

**OPTN/UNOS Thoracic Committee  
Meeting Minutes  
December 14, 2017  
Teleconference**

**Kevin Chan, MD, Chair  
Ryan Davies, MD, Vice Chair**

**Introduction**

The Thoracic Committee met via Citrix GoToTraining teleconference on December 14, 2017 to discuss the following agenda items:

1. TSAM Request
2. Changes to Heart-Lung Policy

The following is a summary of the Thoracic Committee's discussions:

**1. TSAM Request**

Summary of discussion:

During the December 7<sup>th</sup> Thoracic Meeting, the Thoracic Committee reviewed a number of sharing models in order to finalized a draft request for the Scientific Registry of Transplant Recipients (SRTR). Given time constraints, models were carefully selected, and the finalized draft request includes the following:

- Share First to:
  - DSA
  - 250 nautical miles
- Metrics of Success:
  - Increasing number of transplants
  - Lower waitlist mortality
  - Higher utilization

During the last Committee meeting, the inclusion of smaller and larger radii were discussed, but these were not included so as to ensure data would be available by January 2018 and included in the upcoming public comment process. These previously included 75 nautical miles, 150 nautical miles, and 500 nautical miles. In the future, more analyses can be performed, which may include exploring different thresholds and including smaller increments.

One committee member asked if sharing modeling could include DSA plus 250 nautical miles. There is some concern that previously vast DSAs may be disproportionately affected by the emergency changes, and the current modeling would capture only the emergency changes against the former DSA approach. As a result of the Executive Committee's emergency change to lung allocation, it is required that the Thoracic Committee provide a proposal and modeling that mirrors the 250 nautical miles selected by the Executive Committee. As such, the Thoracic Committee has until January 2018 to prepare a proposal and acquire such modeling, placing significant time pressure on the Committee. Given this, precedence is being placed on modeling the previous DSA policy against the emergency 250 nautical mile police. During public comment and within the public comment proposal itself, additional concepts not captured initially due to time constraints will be included to outline further exploration desired by the Committee. If the DSA versus 250 nautical mile modeling yields results that are not in line with the metrics of success, it is possible during the June 2018 Board of Directors meetings to request an

extension of the policy sunset date. This would allow more time for exploring other policy options.

## **2. Changes to Heart-Lung Policy**

### Summary of discussion:

Heart-lung transplant policy needs to be reviewed and changed in order to align it with the Executive Committee's emergency change to 250 nautical miles. Currently, heart-lung sharing is dependent on DSA. When a heart-lung candidate is allocated a heart, the lung from the same deceased donor must be allocated to the heart-lung candidate. When the heart-lung candidate is allocated a lung, the heart from the same deceased donor may only be allocated to the heart-lung candidate if no suitable Status 1A isolated heart candidates are eligible to receive the heart. A heart-lung guidance document was released previously to aid in the execution of heart-lung policy under the DSA system.

Having reviewed the changes that would be necessary to update the Heart-Lung Guidance, it is recommended that the document is pulled completely for the time being given the complications for such updating.

Two main options remain: keeping current heart-lung policy relatively untouched or review approved but not yet implemented heart-lung policy language. With the latter, the inconsistency in the geography creates a major challenge. An option for altering the approved but not yet implemented heart-lung policy language includes alterations to when a lung is offered and a heart follows: *if a heart-lung PTR is offered a lung within 500 nautical miles of the donor hospital, the heart from the same deceased donor cannot be offered to a lung PTR until after the heart has been offered to all pediatric status 1A, adult status 1, and adult status 2 within 500 nautical miles.* The 500 nautical miles equates to heart sharing. In addition, Zone B was removed due to the inconsistency between heart and lung following the emergency changes. Committee members voiced following heart match and lung match sequences in order to execute match runs. If sequence 7 is selected, it would most match the approved but not yet implemented heart-lung policy. If sequence 5 is selected (which represents 500 nautical miles in both heart match and lung match), there may be issues as it would not include adult status 3 hearts.

Committee members agreed that the best approach to heart-lung policy involves taking the approved but not yet implemented heart-lung policy and modifying it. Committee members also agreed that applying sequences is a best approach to these modifications. However, since there are many adult status 3, alterations may need to be made if the match would run through sequence 7. Without these alterations, the heart may not truly have an opportunity to be included in the heart-lung match process due to the high amount of adult status 3 patients. Realistically, it may make sense to run through sequence 5 instead of sequence 7. Ideally, data on heart-lung patients' mortality rates based on their heart status and lung status would be necessary for more informed decision-making. The committee also requested research to obtain data on waitlist mortality of urgent heart candidates as well as LAS scores for comparison and discussion during the next teleconference.

### **Action Items:**

- UNOS Research will provide requested data on the next Committee teleconference
- UNOS Policy staff will draft potential heart-lung policy language reflecting the Committee's discussion
- SRTR will initiate the requested TSAM

### **Upcoming Meeting**

- December 21, 2017
- December 28, 2017
- January 16, 2017

## Attendance

- **Committee Members**
  - Kevin Chan
  - Ryan Davies
  - Rocky Daly
  - Greg Ewald
  - Chad Ezzell
  - Jeff Goldstein
  - Shelley Hall
  - Matthew Hartwig
  - Erika Lease
  - Tania Sherrod
  - Kurt Shutterly
  - Mark Barr
  - Maryjane Farr
  - Karen Lord
  - Donna Mancini
  - Masina Scavuzzo
- **HRSA Representatives**
  - Joyce Hager
  - Marilyn Levi
- **SRTR Staff**
  - Katie Audette
  - Noelle Hadley
  - Melissa Skeans
- **OPTN/UNOS Staff**
  - Liz Robbins
  - Rebecca Lehman
  - Shyni Mohan