OPTN Thoracic Committee
Meeting Summary
December 5, 2019
Conference Call

Ryan Davies, MD, Chair
Erika Lease, MD, Vice Chair

Introduction

The Thoracic Committee met via Citrix GoTo teleconference on 12/5/2019 to discuss the following agenda items:

1. Modifications to Pediatric Heart Allocation Policy: Review and discuss proposed policy language
2. SRTR Presentation: Review changes to LAS covariates and coefficients

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

1. Modifications to Pediatric Heart Allocation Policy: Review and discuss proposed policy language

The Committee reviewed the proposed policy language for the modifications pediatric heart policy. The Committee voted to approve sending the proposed policy language out for Spring 2020 public comment.

Summary of discussion:

The proposal to modify pediatric heart policy is aimed at creating a national pediatric review board, that would review pediatric status 1A and status 1B exceptions. Over the past few months, the Pediatric Heart Workgroup has been developing the national pediatric heart review board guidelines, which would be approved next year. The secondary aspect of this project would develop guidance documents for addressing pediatric status exceptions, which would be released for public comment next Fall 2020. The Chair gave an overview of the proposed guidelines, including the review process, appeal process, voting and the proposal's next steps.

Overall, the Committee thought that the proposal was well thought out and reasonable. Though there was a concern that some larger pediatric candidates would compete with adults for hearts and that those adult programs would not have a representative on the pediatric review board. However, members agreed that this should only impact a small group of patients and that the Committee will monitor for any unintended consequences.

The voted on the following: Does the Committee vote to approve the policy proposal and operational guidelines language for public comment? The Committee voted unanimously to support this proposal as presented.

Next steps:

This proposal will be sent out for Spring 2020 public comment on January 22.

2. SRTR Presentation: Review changes to LAS covariates and coefficients

The SRTR presented their findings from updating the LAS covariates and coefficients. The Committee then discussed these findings, including potential impact on candidates.

Summary of discussion:

During the discussion, one Committee member whether certain factors that impact pulmonary hypertension (PH) candidates, may not have been seen in the data, because such patients receive exceptions when their risk of mortality increases. SRTR stated that this could be possible, but that this is too small of a patient population, such the data may not reflect the factors. Also, with the 2015 revisions to lung policy, research analyzed the volume of exceptions for diagnosis C patients under the current system, but saw that the number of exception requests went down. Another Committee member asked whether certain factors, such as obliterative bronchiolitis non-re-transplant, were actual risk factors to consider back in 2015, because the data on certain factors have wide confidence intervals. SRTR acknowledged that the current LAS cohort and system were inherited. It was possible that there were clinical decisions made that SRTR was not a part of which may have led to these factors being in the current system.

SRTR went on to explain that certain factors (e.g. serum creatinine greater than 150), showed a greater change in rank for candidates under the new reduced model. One Committee member commented that sense certain variables were eliminated under the new reduced model, that certain candidates might become disadvantaged. However, this member also stated that the new reduced model may be more "credible", since it has been many years since the cohorts and covariates were updated.

Next, a Committee member was impressed by how candidates aged 65 or older were ranked under the new reduced model. This member stated that it was well noting that 1 year mortality ranks were factored into this data. Also, it could be that the population of candidates aged 65 or older is increasing, and thereby having more impact on the data. However, another member pointed out that those older than 65 have a shorter overall life expectancy post-transplant. This member stated that post-transplant outcomes should eventually be separated from the LAS score. Also, members noted that there was a noticeable change to candidates less than 49 years old, and for cystic fibrosis candidates. The data also showed that diagnosis A has the greatest increase in access, but that this increase was on the higher end.

Next steps:

The Committee will continue discussing the results of the SRTR modeling and report at a future meeting.

Upcoming Meetings

- December 11
- December 12
- December 19