

**OPTN Lung Transplantation Committee
Meeting Summary
February 13, 2025
Conference Call**

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

Introduction

The Lung Transplantation Committee (Committee) met via Webex teleconference on 2/13/2025 to discuss the following agenda items:

1. Public Comment presentation: *Clarify Requirements for Reporting a Potential Disease Transmission*
2. Public Comment presentation: *Establish Comprehensive Multi-Organ Allocation Policy*

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

1. Public Comment presentation: *Clarify Requirements for Reporting a Potential Disease Transmission*

*Clarify Requirements for Reporting a Potential Disease Transmission*¹ is available for OPTN public comment from January 23, 2025 to March 19, 2025.

Summary of discussion:

No decisions were made.

Since the respiratory tract is not sterile, it can be difficult to tell whether an organism is colonized in the lung or a potential donor-derived transmission event (PDDTE). The development of a time frame for unexpected disease transmission creates a consistent time point for when an event is considered unexpected, such that reporting requirements are clarified for lung transplant programs. Regarding clarification of lung reporting requirements, proposed definitions of sick versus non-sick lung transplant recipients would allow the transplant teams to employ clinical decision-making regarding airway colonization from infection. The proposal aims to strike an appropriate balance between appropriate reporting of serious illnesses, while avoiding unnecessary burden of reporting by lung transplant programs.

The Committee expressed overall support for the proposal and thanked the DTAC for their efforts to clarify lung reporting requirements for PDDTEs. The definition for sick vs. non-sick recipient allows flexibility for clinical judgment to delineate what lung transplant programs need to report. This does leave some ambiguity about what should be reported, as it may be difficult to discern whether the recipient is ill from a PDDTE, due to the recipient's baseline state of illness. For example, if a recipient

¹ *Clarify Requirements for Reporting a Potential Disease Transmission*, OPTN Ad Hoc Disease Transmission Advisory Committee, January 2025, <https://optn.transplant.hrsa.gov/policies-bylaws/public-comment/clarify-requirements-for-reporting-a-potential-disease-transmission/> (accessed March 11, 2025).

were on extracorporeal membrane oxygenation (ECMO), it would be difficult to know whether an infection is contributing to illness. This may be especially ambiguous in instances where transplant hospital protocol is to immediately begin treatment for potential infections before the recipient would show signs or symptoms of infection. An example of an unexpected transmission in a non-sick lung recipient was discussed, to clarify that only pathogens on the pathogens of special interest list would need to be reported in such a case. While the proposed definitions are imperfect, Lung Committee members agreed this is a significant step forward, considering policy is currently silent on the matter.

Next steps:

The Committee's feedback on *Clarify Requirements for Reporting a Potential Disease Transmission* will be submitted for posting to the OPTN website.

2. Public Comment presentation: *Establish Comprehensive Multi-Organ Allocation Policy*

*Establish Comprehensive Multi-Organ Allocation Policy*² is available for OPTN public comment from January 23, 2025 to March 19, 2025.

Summary of discussion:

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| No decisions were made. |
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The Committee heard a portion of the public comment presentation on *Establish Comprehensive Multi-Organ Allocation (MOT) Policy*.

A member commented that it would be informative to see data on predicted mortality for groups on the allocation plan, including for multi organ versus single organ transplant. The presenter responded that they could share this data.

There was a discussion around whether the inclusion of donor efficiency was considered in the development of this work. A member explained that a higher percentage of donor lungs are not placed compared to some of the other organs, which limits the donor pool for lung recipients. The presenter responded that this was not specifically considered but welcomed feedback on the thresholds.

The presenter asked the group for feedback on the idea of excluding lungs from the allocation table, in the event the lungs need more time to be rehabilitated before being offered. Members agreed that the lungs should not be excluded from the allocation tables and offered later, as this would provide an opportunity for unwanted variation in the allocation process. Additionally, members voiced that if the lungs improved, but were not previously offered, the OPO would have to re-run the match and reallocate, which could be unnecessarily burdensome.

The SRTR representative asked about the use of the Composite Allocation Score (CAS) in the MOT model, pointing out that other organs use status or degree of illness to reflect waitlist mortality, while CAS has multiple measures. Staff responded that CAS needs to be used because it is used in allocation and added that that data on the selected thresholds show they will capture those most medically urgent lung candidates.

² *Establish Comprehensive Multi-Organ Allocation Policy*, OPTN Ad hoc Multi-Organ Transplantation Committee, January 2025, <https://optn.transplant.hrsa.gov/policies-bylaws/public-comment/establish-comprehensive-multi-organ-allocation-policy/> (accessed March 11, 2025).

The Committee was unable to complete their review due to time constraints.

Next steps:

The Committee will continue this presentation during their March 6th, 2025 meeting.

Upcoming Meetings

- February 27, 2024, teleconference, 5PM ET

Attendance

- **Committee Members**
 - Matthew Hartwig
 - Dennis Lyu
 - Marie Budev
 - Brian Keller
 - David Erasmus
 - Ed Cantu
 - Thomas Kaleekal
 - Heather Strah
 - Katja Fort Rhoden
 - Joseph Tusa
 - Jordan Hoffman
 - Wayne Tsuang
 - Jody Kieler
- **HRSA Representatives**
 - None
- **SRTR Staff**
 - Katie Siegert
 - Maria Masotti
 - Maryam Valapour
- **UNOS Staff**
 - Kelley Poff
 - Kaitlin Swanner
 - Sara Rose Wells
 - Chelsea Hawkins
 - Samantha Weiss
 - Leah Nunez
 - Sarah Roache
 - Holly Sobczak
- **Other attendees**
 - Stephanie Pouch (Ad hoc Disease Transmission Advisory Chair)