

Revise Lung Review Board Guidelines, Guidance, and Policy for Continuous Distribution

OPTN Lung Transplantation Committee

Purpose and Proposal

- Purpose
 - Update Lung Review Board guidelines, guidance, and policy for continuous distribution
- Proposal
 - Operational guidelines cover representation, responsibilities & process
 - Clinical guidance includes updates for pulmonary hypertension exceptions
 - Policy changes align requirements with other organ review boards

Rationale

- Clinical guidance updates respond to shift from current lung allocation score (LAS) to new lung composite allocation score (CAS)
- Each organ allocation system is developing continuous distribution system
- This provides opportunity to move towards more consistent review board framework across organs

Operational Guidelines

- Review board representatives of active lung transplant programs serve 2-year terms
 - Primary must have at least five years of post-training transplant experience
 - Alternate must have at least three years of post-training transplant experience
- Immediate past chair of Lung Committee serves 2-year term as review board chair
 - Chair is voting member of review board and serves as liaison to Lung Committee
 - Committee requests feedback on whether chair should be voting member

Operational Guidelines

- Nine reviewers are assigned to each exception request
 - Alternate will be assigned if primary is out of the office
 - Reviewers will be replaced if they do not vote after 3 days
 - Voting closes after 5 days

Operational Guidelines - Pediatrics

- At least 3 active pediatric lung transplant programs will be represented out of the 12 programs each term
- These members will be given priority for assignment to pediatric cases if they are available

Clinical Guidance – Pulmonary Hypertension

- Candidates with pulmonary hypertension meeting certain criteria may qualify for a higher allocation score
- Programs may request waiting list survival and post-transplant outcomes exception scores to be at the national 90th percentile
- Updates current guidance to reflect replacement of lung allocation score with composite allocation score

Policy Changes

- Removes language that is duplicative with operational guidelines
- Changes timeline for submission of a second appeal from 14 days to 7 days
- Aligns timelines to:
 - Make both first and second appeals the same
 - Promote consistency with lung and all organs

Member Actions

- Active lung transplant programs will have opportunities to appoint review board representatives to 2-year terms every 5 years
- Appointed representatives will be expected to actively participate

What do you think?

- Should the Committee add information in the guidance on how to request a priority 1 equivalent score for pediatric candidates?
- Should the Chair be a voting member of the Lung Review Board or serve more of an advisory role?
- Is it clear how the appeals process works?
- Do lung transplant programs anticipate any barriers to participating in the new Lung Review Board or using the updated exceptions process?