

Update Multi-Organ Allocation for Continuous Distribution of Lungs

OPTN Lung Transplantation Committee

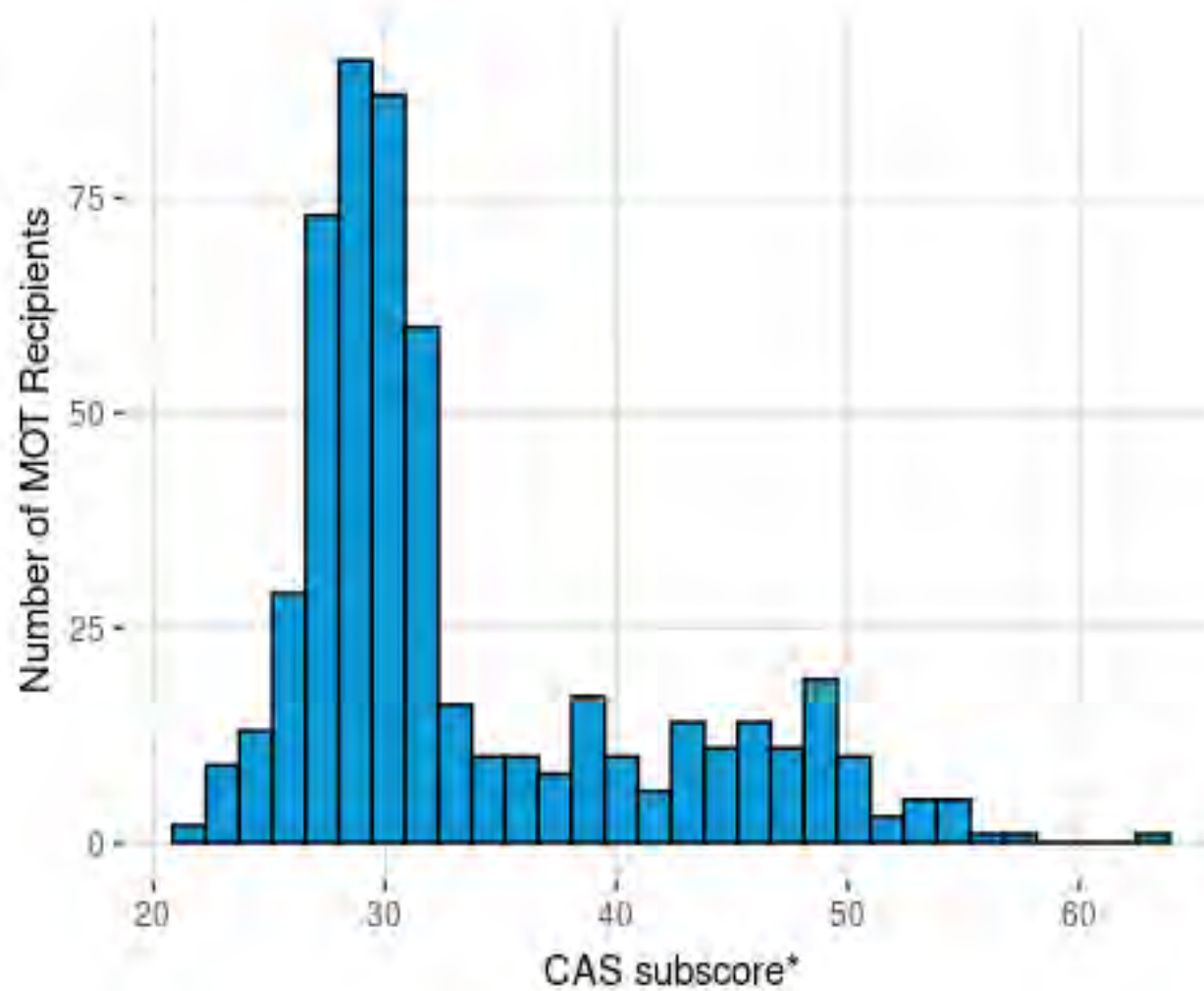
Purpose and Proposal

- Purpose:
 - Update lung multi-organ allocation to maintain access to transplant with implementation of continuous distribution
- Proposal:
 - Change lung composite allocation score (CAS) threshold for required heart-lung, lung-liver, and lung-kidney shares from 28 to 25
 - Clarify heart-lung policy

