting Summary

OPTN Lung Transplantation Committee Meeting Summary June 12, 2025 Conference Call

Matthew Hartwig, MD, Chair Dennis Lyu, MD, Vice Chair

Introduction

The OPTN Lung Transplantation Committee (the Committee) met via WebEx teleconference on 06/12/2025 to discuss the following agenda items:

- 1. Update: OPTN Board of Directors Meeting
- 2. Next Steps: Candidate Biology

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

1. Update: OPTN Board of Directors Meeting

The Chair informed the Committee that the OPTN Board of Directors met on Monday, June 2, 2025. During the meeting, the Board approved the Committee's new project, *Modify Lung Allocation by Candidate Biology*, as well as final approval for the *Modify Lung Donor Data Collection* proposal.

Summary of discussion:

No decisions were made.

There was no discussion.

2. Next Steps: Candidate Biology

The Committee reviewed the current status of height in Continuous Distribution (CD) and discussed the following approaches for potential policy changes:

- Assign points based on height
 - Award the most points to the shortest and tallest candidates across all match runs
 - Maintain a similar structure to the current system, with possible refinements
- Incorporate donor-height matching
 - Assign points dynamically for each match run based on the donor's height and how well-matched the donor is to the candidate

Summary of discussion:

Decision #1: The Committee confirmed interest in incorporating donor height matching into a future proposed policy change.

During discussion on the current status of height in CD, members generally agreed that the current framework does not sufficiently address disparities for candidates with extreme heights, especially shorter candidates with diagnoses like Interstitial Lung Disease (ILD). Some members noted that the

current height rating curve may be too steep, limiting points for moderately short or tall candidates who still face access challenges.

Potential refinements to the height-based points approach included:

- Adjust the shape of the rating curve (e.g., make it linear or less steep)
- Modify the maximum weight for height points (currently capped at 5)
- Combine height and blood type into a supply-based score
- Refine how donor incompatibility is calculated, possibly incorporating additional variables: recipient height, sex, diagnosis group, transplant type (single vs. double), and geography.

There was general support for redefining the proportion of incompatible donors using updated or more granular data. Members also advocated for more nuanced point assignment, factoring in diagnosis-specific size needs such as those diagnosed with ILD vs. Chronic Obstructive Pulmonary Disease (COPD).

The Committee also discussed introducing donor height matching, which would assign height points dynamically based on the difference between donor and candidate height for each match run. Potential benefits include:

- Increased efficiency and reduced need for manual donor screening.
- Encourages matching based on optimal anatomical compatibility, not just statistical disadvantage.
- Could incorporate flexibility in defining ideal matches by diagnosis or other factors

Some members expressed that historical acceptance practices may reflect necessity rather than clinical ideal, especially for short candidates who must accept oversized lungs. However, members expressed interest in the following ideas that incorporate donor height matching:

- Hybrid approach: Combine a baseline set of height points (to reflect donor supply disadvantage) with additional points when an ideal match appears (analogous to CPRA bonus points)
- Tailored peak matching: Centers could define ideal size ranges for each candidate based on imaging or diagnosis (e.g., oversized for COPD, undersized for ILD)
- Possibility of using predicted Total Lung Capacity (pTLC) as a better measure of matching than height alone

Next steps:

The Committee will continue to explore options that include donor height matching.

Upcoming Meeting(s)

• August 14, 2025, 5-6pm ET

Attendance

- Committee Members
 - o Matthew Hartwig
 - o Dennis Lyu
 - o Marie Budev
 - o Brian Armstrong
 - o David Erasmus
 - o Heather Strah
 - o Jackie Russe
 - o Jody Kieler
 - o Joseph Tusa
 - o Katja Fort Rhoden
 - o Lara Schaheen
 - Stephen Huddleston
 - o Thomas Kaleekal
 - o Tina Melicoff
 - o Wayne Tsuang
- HRSA Representatives
 - o Maria Masotti
- SRTR Staff
 - o Maryam Valapour
- UNOS Staff
 - o Chelsea Hawkins
 - o Kaitlin Swanner
 - o Keighly Bradbrook
 - o Leah Nunez
 - o Sara Rose Wells
 - o Kelley Poff