

**OPTN Lung Transplantation Committee  
Meeting Summary  
October 13, 2022  
Conference Call**

**Marie Budev, DO, Chair  
Matthew Hartwig, MD, Vice Chair**

## **Introduction**

The Lung Transplantation Committee (the Committee) met via Citrix GoTo teleconference on 10/13/2022 to discuss the following agenda items:

1. Welcome and agenda
2. Policy Clarification: Continuous Distribution of Lungs
3. Review and discuss public comment feedback on *Updated Multi-Organ Allocation for Continuous Distribution of Lungs*
4. VOTE: Do you support sending *Update Multi-Organ Allocation for Continuous Distribution of Lungs* to the Board of Directors in December 2022
5. ABOi Offers Project
6. Next Steps and Closing Comments

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

### **1. Welcome and agenda**

The Chair welcomed the Committee members.

#### Summary of discussion:

There was no further discussion by the Committee.

### **2. Policy Clarification: Continuous Distribution of Lungs**

The Committee reviewed non-substantive changes to continuous distribution policy language that address questions raised during implementation. This included minor language corrections, equation modifications, language clarifications, and removal of language in policy that discusses how the OPTN will monitor policy.

Additionally, the bylaws will be updated via a director-approved change to replace a reference to "Lung Allocation Scores" with "Lung Composite Allocations Scores," excluding the placement efficiency points since those vary by match run.

#### Summary of discussion:

There was no further discussion by the Committee. The Committee voted and approved sending these clarifications to the Executive Committee on 10/26/22.

### **3. Review and discuss public comment feedback on *Updated Multi-Organ Allocation for Continuous Distribution of Lungs***

The Committee reviewed public comment feedback for the *Update Multi-Organ Allocation for Continuous Distribution of Lungs* proposal. The proposal requires a change in the composite allocation

score (CAS) threshold from 28 to 25 to capture 95% of patients who previously received a lung multi-organ transplant. The proposal received support overall. There was opposition based on concern for kidney candidates, including concern that kidneys are given to multi-organ candidates over kidney candidates and concern that multi-organ candidates often have a shorter life expectancy than kidney-only candidates. Additionally, there were concerns regarding multi-organ allocation in general, including:

- Proposal may increase access to multi-organ lung transplants and disadvantage candidates that need the other organ in the non-CAS era
- Heart-lung candidates do not get the organs when their lung allocation score (LAS) is high but heart status is low
- There are no policies in place for multi-organ allocation for more than two organs
- Multi-organ candidates might be placed farther down the match run and other organs may already be placed
- Multi-organ allocation is not equitable to pediatric candidates

Suggestions pulled from public comment included aligning each organ CAS with the same process as much as possible, monitoring the usage and outcomes of lung-kidney transplants to assess whether medical eligibility should be developed in the future, and monitoring the policy closely to ensure it accomplishes intent. There was also request for education and resources as the Committee gets closer to implementation.

#### Data Summary:

The proposal was supported across regions with an average sentiment score of 3.8. Regional meetings elicited votes from 181 members, with two opposed votes (one in region 1 and one in region 6). The proposal was supported by member types, apart from one opposed vote from an organ procurement organization (OPO) and one opposed vote from a transplant hospital.

#### Summary of discussion:

The Chair stated that none of these public comments were surprising. She stated the Committee has addressed these concerns adequately and no further revisions are needed. She explained that the Committee will continue to evolve its policy with multi-organ policy. Committee members agreed. The general concerns regarding multi-organ allocation will be shared with the Ad Hoc Multi-Organ Transplantation Committee for further consideration.

#### **4. VOTE: Do you support sending *Update Multi-Organ Allocation for Continuous Distribution of Lungs* to the Board of Directors in December 2022**

The Committee reviewed the policy language that will change because of this proposal. The Committee voted to approve these policy changes and send them to the Board of Directors for approval.

#### Summary of discussion:

There was no further discussion from the Committee.

#### **5. ABOi Offers Project**

The Vice Chair of the OPTN Heart Transplantation Committee presented on a new proposal that would safely expand access to donor hearts for candidates less than 18 years old, reduce volume of discarded donor hearts, and improve data collection and reporting related to blood type ABO-incompatible (ABOi) listings and transplantation. The concern with current policy is that research demonstrated successful transplants of pediatric candidates who are two years old and older and/or have isohemmagglutinin

titers greater than 1:16, that the age at which natural anti A/B Ab production begins is not well defined and varies, and that it fails to account for retransplant candidates who received ABOi-heart transplants and thus are able to receive a second ABOi heart transplant.

The presenter explained that the proposed modifications to Heart ABOi policies are to expand access to status 2 candidates and all candidates registered prior to turning 18 years old.

For candidates less than 12 months old at match run:

- Would include pediatric status 2 candidates
- Remain as primary blood type classification
- Continue using current isohemagglutinin titer reporting requirements

For candidates at least 12 months old at match run:

- Would expand eligibility to include pediatric candidates registered prior to turning 18 years old
- Remain as secondary blood type classification
- Continue using current isohemagglutinin titer cutoff of less than or equal to 1:16 and current reporting requirements

If this proposal is approved, criteria governing registration ages will no longer be aligned. Heart-lung candidates registered in OPTN Waiting List when two years old or older will not appear as heart-lung candidates on the lung match run because of the lung criteria.

The presenter asked for feedback on increasing the age of eligibility for intended incompatible lungs to “prior to turning 18 years old.”

#### Data Summary:

Under one-year ABOi transplants are widely accepted in the U.S., with 69.1 percent of centers willing to accept ABOi heart at listing, but this goes down to 17.5% for children ages 1-2. Most pediatric hearts transplanted involve titers less than or equal to 1:16.

#### Summary of discussion:

A member commented that from the pediatric standpoint it is very uncommon to do lung ABOi transplants so there is not a lot of data. He stated it is unlikely anyone in the lung community would go above 2 years old but stated it might provide simplicity to have the same age range for each group. The presenter responded the goal is to have alignment as heart policy changes. Staff explained feedback will be requested on how the community feels about increasing the age to “prior to turning 18 years old.” A member suggested aligning the policy language for lung and seeing what feedback is provided in public comment.

#### Next Steps and Closing Comments

The Chair and UNOS staff dismissed the Committee and discussed details of the in-person meeting.

#### Summary of discussion:

There was no further discussion by the Committee.

#### **Upcoming Meetings**

- October 24, 8am-3pm CST, Chicago, IL

## Attendance

- **Committee Members**
  - Marie Budev
  - Erika Lease
  - Brian Armstrong
  - Dennis Lyu
  - Edward Cantu
  - Errol Bush
  - John Reynolds
  - Lara Schaheen
  - Marc Schechter
  - Matthew Hartwig
  - Nirmal Sharma
- **HRSA Representatives**
  - Marilyn Levi
  - Jim Bowman
- **SRTR Staff**
  - David Schladt
  - Katherine Audette
  - Maryam Valapour
- **UNOS Staff**
  - Kaitlin Swanner
  - Taylor Livelli
  - Holly Sobczack
  - Krissy Laurie
  - Laura Schmitt
  - Eric Messick
  - Ross Walton
  - Tatenda Mupfudze
  - Susan Tlusty
- **Other Attendees**
  - JD Menteer