

OPTN/UNOS Thoracic Organ Transplantation Committee
Meeting Summary
April 14, 2016
Conference Call

Joseph Rogers, MD Chair
Kevin Chan, MD, Vice Chair

Discussions of the full committee on April 14, 2016 are summarized below. All committee meeting summaries are available at <https://optn.transplant.hrsa.gov/>.

Committee Projects

1. Modification of the Adult Heart Allocation System

A post-public comment strategy was presented to the Committee. The proposal will not go to the Board of Directors meeting for approval in June but rather the Thoracic Organ Transplantation Committee (Committee) will solicit further input from the transplant community via breakout sessions at the International Society for Heart and Lung Transplantation annual meeting April 26-30, 2016 in Washington, D.C. In determining a path forward, the Committee will consider what changes should be made based on public comment, whether to go out for a second round for public comment, what evidence is required to support those changes and whether further modeling is necessary. The Committee decided to convene the Heart Subcommittee bimonthly as to not lose momentum.

Other Significant Items

2. Pediatric Bylaws Heart Exception Pathway

The Board of Directors approved the “Pediatric Transplantation Training and Experience Considerations in the Bylaws” (Pediatric Bylaws) proposal at the December 2015 Board meeting. UNOS staff requested feedback from the Committee around the composition of the workgroup tasked with retrospectively reviewing pediatric membership exception requests and bylaw language clarification.

The Board-approved policy language indicates the Membership and Professional Standards Committee (MPSC) will consult with the Pediatric Committee to retrospectively review pediatric membership exception requests. Concerned that pediatric cardiac specialists were underrepresented on both the MPSC and the Pediatric Committee, there was consensus that representatives from the Thoracic Committee participate on the workgroup. Several Committee members felt some of the policy language was subjective and thus might pose a challenge for the MPSC to objectively evaluate exception requests, but they did not recommend changes to the approved language that would require another round of public comment.

3. Define Exhausting the Match Run

The Ad Hoc International Relations Committee (AHIRC) analyzed current policy stating members may export deceased donor organs to hospitals in foreign countries only after offering these organs to all potential recipients on the match run. AHIRC reviewed data in an effort to identify a point on the match runs where (thoracic) organs are rarely accepted by US transplant centers for transplant. According to 2013-2014 OPTN data, only 44 hearts or heart-lungs (N=5,288) were accepted after Zone B. Eighty-nine lungs

were accepted after Zone B. AHIRC asked for Committee endorsement of allocating thoracic organs through Zone B before OPOs could facilitate making offers outside the United States; this would entail OPOs directly contacting Canadian transplant centers to make offers, as currently occurs. Although AHIRC had not determined whether this solution to this problem would be policy or guidance, they sought support for their recommendation that offers be made through Zone B before OPOs can consider making offers outside the United States.

The Committee was hesitant to support this recommendation. However, as a compromise, it was suggested that international allocation could be included within a facilitated placement model, which is currently being considered by the Lung Subcommittee. The Committee agreed to form a workgroup with members of AHIRC and the OPO Committees to discuss this strategy further.

Upcoming Meeting

- June, 2016