Rationale

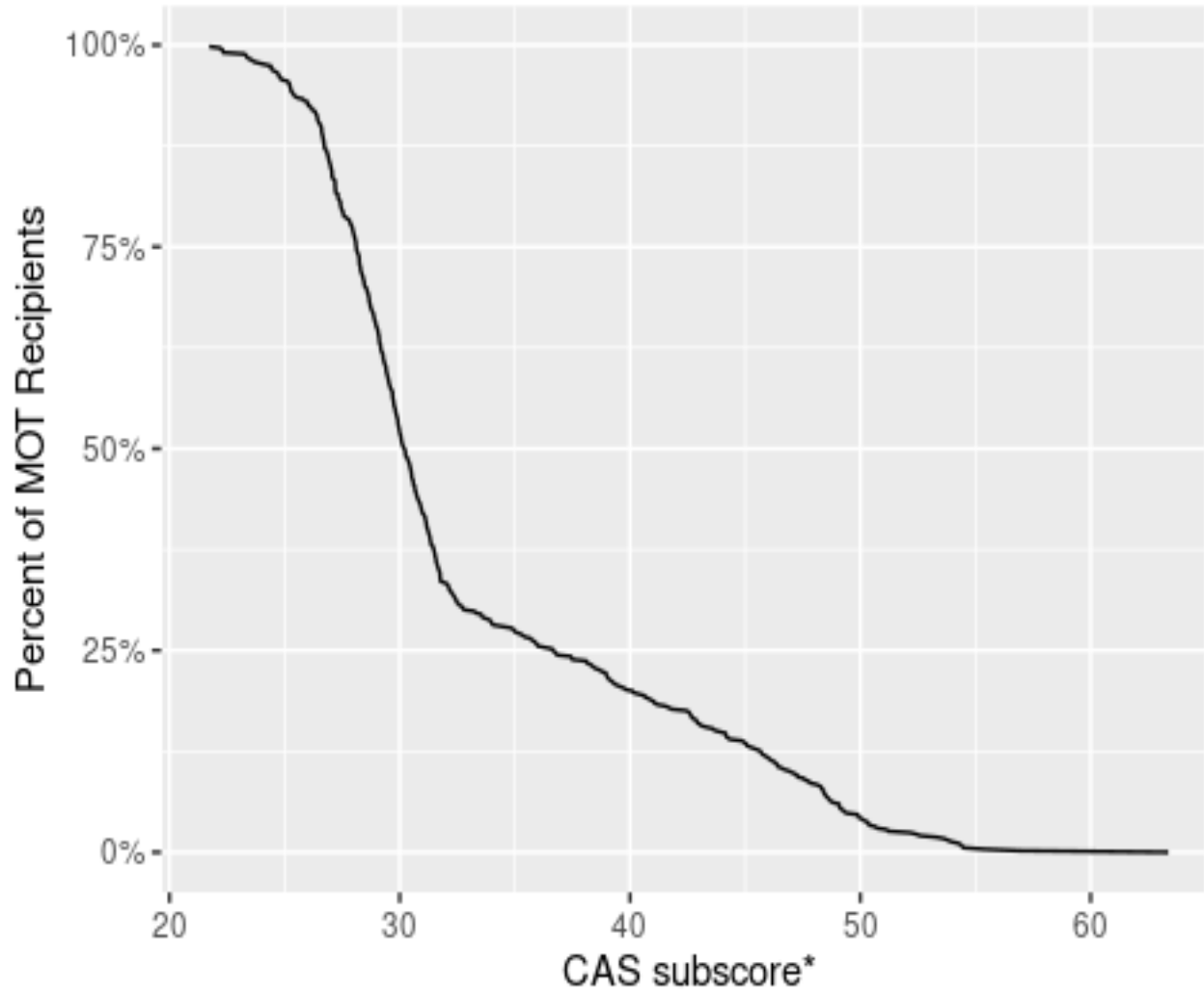
- Intent is for threshold to capture ~95% of patients who received lung multi-organ transplants in current allocation system
- Analysis of updated cohort indicated CAS of 28 would not meet that goal
- CAS of 25 would better meet the original intent

Lung CAS of Multi-Organ Recipients



- Calculated lung CAS subscore of patients who received lung multi-organ transplants between 1/1/2011 and 5/24/2022
- Subscore does not include points for:
 - CPRA
 - Prior living donor
 - Placement efficiency (scores will be match run dependent)

Lung Multi-Organ Recipients by CAS



	CAS Threshold			
%	Heart	Kidney	Liver	Total
90%	26.6	26.2	28.0	26.6
95%	25.2	24.0	27.7	25.2

Clarify Heart-Lung Policy

- Emphasize that OPO must always follow the match run
- No substantive changes other than CAS threshold change

Member Actions

- Education will be provided as part of implementation of continuous distribution of lungs
- Required shares will be indicated on the match run

What do you think?

- Does the score threshold of 25 appropriately balance access to transplant between lung multi-organ and other single-organ candidates?
- Once all organs are in continuous distribution, how might the Committee update lung multi-organ allocation across a continuous spectrum?