

**OPTN/UNOS Pediatric Transplantation Committee**  
**Meeting Summary**  
**February 18, 2015**  
**Conference Call**

**Eileen Brewer, MD, Chair**  
**William Mahle, MD, Vice Chair**

*Discussions of the full committee on February 18, 2015 are summarized below and will be reflected in the committee's next report to the OPTN/UNOS Board of Directors. Meeting summaries and reports to the Board are available at <http://optn.transplant.hrsa.gov>.*

### **Committee Projects**

#### **1. Pediatric Transplant Training and Experience Considerations in the Bylaws**

The Liaison introduced Committee members to the OPTN public comment website, which now features the ability to respond to individual comments and begin a threaded discussion. The Committee reviewed the four public comments it had received through the website thus far, as well as feedback from the Region 7 and 8 meetings.

### **Other Significant Items**

The Lung Subcommittee has been examining the overall fairness of the lung allocation system for pediatric candidates. This review has led to two potential changes, including establishing broader sharing of adolescent and child donor lungs and permitting ABO-incompatible lung transplantation. The Lung Subcommittee is deliberating two possible broader sharing sequences and wanted the Pediatric Transplantation and Ethics Committees' input before making a final policy recommendation to the full Thoracic Committee.

The Pediatric Crossover Representative presented an overview of current pediatric lung allocation policy and simulation results of the two proposed broader sharing sequences. One sequence prioritizes 0-11 year old candidates for 0-11 year old donor lungs and prioritizes 12-17 year old candidates for 12-17 year old donor lungs, with broader sharing. The other sequence prioritizes both 0-11 year old candidates for both 0-11 year old and 12-17 year old donor lungs, with broader sharing. While both result in increased transplant rates for 12-17 year old candidates, evidence of a benefit to 0-11 year old candidates is stronger in the model of the second sequence. After a robust discussion, the Pediatric Transplantation Committee unanimously voted to endorse the second allocation sequence (11-Support, 0-Oppose, 0-Abstain).

### **Upcoming Meetings**

- March 18, 2015
- April 14, 2015
- May 20, 2015