Thoracic Organ Transplantation Committee
Meeting Summary
October 13, 2016
Chicago, IL

Kevin Chan, MD, Chair
Ryan Davies, MD, Vice Chair

Discussions of the full committee on October 13, 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

The Thoracic Organ Transplantation Committee (hereafter, referred to as the Committee) began reviewing public comment feedback, but did not vote on final policy language as the public comment cycle had not yet concluded. General critiques of and options were presented for the proposed statuses, cardiogenic shock indicators, heart-lung allocation policy, sensitized candidates, and data collection. The Committee also reviewed and endorsed the waiting time transfer plan (Approve-xx, Oppose-0, Abstentions-0) and data elements to collect (Approve-xx, Oppose-0, Abstentions-0). The Committee will vote on final policy language to send to the December Board of Directors meeting on October 27, 2016.

Committee Projects Pending Implementation

2. Pediatric Lung Allocation Policy Revision

The Committee was informed IT work has begun and is estimated to take approximately 6 months to implement.

Implemented Committee Projects

3. Lung Allocation Score (LAS) Modifications

The revised LAS was implemented on February 19, 2015. The Committee reviewed the data currently available describing ongoing impact of the revised policy. The LAS increased for group B candidates, both in absolute terms and in relation to other diagnoses, indicating that one of the major policy goals of the LAS revision has been successful. Fewer LRB requests have been submitted, possibly indicating that the calculated LAS better reflects patient condition. Transplant rates have increased, waitlist mortality rates have decreased and post-transplant survival have increased. The Committee will continue to monitor these data.

4. Pediatric Heart Policy Modifications

Changes to definition of pediatric heart status 1A and 1B criteria were implemented on March 22, 2016 (Phase 1). Other changes related to criteria to qualify for ABO-incompatible heart offers and allocation priority of urgent pediatric heart candidates were implemented on July 7, 2016 (Phase 2). The Committee reviewed data currently available describing the early impact of the revised policy. The number of waitlist additions pre-policy versus post-implementation were almost identical. The number of transplants increased from 119 to 138 (16 percent). There was a decline in the percentage of status 1A listings for all age groups: status 1A listings dropped from greater than 70% to 50% overall, and status 1A transplants dropped from approzimately 90 percent to approximately 80 percent. Of note, the percentage of listings with exceptions doubled for status 1A (5 percent to 10 percent) and status 1B (8 percent to 19 percent). The percentage of transplants with exceptions almost quadrupled for status 1A transplants from 5 percent to approzimately 20 percent. The Committee indicated they will partner with the Pediatric Committee to continue to monitor these data and determine whether something should be done to address the uptick in exception requests.

5. Proposal to Collect Extracorporeal Membrane Oxygenation (ECMO) Data upon Waitlist Removal for Lung Candidates

On April 14, 2016, fields for ventilatory support (i.e., ECMO, invasive mechanical ventilation) for respiratory failure were added to the waiting list removal page for lung candidates. The Committee reviewed data during this early period of the new data collection. Of the 885 lung registrations removed from the waiting during this time period, 105 registrations (12%) were reported to have had ventilatory support for respiratory failure while waiting. Of the 105 registrations, 129 devices were reported: 14 VA ECMO, 52 VV ECMO and 63 invasive mechanical ventilation. Of the 66 lung programs with registrations removed from the lung waiting list, 44 programs (67%) reported at least 1 registration with a device. The Committee will continue to monitor these data.

6. Adolescent Lung Exception Requests

Between June 10, 2013, and September 23, 2016, 21 patients at 7 programs received lung review board approval for adolescent lung exception requests. Only 3 requests were made in 2016. Of those 21 patients, 13 patients have been transplanted: 2 received adult (18+ years) donor lungs, 2 received adolescent (12-17 years) donor lungs and 9 received young pediatric (0-11 years) donor lungs. Two patients are still waiting, 3 patients have died, 2 patients were removed as too ill to transplant and 1 patient was removed for other reasons.

Review of Public Comment Proposals

7. Proposed Changes to the OPTN Transplant Program Outcomes Review System

The OPTN/UNOS Thoracic Organ Transplantation Committee (Thoracic Committee) appreciates the Membership and Professional Standards Committee's (MPSC) efforts to modify the system the OPTN uses to monitor and review transplant program outcomes for each organ type using a tiered approach based on hazard ratios. While the Thoracic Committee commends the intent of the proposal and understands the MPSC's attempt to make routine program review less onerous or punitive, the Thoracic Committee is unable to support this proposal in its current iteration. While we concur that elevating the hazard ratio to 1.85 leads to a mandatory program review, random program reviews for those with a hazard ratio of 1 to 1.25 is not supported by our committee. If the goal of the proposal is to reduce disincentives to transplant, this doesn't significantly reduce the number of (thoracic) programs that could potentially be flagged (heart: current: 7; proposed: 6.7; lung: current: 7; proposed: 5.4) and thus is unlikely to affect behavior.

