

**OPTN Lung Transplantation Committee
Meeting Summary
February 27, 2025
Conference Call**

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

Introduction

The Lung Transplantation Committee (Committee) met via Webex teleconference on 2/27/2025 to discuss the following agenda items:

1. Candidate Biology: Continue discussion on rating scales

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

1. Candidate Biology: Continue discussion on rating scales

On September 27, 2024, the Committee decided to pursue a project to change how biological factors are incorporated into lung allocation. Monitoring results from the first 18-months of Lung Continuous Distribution (CD) and Blood Type Compatible vs. Identical data request results were reviewed by the Committee on December 12, 2024.

Summary of discussion:

There was support for moving away from the additive approach to incorporating candidate biology into the Lung Composite Allocation Score (CAS), used in the lung allocation system.

Monitoring of Lung CD has revealed differences in transplant rates based on a candidate's blood type, height, and level of sensitization (CPRA). These differences persist even when accounting for medical urgency and expected post-transplant survival. However, waitlist mortality rates have not shown significant variation based on these biological factors.

The Committee acknowledged that because waitlist deaths are relatively rare among lung transplant candidates, some changes may not appear statistically significant due to small sample sizes. Additionally, there was no difference in six-month survival rates based on blood type. Notably, in the first year of CD, candidates with shorter height and blood type O were more likely to experience clinical deterioration between being listed and receiving a transplant.

The Committee reflected on whether the current additive rating scales in policy are functioning as effectively as possible and considered what they want to achieve by making changes. Decreasing disparities in access by candidate biology may require more sophisticated changes than increasing the weights for each biological factor. An example of a multiplicative approach to the candidate biology rating scales was shared to help the Committee understand the types of changes that are possible to achieve the desired goal.

There was support for moving away from the additive approach to incorporating candidate biology into the Lung CAS. The Committee considered potential tradeoffs that may result from candidate biology rating scale changes. There was a desire to improve transplant access for candidates with some combination of blood type O, short stature or high CPRA values, while maintaining equity in access across candidates with other biological factors. A concern was raised that increasing transplant access for candidates with multiple biological disadvantages could result in increased waiting times for other candidates. Members noted that longer waiting times are associated with poorer post-transplant outcomes; it will be important to consider the balance between equitable access, waitlist mortality and post-transplant outcomes.

Next steps:

The Committee will continue to discuss this topic at future meetings.

Upcoming Meetings

- March 6, 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
 - Wayne Tsuang
 - Jody Kieler
 - Brian Armstrong
 - Ernestina Melicoff
 - Jackie Russe
 - Gary Schwartz
- **HRSA Representatives**
 - None
- **SRTR Staff**
 - Maryam Valapour
 - Katie Siegert
 - Maria Masotti
- **UNOS Staff**
 - Kelley Poff
 - Kaitlin Swanner
 - Sara Rose Wells
 - Chelsea Hawkins
 - Samantha Weiss
 - Holly Sobczak
 - Houlder Hudgins
 - Keighly Bradbrook