OPTN Lung Transplantation Committee
Meeting Summary
December 14, 2023
Conference Call

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

Introduction

The Lung Transplantation Committee (Committee) met via Webex teleconference on 12/14/2023 to discuss the following agenda items:

1. Feedback from 12/13 DAC Meeting
2. Interim blood type monitoring
3. Lung Allocation Dashboard
4. Lung Committee priorities for next steps
5. Open Forum

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

1. Feedback from 12/13 DAC Meeting

The Chair reviewed feedback from the OPTN Data Advisory Committee (DAC) meeting on December 13, 2023. The DAC endorsed the Committee's *Promote Efficiency of Lung Allocation* proposal but emphasized the importance of providing a clear data definition for anaphylaxis, so that it is not used to rule out donors unnecessarily.

Summary of discussion:

No decisions were made.

There was no further discussion.

Next steps:

The OPTN Policy Oversight Committee and OPTN Executive Committee will review and vote on the *Promote Efficiency of Lung Allocation* proposal for public comment approval at their January meetings.

2. Interim blood type monitoring

Modify Lung Allocation by Blood Type[1] was implemented on September 27, 2023 to address inequity of organ offers across blood types. Data were presented from 3 eras: pre-continuous distribution (CD) (January 4, 2023-March 8, 2023), post-CD (July 25, 2023-September 26, 2023), and post-CD + ABO

---

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

modification (September 29, 2023-December 1, 2023). Small sample sizes were noted; data lag has not fully passed, so data are subject to change.

Data summary:

- Removals for death/too sick decreased with new rating scale for all blood types, except B which was similar
- Number of transplants increased for blood type O, decreased for other blood types
- Medical urgency increased slightly for blood types AB and O
- Slight increase in median medical urgency points for blood types B and O – not concerning yet due to small sample sizes

Summary of discussion

No decisions were made.

The Chair emphasized that sample sizes are small, therefore, it is difficult to draw conclusions from the data. It was discussed that data for the number of registrations by blood type and lung composite allocation score (CAS) are available on the lung allocation dashboard. A Committee member asked for information about the number of transplants performed where the blood type match was identical versus compatible.

Next steps:

The Committee will review additional monitoring data for *Modify Lung Allocation by Blood Type* in the coming months. OPTN staff will include analysis for lung transplants by donor blood type and blood type match in the 3-month monitoring report.

3. Lung Allocation Dashboard

The Committee received an overview of the lung allocation dashboard. This tool provides the transplant community with access to more real-time data and transparency.

Summary of discussion

No decisions were made.

The Committee discussed that the lung allocation dashboard could be used to supplement future monitoring reports by providing counts of additions to the waitlist and transplants for attributes of the lung CAS. This would allow for formal monitoring reports to focus on key metrics related to evaluating CD policy. The Chair encouraged members to explore the dashboard and stated that transplant programs may find this helpful to incorporate into their waitlist management approach.

4. Lung Committee priorities for next steps

The Committee reviewed background on candidate height and Calculated Panel Reactive Antigen (CPRA) in the lung CAS. The Committee incorporated a nonlinear rating scale for height in the lung CAS, using a base curve of 100, like that used for ABO blood type prior to the implementation of *Modify Lung Allocation by Blood Type*. Approaches from other OPTN committees and options for the Lung Committee were reviewed.

The Committee considered the following options for adjusting CPRA and height in lung CAS:

- Take a different approach to defining the rating scale/how points are assigned
  - More detailed height analysis on the range of donor heights accepted for a given candidate height
  - ABO-adjusted CPRA
- Change the shape of the rating scale(s) e.g. switch to base 25 to align with blood type
- Change the weights on biological disadvantages in lung CAS

Summary of discussion:

There was interest among the Committee in adjusting the CPRA and height rating scales used to calculate lung CAS, to better capture the interaction between height and CPRA. However, the Committee requires input from partners at Scientific Registry of Transplant Recipients (SRTR) and Massachusetts Institute of Technology (MIT) to assess current modeling capabilities of systemic-level impacts.

Several members reiterated concerns that highly sensitized, short-statured candidates, particularly women, candidates with blood type O and/or certain lung diseases, may not have equitable access to the donor pool in lung CD. Multiple Committee members were in favor of examining CPRA and height, either through an additive or multiplicative model. A member commented that it would be helpful to understand these factors' combined impact on allocation and removals for death or too sick from the waitlist. These data may inform which type of rating scale (i.e. linear or nonlinear) is best suited for CPRA and height, individually. Members discussed the limitations of modeling CPRA currently. It was mentioned that kidney data could be leveraged to aid modeling efforts, as was done in the creation of the current rating scale.

A suggestion was made to combine the biological disadvantages (i.e. blood type, CPRA and height) into a 15-point scale and adjust the curve accordingly. It was discussed that this method could result in better separation for candidates with more than one biological disadvantage, in terms of lung CAS sub-scores. A member added that a combined scale would help to standardize exception requests; as transplant programs evaluate which percentile of points to request, they could compare their candidate to others with similar combined factors.

An SRTR representative raised concerns about making changes to these rating scales without fully understanding downstream systemic impacts on waitlist mortality and post-transplant survival. Aside from having limited time to understand the effects of current lung CD policies, there was apprehension about current capabilities for modeling systemic effects of altering lung CAS components. The Chair acknowledged these concerns and agreed with a suggestion to involve partners at SRTR and MIT before moving forward.

Next steps:

OPTN staff will confer with SRTR and MIT regarding current modeling capabilities for CPRA and height adjustments. The Committee will review literature on blood type-adjusted CPRA rating scales prior to discussion at their next meeting.

5. **Open Forum**

There were no open forum speakers.

Summary of discussion:

There was no discussion by the Committee.

Upcoming Meeting

- January 11, 2024, teleconference, 5PM E.T.

Attendance

- **Committee Members**
  - Marie Budev
  - Matthew Hartwig
  - Katja Fort-Rhoden
  - Soma Jyothula
  - Erika Lease
  - Ernestina Melicoff
  - Wayne Tsuang
  - Ed Cantu
  - Brian Armstrong
  - Julia Klesney-Tait
  - Brian Keller
  - Errol Bush
  - David Erasmus
  - Siddhartha Kapnadak
- **HRSA Representatives**
  - Marilyn Levi
  - James Bowman
- **SRTR Staff**
  - David Schladt
  - Katie Audette
  - Maryam Valapour
- **UNOS Staff**
  - Kelley Poff
  - Kaitlin Swanner
  - Leah Nunez
  - Samantha Weiss
  - Sara Rose Wells
  - Susan Tlusty
  - Chelsea Weibel
  - Holly Sobczak
  - Karen Satke
- **Other Attendees**
  - n/a