The Thoracic Committee offered the following suggestions:

- Allow centers 5 or 10% of their transplants to be high risk and not include it in an evaluation
- Eliminate the lowest tier (HR 1.0-1.25) for flagging

8. Infectious Disease Verification to Enhance Patient Safety

The OPTN/UNOS Thoracic Organ Transplantation Committee (Thoracic Committee) appreciates the Operations and Safety Committee's efforts to improve the infectious disease verification process. While the Thoracic Committee commends the intent of the proposal, the Thoracic Committee is unable to support this proposal at this time. The Thoracic Committee felt it is unlikely that this proposal will affect patient safety and will significantly increase the administrative burden. They also felt that the operating room was not an ideal location to add another task for surgeons or other healthcare professionals to perform.

9. Subspecialty Board Certification for Primary Liver Transplant Physicians

The OPTN/UNOS Membership and Professional Standards Committee (MPSC) is sponsoring a proposal that recommends modifying the OPTN Bylaws to require that a primary liver transplant physician applicant must be currently board certified in the subspecialty of transplant hepatology. During public comment, one region suggested adding Advanced Heart Failure & Transplant Cardiology to the requirements for HR physicians, as many physicians will have a lapse in their cardiology certification in the near future. The MPSC inquired whether the Committee would support modifying the board certification requirement for primary heart transplant physicians in OPTN Bylaws *Appendix H.3.4* to include the subspecialty board certification of advanced heart failure and transplant cardiology, in addition to the current requirement of board certification in adult or pediatric cardiology. The Committee supports this modification.

Other Significant Items

10. Lung Subcommittee Project Prioritization

The Lung Subcommittee convened prior to the full Thoracic Committee to prioritize project ideas with the goal to identify 1-3 to send to the Policy Oversight Committee the next time they review projects. The Subcommittee decided to defer Facilitated Placement of Adult Donor Lungs to the OPO Committee and prioritized three project ideas to explore:

- Modification to Lung Allocation to Account for Candidate Stature

- Modification of the Lung Transplant Follow-up Form (TRF) to Include CLAD
- Data Collection on Sensitized Lung Candidates

11. OPTN and SRTR Research Orientations

The SRTR and UNOS Research department provided an orientation to their services in support of the Committee and its projects.

12. Policy Oversight Committee (POC) Update

The Vice Chair provided an overview of the Policy Oversight Committee (POC) and the projects the POC recently recommended the Executive Committee approve.

13. Fiscal Impact Initiative

UNOS staff provided an overview of the fiscal impact initiative pilot to the Committee.

Upcoming Meeting

- October 27, 2016

Attendance

Thoracic Committee Attendance		Date 10/13/2016
Committee Member	**Role**	**GoToTraining Teleconference**
Kevin Chan, MD	Chair	X
Ryan Davies, MD	Vice Chair	X
Francis Fynn-Thompson, MD	Region 1	X
Jonathan D'Cunha, MD	Region 2	X
Nirav Raval, MD	Region 3	
Mark Drazener, MD	Region 4	X
Mark Barr, MD	Region 5	X
Eriak Lease, MD	Region 6	X
Richard Daly, MD	Region 7	X
Andrew Kao, MD	Region 8	X
Jane Farr, MD	Region 9	X
Jules Lin, MD	Region 10	X
Chadrick Denlinger, MD	Region 11	X
Tim Whelan, MD	At Large	X
Masina Scavuzzo, RN, BSN, CCTC	At Large	X
Jeffrey Goldstein	At Large	X
Karen Lord, RN, CCRN	At Large	X
Marc Schecter, MD	At Large	
Melanie Everitt, MD	At Large	X
Joseph Rogers, MD	At Large	X
James Gleason	Visiting Board Member	X
Kimberly Uccellini, MS, MPH	Committee Liaison	X
Liz Robbins Callahan, Esq.	Policy Leadership	X
Leah Edwards, PhD	Research Analyst	X
Leah Slife	Member Quality	X
Jeff Davis	Instructional Innovations	X
Betsy Gans	Regional Administration	X
Shyni Mohan	UNOS IT	X
Joyce Hager	HRSA	X
Monica Lin	HRSA	X
Jessica Zeglin	SRTR	X
Katie Audette	SRTR	X
Noelle Hadley	SRTR	X
Melissa Skeans	SRTR	X
Monica Colvin, MD	SRTR	X
Maryam Valapour, MD	SRTR	X