

OPTN Lung Transplantation Committee

Meeting Summary

August 16, 2023

Conference Call

Marie Budev, DO, Chair

Matthew Hartwig, MD, Vice Chair

Introduction

The Lung Transplantation Committee (the Committee) met via Webex teleconference on 8/16/2023 to discuss the following agenda items:

1. Welcome and agenda
2. Review match run analysis for blood type rating scale options
3. Blood type policy language vote
4. Next steps and closing comments

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

1. Welcome and agenda

The Chair welcomed Committee members and thanked them for joining.

Summary of discussion:

There was no further discussion by the Committee.

2. Review match run analysis for blood type rating scale options

The Committee examined match run analysis for the following rating scale options based on previous discussion:

- **Original_Base0:** This option uses the same ratings as the current rating scale but is linear instead of a steep nonlinear curve.
- **Original_Base25:** This option uses the same ratings as the current rating scale but uses a shallow nonlinear curve instead of a steep nonlinear curve.
- **Upscale_Base0:** This option scales blood type O candidates up to five points on a linear scale.
- **Upscale_Base25:** This option scales blood type O candidates up to five points on a shallow nonlinear scale.

The Committee discussed whether they felt they had enough information to move one of these options forward to public comment.

Data Summary:

Members examined match run analysis using match runs from March 9, 2023 (the day of implementation of [Establish Continuous Distribution of Lungs](#)) through July 1, 2023 to assess how the proposed rating scale options compare to the policy in effect. Currently, blood type O candidates must get sicker to be transplanted than the previous allocation system. The Original_Base25 option did not improve the median estimated waitlist survival days at transplant (WLAUC) of blood type O candidates

at transplant,¹ but all other options would lead to blood type O candidates being less sick to receive a transplant. All options show an increase in median distance from donor hospital to transplant program.

The distribution of WLAUC for blood type O candidates increased the most by Original_Base0 and Upscale_Base25.

Summary of Discussion:

Decision #1: The Committee decided the Upscale_Base25 rating scale is the best option to give blood type O appropriate priority in the allocation system.

The Review Board Chair commented Upscale_Base25 and Original_Base0 reflect the Committee’s goals but lead to an increase in distance. She urged members to be mindful of this as transplant programs are already struggling with this increase under current allocation. The Chair agreed. A member stated equity for blood type O is more important than distance traveled. The Review Board Chair commented that smaller transplant programs are struggling with longer distances, so she wanted to make sure the Committee considered this.

A member voiced support for Upscale_Base25 because it would lead to the most rapid change for blood type O candidates. Multiple members agreed. They noted a 100 nautical mile difference between options is not a significant distance that would change transplant program behavior. They explained once the transplant program chooses to fly, the distance becomes less important. The Vice Chair noted the Committee would need to address the distance barriers separately from blood type.

3. Blood type policy language vote

The Committee voted on which rating scale option should be sent to public comment.

As part of the transition plan to this allocation change, for resolved exceptions to the biological disadvantages score, approved exceptions will remain in place and may be withdrawn by the transplant program if no longer needed. There will be no change to previously denied exception requests. Transplant programs can review the Lung Composite Allocation Score (CAS): Points Report in OPTN Waiting List to assess candidate points. Unresolved exceptions to the biological disadvantages score will be withdrawn by the system so that the OPTN Lung Review Board is not processing them with outdated information. The OPTN will conduct outreach to impacted transplant programs ahead of implementation. As of August 11, 2023, 16 candidates have received exceptions under the biological disadvantages goal since March 9, 2023, and nine of these candidates are actively waiting with an approved biological disadvantage exception. Members supported this transition plan and did not identify any other transition procedures that would be needed to implement this policy change.

Summary of discussion:

Decision #2: The Committee unanimously approved sending the Upscale_Base25 rating scale to public comment.

¹ Updated analysis distributed to the Committee on August 22, 2023, showed that the Original_Base25 option would be more comparable to the Original_Base0 option in terms of median WLAUC at transplant, with slightly longer overall travel distances. This updated analysis was included in the public comment proposal *Modify Lung Allocation by Blood Type* posted on August 24, 2023, available <https://optn.transplant.hrsa.gov/policies-bylaws/public-comment/modify-lung-allocation-by-blood-type/>.

[OPTN Policy 10.1.C Table 10-1: Points by Blood Type](#) would be updated to:

A candidate with a blood type of	Would receive this many lung blood type points under the proposed policy
AB	0
A	.0455 <u>0.3032</u>
B	.2439 <u>2.2382</u>
O	.4550 <u>5.0000</u>

4. Next steps and closing comments

The OPTN Executive Committee will vote to approve the proposal for a special public comment period. The Committee will review public comment feedback in September and consider changes before voting on a final proposal. The OPTN Board of Directors would be asked to approve the proposal afterward, and if approved, implementation would follow.

Summary of discussion:

There was no further discussion by the Committee.

Upcoming Meetings

- September 14, 2023, teleconference, 5 pm ET

Attendance

- **Committee Members**
 - Marie Budev
 - Erika Lease
 - Brian Armstrong
 - David Erasmus
 - Ed Cantu
 - Errol Bush
 - Pablo Sanchez
 - Stephen Huddleson
 - Soma Jyothula
 - Thomas Kaleekal
 - Tina Melicoff
 - Wayne Tsuang
- **HRSA Representatives**
 - Jim Bowman
 - Marilyn Levi
- **SRTR Staff**
 - David Schladt
 - Maryam Valapour
 - Nicholas Wood
 - Katherine Audette
 - Paul Gunsalus
 - Mona Shater
 - Josh Pyke
 - Jon Miller
 - Jon Snyder
 - Ajay Israni
 - Grace Lyden
- **MIT Staff**
 - Ted Papalexopoulos
- **UNOS Staff**
 - Kaitlin Swanner
 - Taylor Livelli
 - James Alcorn
 - Sara Rose Wells
 - Susan Tlusty
 - Chelsea Weibel
 - Samantha Weiss
 - Holly Sobczack
 - Krissy Laurie
 - Rachel Hippchen
 - Carlos Martinez
 - Tatenda Mupfudze