

OPTN/UNOS Thoracic Organ Transplantation Committee
Meeting Summary
August 25, 2014
Conference Call

Joe Rogers, MD, Chair
Kevin Chan, MD, Vice Chair

Discussions of the full committee on August 25, 2014 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. Collection of ECMO Data Upon Waitlist Removal for Lung Candidates

The Committee discussed the background of the ECMO data collection proposal. Committee members were reminded of the proposed data elements to be collected, which include: type of invasive ventilatory support (VA ECMO, VV ECMO, or invasive mechanical ventilation); site of cannulation/intubation (peripheral or arterial); date of intubation/cannulation; candidate's ambulatory status; and date of decannulation/extubation, if applicable.

The Committee members discussed whether additional fields should be added to obtain more granular data regarding candidates bridged to transplant with ECMO. Though the Committee agreed other fields may be helpful, additional fields may increase the burden of data entry and increase the risk of collecting less accurate data. After weighing the costs of additional fields versus the potential risks, the Committee decided not to include any extra fields with the proposal. However, in the proposal document they will mention the additional fields and seek feedback to see whether the transplant community as a whole believes even more data should be collected.

The Committee was also apprised of the revised cost estimate for this proposal, which is down to a "large" from its original "extra large" estimate.

After discussion, the Committee voted 18 support; 0 oppose; 0 abstentions to recommend sending this proposal out for public comment during the Fall 2014 public comment cycle.

Other Significant Items

2. Creation of Review Board Appeals Subcommittee

The Committee has recently received a relatively large number of appeals of heart regional review board (RRB) and Lung Review Board (LRB) decisions. Policy permits transplant programs to appeal LRB and RRB decisions to the Thoracic Committee. This is impractical because the whole Committee cannot meet quickly enough to respond to requesting programs in a timely fashion. This in turn exposes the transplant programs to risk because they may transplant candidates at the requested status without the final answer, but if the result is ultimately a denial of their request the program may be referred to the Membership and Professional Standards Committee (MPSC).

To respond more quickly, the Thoracic Committee agreed that a smaller subcommittee should be formed to vote on these cases, as modeled after the Liver Committee's similar

review. The cases will be decided by majority vote. The members of the Subcommittee will be the chair and vice chair of the Thoracic Committee, the Lung Subcommittee Chair and the Heart Subcommittee Chair. The Committee also determined that it would be prudent to have an odd number of people on the Subcommittee to avoid ties. The “odd” member will be a cardiologist or heart transplant surgeon from the Committee if the case originates at an RRB, and will be a pulmonologist or lung transplant surgeon from the Committee if the case originates from the LRB. This person would be appointed by the Chair of the Thoracic Committee for a one year term.

The Committee voted 18 support; 0 oppose; and 0 abstentions for the creation of this Subcommittee.

Upcoming Meeting(s)

- September 18, 2014 in Chicago, Illinois
- The Lung Subcommittee meets the third Thursday of each month at 5pm Eastern
- The Heart Subcommittee meets the fourth Thursday of each month at 5pm Eastern