

**OPTN Lung Review Board
Meeting Summary
March 9, 2023
Conference Call
Erika Lease, MD, Chair**

Introduction

The Lung Review Board Subcommittee (the Subcommittee) met via Citrix GoTo teleconference on 3/9/2023 to discuss the following agenda items:

1. Welcome and agenda
2. Review Board Operations Refresher
3. Rating Scales and Distribution
4. Discussion
5. Next Steps and Closing Comments

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

1. Welcome and agenda

The Chair welcomed Committee members and presenters.

Summary of discussion:

There was no further discussion by the Committee.

2. Review Board Operations Refresher

The Chair refreshed the Subcommittee on the Lung Review Board operations.

There are nine reviewers assigned to a case. Reviewers will receive email notifications when assigned to a case, on day two of voting if the case still requires a response, and on day three of voting to alert the reviewer that the case will be reassigned if no action is taken.

The majority of votes determines whether a case is approved or denied. If there is a tie or no votes are submitted, the case will be automatically approved.

Programs can appeal within seven days of receiving a denial. If the first appeal is denied, programs can appeal within seven days of receipt. The first appeal will return to the Lung Review Board and the second appeal will go to the Lung Appeals Subcommittee for review.

Summary of discussion:

There was no further discussion by the Subcommittee.

3. Rating Scales and Distribution

The Chair provided an overview of the rating scales for medical urgency, post-transplant survival, and candidate biology.

She explained that 29 exception requests have been reviewed in the interim exception period. This is the period that programs could submit exception requests for the composite allocation score (CAS) prior to implementation. In this period, 27 exception requests were approved and two were denied. The Chair reminded reviewers to provide constructive feedback when denying requests and that exception

requests can be submitted for medical urgency, post-transplant outcomes, candidate biology, and patient access under CAS. Requests for multiple goals are handled separately.

The Chair let reviewers know that as of 3/9/23, reviewers will have access to age, blood type, exception history, link to waitlist urgency and post-transplant outcome measure (in days), maximum score for requested goal type, candidates' calculated score for the goal, requested exception percentage, and blinded narrative when reviewing exception requests.

The Chair reminded reviewers that programs will request the percent of points for an exception based off national CAS distribution data.¹ This differs from requesting the percentile of the score.

Data Summary:

As of 3/1/23, there are 983 candidates waiting for lung transplant. The median CAS score is 20.8965. The median CAS score for medical urgency is 0.3025 and 19.7825 for post-transplant outcomes.

Summary of discussion:

There was no further discussion by the Subcommittee.

4. Discussion

The Chair asked for feedback on:

- What is unclear when reviewing these requests?
- How can we ensure consistency among reviewers?
- How can we best advise transplant programs on how to submit these requests?

Summary of discussion:

A member asked if the national CAS distribution data will be readily available. The Chair responded that the distribution data will be linked in the system. He also said it is helpful to know that reviewers will see information twice when programs request exceptions for separate attributes.

A member stated he had seen duplicate requests. The Chair explained this is for separate attributes. Staff explained that a candidate can only have one active exception request per attribute at a time. Staff noted reviewers may see two requests for heart-lung candidates due to separate registrations for lung and heart-lung. The Chair noted reviewers will see this most commonly for pulmonary hypertension and will receive a request for medical urgency and post-transplant outcomes per the clinical guidance.²

A member stated programs may need clarification that points should be requested based on where programs believe their candidates belong in reference to the national CAS distribution data, but points should not be requested just because a program is trying to increase a candidate's overall CAS subscore. The Chair agreed and noted programs are used to requesting a total LAS percentile, so looking at these requests as attribute-specific will be a learning curve.

A member stated that non-linearity to medical urgency is hard to grasp. He asked how soon the OPTN Lung Transplantation Committee will monitor to make sure that this is capturing what they had hoped. The Chair stated it is helpful that the score goes out four decimal places, but the plan is to review a three-months, six-months, and one-year monitoring reports. She encouraged members who see areas of concern at a program level to bring them to her attention.

¹ "Lung CAS summary data updated," accessed March 28, 2023, <https://unos.org/news/lung-cas-score-summary/>.

² "Lung review board clinical guidance," OPTN, accessed March 28, 2023, available <https://optn.transplant.hrsa.gov/about/review-boards/>.

A member asked if programs could update data after submission of a request while waiting for approval. Staff responded that programs should actively submit the candidate's current data as needed.

A member asked if an exception request could be requested for a candidate who is just over 18. The Chair stated it is allowable, but the legal definition of an adult is 18 and over. It would go against policy to approve an exception request for that. A member asked if candidates are listed before 18 will they keep their pediatric points. The Chair responded yes. She noted most pediatric candidates will be transplanted quickly.

5. Next Steps and Closing Comments

The Chair thanked members for joining and assured the Subcommittee that the Lung Review Board Subcommittee will meet again next month to provide opportunity for feedback and updates.

Summary of discussion:

There was no further discussion by the Subcommittee.

Upcoming Meetings

- April 6, 2023, teleconference, 4 PM ET

Attendance

- **Subcommittee Members**
 - Ahmad Goodarzi
 - Erika Lease
 - Dan McCarthy
 - Dennis Lyu
 - Don Hayes
 - John Reynolds
 - Lara Schaheen
 - Matthew Pipeling
 - Pablo Sanchez
 - Whitney Brown
- **HRSA Representatives**
 - Jim Bowman
- **UNOS Staff**
 - Kaitlin Swanner
 - Susan Tlusty
 - Elizabeth Suskind
 - Heather Carlson-Jaquez
 - Holly Sobczak
 - Jennifer Musick
 - Krissy Laurie
 - Samantha Weiss
 - Sara Rose Wells
 - Tamika Watkins
 - Tatenda Mupfudze
 - Taylor Livelli