

**OPTN Lung Transplantation Committee
Meeting Summary
September 11, 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 09/11/2025 to discuss the following agenda items:

1. Public comment proposal: Establish Comprehensive Multi-Organ Allocation Policy
2. Public comment proposal: Require Patient Notification for Waitlist Status Changes

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

1. Public comment proposal: Establish Comprehensive Multi-Organ Allocation Policy

The Committee received a presentation and provided feedback on a proposal sponsored by the OPTN Ad Hoc Multi-Organ Transplantation (MOT) Committee titled, Establish Comprehensive Multi-Organ Allocation Policy.

The MOT Committee requested the following feedback on this proposal:

- Do you support the incorporation of lung Composite Allocation Score (CAS) thresholds in the multi-organ allocation tables and the order of priority?
- Do you support the standardized process for multi-organ allocation?
- What challenges do you anticipate if the policy proposal is implemented and how should the OPTN support members to ensure successful implementation and promote compliance?
- Are there specific candidate groups or areas of interest that should be the focus of post-implementation monitoring? The proposed monitoring plan pays special attention to the following groups to assess impacts on access to transplant, and organ use and utilization:
 - Heart-lung, Heart-kidney, Multi-visceral, Pancreas, Pediatric

Summary of discussion:

No decisions were made.

The Committee voiced strong support for standardizing multi-organ allocation to eliminate Organ procurement Organization (OPO) -by-OPO discretion and improve system transparency. Members also express support for the addition of a high lung CAS tier intended to prioritize the sickest lung and heart-lung candidates. Members asked whether the standardized MOT tables would reduce allocation-out-of-sequence (AOOS) events and whether a specific OPO code would flag AOOS events that are in-sequence under MOT. The presenter explained that the OPTN Board of Directors advanced the policy expecting greater transparency and fewer AOOS events, but no new code is planned because the tables are designed to prevent such situations. AOOS may still occur once tables are exhausted, and tracking these instances should be part of post-implementation monitoring.

In response to a question about eligibility thresholds, the presenter clarified there is no hard CAS cutoff in the MOT tables. They continued that lung candidates below the highest thresholds can still receive a second organ after the tables are exhausted via standard organ-specific match runs, though some second organs may be unavailable because not every single-organ classification appears in the tables. The presenter emphasized that such instances would be monitored.

Members also noted that lung total CAS includes post-transplant components whereas other organs' top tiers are largely waitlist-urgency based, which could underprioritize certain very sick lung candidates. The presenter acknowledged this "apples-to-oranges" issue and said thresholds were chosen to honor relative priority, albeit imperfectly.

Regarding asynchronous match runs, the presenter said the policy encourages OPOs to coordinate cross-organ timing but does not fully resolve asynchrony (e.g., [Human Leukocyte Antigen} HLA timing, center response intervals). They explained that some practice changes are expected, and this will be closely monitored after implementation.

Next steps:

The Committee will submit a comment on the Establish Comprehensive Multi-Organ Allocation Policy proposal to the OPTN Website.

2. Public comment proposal: Require Patient Notification for Waitlist Status Changes

The Committee received a presentation and provided feedback on a proposal sponsored by the OPTN Transplant Coordinators Committee (TCC) titled, Require Patient Notification for Waitlist Status Changes.

The TCC requested the following feedback on this proposal:

- Is written notification necessary, or would documentation of notifications, including conversations, be sufficient?
- Is this notification change feasible, or are there concerns about the level of burden?
 - What education or guidance would be helpful for programs to support the implementation of this proposal?
- Do patients & patient families and caregivers support notifying candidates when their waiting list status changes?
 - Any additional information to include in the patient notification, other than waiting list status?
 - What education or guidance would be helpful for patients & patient families and caregivers?
 - Any additional tools, such as patient portal, that would be helpful to engage patients in the future?

Summary of discussion:

No decisions were made.

A member supported requiring candidates be notified whenever waitlist status changes (active to inactive or inactive to active). However, this member did not support a written-notification requirement, noting that heart and lung candidates are frequently inactivated and reactivated within short intervals. For example, a 24-hour inactivation could trigger a mailed letter that arrives after the patient has already been reactivated, creating unnecessary confusion.

Another member asked why the proposal specifies written notification rather than allowing documented verbal communication. The presenter explained that the proposed policy mirrors existing OPTN policies that require written patient notifications. They emphasized that public comment feedback, particularly regarding administrative burden and frequent waitlist status changes, will be used to refine the final policy. A patient representative expressed support for written notifications as opposed to phone calls because written documentation provides a trackable record that can be easily shared among multiple caregivers.

Next steps:

The Committee will submit a comment on the Require Patient Notification for Waitlist Status Changes proposal to the OPTN Website.

Upcoming Meetings

- October 9, 2025, 5-6pm ET
- November 13, 2025, 5-6pm ET

Attendance

- **Committee Members**
 - Matthew Hartwig
 - Dennis Lyu
 - Brian Armstrong
 - Brian Keller
 - Heather Strah
 - Jackie Russe
 - Jody Kieler
 - Joseph Tusa
 - Katja Fort Rhoden
 - Sid Kapnadak
 - Thomas Kaleekal
 - Wayne Tsuang
- **SRTR Staff**
 - Katie Siegert
- **UNOS Staff**
 - Houlder Hudgins
 - Jamie Panko
 - Kaitlin Swanner
 - Sarah Roache
 - Kelley Poff
- **Other Attendees**
 - Chris Sonnenday (OPTN Ad Hoc Multi-Organ Transplantation Committee Vice Chair)
 - Christine Brenner (OPTN Transplant Coordinators Committee Chair)