

OPTN/UNOS Thoracic Organ Transplantation Committee
Meeting Summary
June 17, 2014
Conference Call

Steve Webber, MBChB, MRCP, Chair
Joe Rogers, MD, Vice Chair

Discussions of the full committee on June 17, 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. Proposal for Adolescent Classification Exception for Pediatric Lung Candidates

The Thoracic Committee discussed public comment feedback. First, the Committee discussed whether the proposal should be assigned a different expiration date, as suggested by some of the Regions and commenters, rather than continuing on permanently. The Committee noted that if they proposed an expiration date, it would have to be well into the future because so little data were collected over the one year since this policy's implementation. Though some feedback suggested that adopting an expiration date would pressure the Committee to continue examining this policy, the Committee determined that such "pressure" is not necessary. The Committee already committed to evaluating pediatric lung transplant policy holistically with a view towards many different solutions, which not only includes the adolescent classification exception, but also broader geographic sharing of pediatric lungs and the potential for ABO-incompatible lung transplants.

The Committee also discussed the suggestion to make the adolescent classification "automatic," rather than requiring transplant programs to apply to the LRB for the exception. The Committee determined that the LRB should continue to review each case to make sure each case has merit, and to identify trends in cases submitted.

Lastly, the Committee noted feedback suggesting that it is unfair to allow pediatric candidates to apply for adolescent classification, without permitting adults or adolescents to apply for a pediatric classification. Though not statistically significant, the Committee recognized the trend for slightly worse access to donor lungs for young pediatric candidates. Thus, the adolescent classification helps even the playing field, rather than tipping it in favor of pediatric candidates. Additionally, the fact that only one candidate received adult donor lungs is indicative of surgeons' motivation to do what is best for the patient. This exception did not create an atmosphere in which surgeons began to accept lungs of all sizes for their young pediatric candidates. Young pediatric donor lungs are still offered to and accepted by adolescent and adult candidates. Therefore, even if there is a perception that the adolescent classification policy discriminates against adolescents and adults, in practice such inequities do not exist. The Committee will nevertheless continue to monitor the effects of the policy.

After discussion, by a vote of 17 support, 0 oppose, and 0 abstentions, the Committee adopted the following motion:

The Thoracic Committee recommends that the OPTN/UNOS Board of Directors permanently adopt the adolescent classification exception by modifying Policies 10.1D (Candidates at Least 12 Years Old); 10.1.E (LAS Values and Clinical Update Schedule for Candidates at Least 12 Years Old); 10.2.B (Lung Candidates with Exceptional Cases); and 10.2.B.i (LRB Review Process) as set forth in the original public comment proposal.

Other Significant Items

2. Heart Regional Review Board (RRB) Appeal

The Committee reviewed an RRB case appealed to the Thoracic Committee for a pediatric heart 1A exception request. The candidate is outpatient and is diagnosed with hypoplastic left heart syndrome. Committee members noted that they have cared for candidates in similar condition and would not have requested a status 1A exception, and the candidate is not at high risk of immediate compromise or deterioration. Status 1A must be reserved for candidates that are more urgent.

The Committee voted to uphold the decision of the RRB denying the candidate's status 1A exception request. (16 support; 0 oppose; 0 abstentions)

Upcoming Meeting

- Lung Subcommittee teleconference on July 17, 2014
- Heart Subcommittee teleconference on July 24, 2014
- September 18, 2014 in Chicago, Illinois