OPTN Ad Hoc Multi-Organ Transplantation Committee
Lung Multi-Organ Workgroup
Meeting Summary
February 11, 2025
Conference Call

Marie Budev, DO, MPH, Chair
Lisa Stocks, RN, MSN, FNP, Chair

Introduction

The OPTN Lung Multi-Organ Workgroup (the Workgroup) met via WebEx teleconference on 02/11/2025 to discuss the following agenda items:

1. Review lung CAS thresholds for adult DCD donors with low KDPI
2. Review lung CAS thresholds for adult DCD donors with higher KDPI
3. Discuss heart-lung eligibility criteria

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

1. Welcome and agenda

The Workgroup reviewed the preliminary lung composite allocation score (CAS) thresholds, the agenda, and the group's workplan for February-April 2025.

Summary of presentation:

The preliminary lung CAS thresholds are:

Blood type O donors:

- High CAS threshold: 35
- Low CAS threshold: 34

Blood type A, B, AB donors:

- High CAS threshold: 31
- Low CAS threshold: 30

Last meeting, the Workgroup reviewed the thresholds in relation to donation after brain death (DBD) adult donors with Kidney Donor Profile Index (KDPI) 0-34% and KDPI of 35-85%. At this meeting, the Workgroup will review the thresholds for adult donation after circulatory death (DCD) donors with KDPI 0-34%, review thresholds for adult DCD donors with KDPI 35-85%, and discuss heart-lung eligibility criteria.

At its March meeting, the Workgroup will review thresholds for pediatric donors. At its April meeting, the Workgroup will review public comment feedback on the lung CAS thresholds and finalize recommendations to the MOT Committee.

The Workgroup reviewed lung multi-organ transplants by donor type (September 28, 2023 – August 31, 2024. Most (56%) of lung multi-organ transplants were from DBD donors aged 18-69 with KDPI of 0-34%. DBD adult donors with KDPI of 35-85% were the next largest donor group, accounting for 29% of

transplants. Pediatric donors aged 11-17 with KDPI of 0-34% accounted for 14%. The other donor groups accounted for 0-1% of lung multi-organ transplants.

Summary of discussion:

The Workgroup did not make any decisions.

There was no discussion.

Next steps:

The Workgroup will follow the workplan and may schedule an additional meeting in April, if needed.

2. Review lung CAS thresholds for adult DCD donors with lower KDPI

The Workgroup reviewed the lung CAS thresholds for DCD adult donors with 0-34% KDPI.

Summary of presentation:

The recommended thresholds cover approximately 12% of the match run for DCD adult donors with lower KDPI. The data shows that lungs would generally be accepted above the proposed thresholds for O and B donors. For A donors, the data shows that the lungs would generally not be accepted above the proposed thresholds. The thresholds capture a mean of approximately 20% of lung-multi-organ candidates. For blood type O donors, at a threshold of 35 compared to 34, there are more match runs where candidates in the "last above" and "first below" spot have > 1 medical urgency points. For blood type A, B, and AB donors, at a threshold of 31 compared to 30, there are more match runs where candidates in the "last above" and "first below" spot have > 1 medical urgency points.

Staff reviewed the proposed allocation table for adult DCD donors with KDPI of 0-34%, noting the placement of the higher and lower CAS thresholds.

Summary of Discussion:

Decision #1: The Workgroup supported the following lung CAS thresholds for adult DCD donors aged 18+ with KDPI of 0-34%:

- **Blood type O donors: high threshold of 35, low threshold of 34**
- **Non-O donors: high threshold of 31, low threshold of 30**

The Chair asked why blood type A donors would not generally have lungs accepted above the proposed thresholds. OPTN contractor staff suggested that the data on A donors may be impacted by the small sample size.

The Chair noted that the proportion of DCD donors with lower KDPI captured is similar to coverage of DBD adult donors with KDPI of 0-34% and 35-85%.

3. Review thresholds for higher KDPI adult DCD donors

The Workgroup reviewed the lung CAS thresholds for DCD adult donors aged 18+ with KDPI of 35-85%. Staff noted that there were no lung multi-organ donors in this group, though this may change as utilization of DCD donors is increasing.

