

**OPTN Lung Transplantation Committee
Meeting Summary
February 8, 2024
Conference Call**

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

Introduction

The Lung Transplantation Committee (Committee) met via Webex teleconference on 02/08/2024 to discuss the following agenda items:

1. Community feedback
2. Lung CD: Blood Type Rating Scale Modification
3. Biological Disadvantages
4. Open Forum

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

1. Community feedback

The OPTN received feedback from the American Society of Transplant Surgeons (ASTS) regarding the *Modify Lung Allocation by Blood type*¹ policy implemented in September 2023. The OPTN and ASTS met to discuss this feedback and review monitoring data.

Summary of discussion:

There was no additional discussion.

2. Lung CD: Blood Type Rating Scale Modification

Modify Lung Allocation by Blood Type was implemented on September 27, 2023 to provide more proportional access to lung transplantation by blood type. Monitoring data were presented from three eras: Pre-continuous distribution (CD) (December 08, 2022 - March 08, 2023), Post-CD (June 28, 2023 - September 26, 2023), and Post-CD + blood type (ABO) modification (September 27, 2023 - December 26, 2023).

Data Summary:

- The waiting list mortality rate remained similar or decreased slightly for candidates of all blood types.
- The median time to transplant remained similar or decreased for candidates of all blood types.
- From Pre-CD to Post-CD, the transplant rate increased for blood types A, AB, and B and decreased slightly for blood type O. In the ABO Modification era, the transplant rate for blood type O increased.

¹ https://optn.transplant.hrsa.gov/media/rrkeagop/policy-notice_lung-blood-type_sep-2023.pdf

- In both the Post-CD and Post-CD + ABO Modification eras, blood type O recipients had the highest median CAS score at transplant, excluding the blood type points from their score.

Supplemental results can be found in the Lung CD - Blood Type Rating Scale Modification Three Month Monitoring Report².

Summary of discussion

No decisions were made.

There was discussion around the number of exception requests for biological disadvantages being submitted and approved. After the ABO modification, fewer requests are being submitted under this goal type, but the requests are more likely to be approved. The Committee discussed considerations around appropriate reliance on exception requests versus serving most patients well through the allocation system directly.

Supplemental data were examined across different age groups and diagnosis groups. Small sample sizes make definitive conclusions difficult, but there was a slight increase in transplants for diagnosis group D and slight decrease for group B. Members expressed anecdotal concerns about whether medical urgency is appropriately captured for candidates in diagnosis group B. Members discussed that medical urgency is particularly relevant in evaluating the lung allocation system as inherent differences across diagnosis groups directly affect metrics such as median time to transplant.

Next steps:

The Committee will continue to review monitoring data for this policy change.

3. Biological Disadvantage

On January 11, 2024, the Committee reviewed data from SRTR showing time trends in lung transplant and waitlist mortality rates, overall and stratified by height to better understand the impact of CD on biologically disadvantaged groups. The Committee continues their analysis with a review of OPTN data.

Data Summary:

Transplant rates by height & sensitization, also known as Calculated Panel Reactive Antibody (CPRA) were presented from two eras, Pre-CD (April 26, 2022 to March 8, 2023) and post-CD (March 9, 2023 – January 19, 2024). The analysis grouped candidates by height quintiles and CPRA levels into broad groups (0, 1-19, 20-79, 80+, and not reported/unknown). The analysis excluded pediatric candidates to focus specifically on transplant access for short-statured adult candidates.

Summary of discussion:

No decisions were made.

Overall, members highlighted the need for more nuanced analyses to better understand the interplay between candidate height, CPRA levels, and access to lung transplantation, while accounting for other relevant factors. Concerns were raised about the grouping approach for CPRA, particularly combining

² OPTN/UNOS Descriptive Data Request. “Lung Continuous Distribution – Blood Type Scale Modification Three Month Monitoring Report.” Prepared for Lung Transplantation Committee Conference Call, February 8, 2024. Web address: https://optn.transplant.hrsa.gov/media/s1oj32jz/data_report_lung_cd_abo_3month_20240208.pdf.

"not reported" with 0% CPRA, as these likely represent very different candidate populations in terms of transplant access. The broad 80+ CPRA group was also deemed too wide-ranging to provide meaningful insights. It was acknowledged that the results presented should not be over-interpreted due to the limitations in grouping and data collection methods. For future analyses, the Committee considered including CPRA data from only the post-CD era, distinguishing between candidates with 0 and Not Reported CPRA, modeling CPRA as a continuous variable, and adjusted models.

Next steps:

The Committee will continue to examine how transplant access varies by height & CPRA.

4. Open Forum

There were no open forum speakers.

Upcoming Meeting

- March 14, 2024, teleconference, 5:00 PM ET
- March 21, 2024, Houston, TX, 8:00 AM CST

Attendance

- **Committee Members**
 - Marie Budev
 - Matthew Hartwig
 - Serina Priestley
 - Ernestina Melicoff
 - Wayne Tsuang
 - Brian Keller
 - Erika D. Lease
 - David Erasmus
 - Soma Jyothula
 - Julia Klesney-Tait
 - Thomas Kaleekal
 - Brian Armstrong
 - Katja Fort Rhoden
 - Stephen Huddleston
- **HRSA Representatives**
 - James Bowman
 - Marilyn Levi
- **SRTR Staff**
 - Nick Wood
 - David Schladt
 - Maryam Valapour
 - Paul Gunsalus
- **UNOS Staff**
 - Kelley Poff
 - Kaitlin Swanner
 - Leah Nunez
 - Sara Rose Wells
 - Susan Tlusty
 - Houlder Hudgins
 - Samantha Weiss
 - Chelsea Weibel
 - Holly Sobczak