

OPTN/UNOS Thoracic Organ Transplantation Committee
Meeting Minutes
June 28, 2018
Conference Call

Kevin Chan, MD, Chair
Ryan Davies, MD, Vice Chair

Introduction

The Thoracic Organ Transplantation Committee (Committee) met via Citrix GoToTraining teleconference on 06/28/2018 to discuss the following agenda items:

1. OPTN/UNOS Board of Directors Debrief
2. Critical Comment to the Health and Human Services Secretary (Liver)
3. Project Reprioritization and Next Steps

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

1. OPTN/UNOS Board of Directors Debrief

UNOS staff shared the OPTN/UNOS Board of Directors (Board) decisions regarding broader distribution of deceased donor lungs.

Summary of discussion:

The Board approved an amendmended version of the Committee's proposal, effectively making 250 nautical miles as the first unit of distribution for deceased donor lungs permanent (versus extending the November 24, 2018 sunset date). The Board also approved modifications to *Policy 10.2.A Allocation Exception for Highly Sensitized Patients* and approved-but-not-yet-implemented heart-lung policy. The Board assured resources would be available for the Committee to continue work on analyzing a more optimal distribution system for lungs.

Next Steps:

The Committee will continue work on optimizing lung distribution. The changes implemented in November 2017 are being monitored and that data will support future policy changes.

2. Critical Comment to the Health and Human Services Secretary (Liver)

UNOS staff shared updates regarding recent liver litigation.

Summary of discussion:

On May 30, 2018, a New York law firm (the same firm that filed suit over lung policy in the fall of 2017) sent a letter to the Secretary of Health and Human Services. The correspondence argued that current liver policy (using Regions and DSAs), as well as the policy approved by the OPTN/UNOS Board of Directors in December 2017, is inconsistent with the Final Rule. The letter also challenged the new policy for National Liver Review Board (NLRB) scoring of exception patients. The letter requested immediate action by the Secretary.

In its June 2018 report to the Board, the Ad Hoc Committee on Geography (Geography Committee) advised a thorough policy analysis of current organ distribution policies in reference to the proposed principles of organ distribution and the requirements of the OPTN Final Rule. These analyses would inform organ-specific committees and could be utilized by the Policy Oversight Committee and Executive Committee to prioritize future committee work.

Next Steps:

The Committee must shift project priorities.

3. Project Reprioritization and Next Steps

Summary of discussion:

In light of the recent liver litigation, the OPTN is tasking other organ-specific Committees with evaluating their distribution systems to determine a rational replacement for DSA (and regions, if applicable). New distribution policy proposals for thoracic (in addition to kidney, pancreas and vascularized composite allografts (VCA)) will be developed on an expedited timeline, and will go out for public comment in the spring of 2019. Therefore, the Committee will suspend work on new projects and prioritize modifying the thoracic distribution systems.

UNOS staff also informed the Committee that three frameworks for geographic distribution will go out for public comment this fall. Due to the complexity of two of the three frameworks, in addition to the fact that the thoracic organs already use fixed distances (zones) to distribute organs, and the expedited timeline to develop a proposal for spring 2019 public comment, the Committee will utilize the existing fixed distance framework. A member asked if the approved-but-not-yet-implemented adult heart allocation policy changes would be implemented as planned. UNOS staff indicated programming will continue and the system will be implemented in October 2018 as scheduled.

Another member shared reservations about developing a more politically palatable distribution framework for heart without extensive modeling. The Vice Chair acknowledged that the goal was to develop a better policy that would minimize legal vulnerabilities, and not develop an ideal, or the best, policy. There would be opportunity to further optimize distribution in the near future, but that was not the Committee's immediate task.

Next Steps:

The Committee will focus efforts on removing DSA from the approved-but-not-yet-implemented heart allocation system, scheduled to be implemented in October 2018.

Upcoming Meeting

- July 19, 2018
- July 26, 2018