Summary of Presentation:

The thresholds cover 12-13% of the match run for DCD adult donors with higher KDPI. The data shows that lungs would generally be accepted above the thresholds for O and B donors. For blood type A

donors, lungs would generally not be accepted above the thresholds. The thresholds capture a mean of approximately 20% of lung multi-organ candidates, with some variation across MOT combinations. For blood type O donors, at a threshold of 35 compared to 34, there are more match runs where candidates in the "last above" and "first below" spot have > 1 medical urgency points. For blood type A, B, and AB donors, at a threshold of 31 compared to 30, there are more match runs where candidates in the "last above" and "first below" spot have > 1 medical urgency points.

Staff reviewed the draft allocation table for DCD donors aged 18+ with KDPI of 35-85%, noting the placement of lung CAS thresholds. This table is still under development by the OPTN Ad Hoc Multi-Organ Transplantation Committee.

Summary of discussion:

Decision #2: The Workgroup supported the following lung CAS thresholds for adult DCD donors aged 18+ with KDPI of 35-85%:

- **Blood type O donors: high threshold of 35, low threshold of 34**
- **Non-O donors: high threshold of 31, low threshold of 30**

The Workgroup supported the proposed lung CAS thresholds for adult DCD donors aged 18+ with KDPI of 35-85%.

Next steps:

The Workgroup will continue working through data for the other donor groups.

4. Heart-lung eligibility criteria

The Workgroup reviewed current heart-lung policy, and the Workgroup considered whether changes to heart-lung eligibility are needed for the MOT policy proposal.

Summary of presentation:

Currently, there are no restrictions on the secondary organ offered on the primary match, meaning that there are no lung CAS requirements for lungs being offered to heart-lung candidates on the heart match and no heart status requirements for hearts being offered to heart-lung candidates on the lung match.

The Workgroup reviewed data on heart-lung recipients who received heart-lung offers from either the heart match or the lung match. Staff noted that when this data was originally presented in September 2024, the lung CAS distributions provided did not include lung placement efficiency points. The data now includes the full lung CAS, including placement efficiency points.

For heart-lungs placed on the heart match, about 75% of candidates with blood type A had a lung CAS above 34 at time of transplant. For blood type B candidates, nearly all had a CAS above 30. For blood type O candidates, just under 75% had a CAS above 34.

For heart-lungs placed from the lung match, the mean CAS at acceptance for blood type A candidates was approximately 35. For blood type O candidates, the mean CAS at acceptance was approximately 37.5.

Summary of Discussion:

The Workgroup requested additional information prior to making a decision.

The Chair noted that most heart-lung recipients had heart status exceptions, and several had lung CAS exceptions. Members asked whether the Workgroup could review the narrative elements of the exception requests, in a deidentified format. This may allow for differentiation between high and low risk groups within the heart-lung candidate pool. A member supported the approach outlined in current policy, noting that the Workgroup doesn't currently have data or other rationale for limiting when lungs could follow a heart or vice versa. The Chair suggested further consideration of criteria for heart-lung offers. Members questioned whether current heart-lung policy is understood and followed consistently. A member called for data on whether heart-lung allocation policy is being followed correctly, noting that this would help understand current problems and inform future policies.

Next steps:

OPTN contractor staff will assess the feasibility of the proposed requests for additional information and follow up with the Workgroup.

Upcoming Meetings

- March 11, 2025
- April 8, 2025

Attendance

- **Workgroup Members**
  - Marie Budev
  - PJ Geraghty
  - Shelley Hall
  - Matthew Hartwig
  - JD Menteer
  - Jackie Russe
  - Zoe Stewart Lewis
- **SRTR Staff**
  - Jon Miller
- **UNOS Staff**
  - Chelsea Hawkins
  - Houlder Hudgins
  - Sara Langham
  - Kaitlin Swanner
  - Sarah Roache
- **Other attendees**
  - Gundeep Dhillon