

OPTN Lung Transplantation Committee

Meeting Summary

March 16, 2023

Conference Call

Marie Budev, DO, Chair

Matthew Hartwig, MD, Vice Chair

Introduction

The OPTN Lung Transplantation Committee met via Citrix GoToMeeting teleconference on 03/16/2023 to discuss the following agenda items:

1. Update on *Modify Heart Policy for Intended Incompatible Blood Type (ABOi) Offers to Pediatric Candidates*
2. Continuous Distribution of Lungs Check-In
3. Heart-lung Allocation

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

1. Update on *Modify Heart Policy for Intended Incompatible Blood Type (ABOi) Offers to Pediatric Candidates*

The Committee heard an update on the Heart Committees' proposal, *Modify Heart Policy for Intended Incompatible Blood Type (ABOi) Offers to Pediatric Candidates*. The Executive Committee approved a part of the policy language to expand heart and heart-lung ABOi eligibility up to 18 years old, effective immediately.

Summary of discussion:

There were no further discussions.

2. Continuous Distribution of Lungs Check-In

The Committee shared feedback on the Continuous Distribution of lungs implementation.

Summary of discussion:

One member asked, of the 53 transplants that took place between 3/9/23 – 3/15/23, how many were heart-lung versus lung alone? The presenter replied that they would look into this answer depending on the data available. Regarding exception requests, a member noted that some programs are requesting exception points for two different reasons and encouraged the Committee to monitor and track these data.

A member shared that their program received 2.5 times more organ offer calls in one day than what the program usually averages. Many of the offers were from far away, and the volume of offers has increased, resulting in a significant uptick in the number of calls received by the coordinators. Additionally, information such as COVID tests and chest X-ray results are missing at the time of organ offer. Another member commented that their program had experienced an uptick in organ offers and had overly high sequence numbers. The member explained that their program received two offers overnight, and their program was over sequence number 300. The member said there should be better attention to how OPOs are putting out offers. A member expressed concerns about getting offers that

are further down on the sequence. Another member shared that their high lung allocation score (LAS) patients are getting offers from far away, while lower LAS patients are getting offers deep on the allocation sequence that are increasing the volume. The member pointed out that during the organ offer, the program may not have all the information needed to accept that organ, which generates additional calls.

A member shared concerns about receiving so many offers that organ offers may time out before being accepted. Programs receive offers in the middle night from the OPO, who gives short-notice communications about going to the operating room (OR). This is a concern because program staff do not have adequate time to get to the OR on short notice. Another member stated that they had the opposite experience, where the program accepted the organ, but they did not go to the OR until 36 hours after the organ was accepted. The member noted that organ management might decrease once the organ is placed. The member further shared that 48 hours after going to recover the organ, upon weighing the organ, the lungs were too wet to put on ex vivo lung perfusion (EVLP) because organ management was so poor over the last 48 hours after it was placed. Lastly, the Chair noted that there had been an uptick in multi-organ offers.

3. Heart-lung Allocation

The Committee heard an overview of heart-lung allocation statistics.

Summary of discussion:

A member explained that if an individual is heart status 4 or 5 and ultimately accepts a heart, the organ quality is low because it has been passed over by status 1, 2 and 3 candidates. The heart will not be appropriate to use, especially for a dual organ transplant. The member encouraged members to inform OPOs if they have dual organ candidates; communicating with the local OPO can help with placement and travel efficiency. Another member noted a lack of consistency between the lungs and the heart-lung forms and suggested harmonizing the data entry.

Regarding variation in access to heart-lung transplants, the Chair noted that there is regional variation in the practices of transplant centers, which has created inequity in approaching heart-lung versus lung only for specific diagnoses. The member also noted that it is essential to account for their condition when comparing heart-lung recipients and candidates. For example, a congenital patient and an individual with pulmonary hypertension are very different. The congenital patient may have more previous surgeries, may be sensitized, and stature may play a role. They are much sicker and can't be compared to the average individual with pulmonary hypertension that needs a heart-lung transplant.

A member noted that the CAS cut-off of 25 is reasonable. However, in the event that the lungs need to pull the heart, anyone with a lung score higher than 25 will receive the lungs first. The policy should be strengthened and state that sicker patients needing a dual organ should receive these organs first. Another member stated that in the current system, it is problematic that organs must be turned down by all the status 1 and 2 heart candidates before a heart-lung if offered off of the lung list. He suggested clarifying who can qualify for a multi-organ heart-lung transplant can help with variation amongst center practices. The Chair agreed that defining pulmonary hypertension more clearly and the circumstances in which a heart is necessary would be helpful. It was recommended that the Committee involve the Multi-Organ and Heart Transplantation Committees in these efforts. A member suggested looking at additional data on heart-lung offers, such as how often these organs are turned down.

Upcoming Meeting

- April 13, 2023

Attendance

- **Committee Members**
 - Marie Budev
 - Erika Lease
 - Brian Armstrong
 - Dennis Lyu
 - Edward Cantu
 - Errol Bush
 - Soma Jyothula
 - Marc Schechter
 - Pablo Sanchez
 - Julia Klesney-Tait
 - Serina Priestley
- **HRSA Representatives**
 - Jim Bowman
 - Marilyn Levi
- **SRTR Staff**
 - Katherine Audette
 - David Schladt
 - Maryam Valapour
 - Nicholas Wood
- **UNOS Staff**
 - Kaitlin Swanner
 - Tamika Watkins
 - Taylor Livelli
 - Sara Rose Wells
 - Holly Sobczak
 - James Alcorn
 - Krissy Laurie
 - Samantha Weiss
 - Tatenda Mupfudze
- **Other Attendees**
 - Jacyln Russe
 - Samantha Taylor