

**OPTN Lung Multi-Organ Workgroup  
Meeting Summary  
July 24, 2024  
Conference Call**

**Marie Budev, DO, MPH, Chair  
Lisa Stocks, RN, MSN, FNP, Chair**

## **Introduction**

The OPTN Lung Multi-Organ Workgroup (the Workgroup) met via WebEx teleconference on 7/24/2024 to discuss the following agenda items:

1. Project background, goals, and scope
2. Discuss data

The following is a summary of the Workgroup's discussions.

### **1. Project background, goals, and scope**

OPTN contractor staff presented the ongoing efforts to refine and improve organ allocation policies, particularly for multi-organ transplantation policies involving lungs.

#### Summary of Presentation:

A continuous distribution system for lung allocation was implemented on March 9, 2023. This implementation also involved changes to policies for multi-organ allocation, specifically:

- Heart-lung
- Lung-liver
- Lung-kidney

The intent behind these changes was largely to maintain access to transplantation for candidates needing multiple organs, including lungs.

The continuous distribution system for lung involves calculation of a lung composite allocation score (CAS) for each candidate. The CAS is comprised of several attributes (e.g. waiting list survival, candidate biology, and placement efficiency). Each attribute has a rating scale and the rating scale is multiplied by the attribute weight. The median CAS subscore is approximately 25, excluding points for placement efficiency.<sup>1</sup>

The CAS threshold of 25 for required multi-organ shares was chosen to preserve access to transplant for multi-organ candidates in the continuous distribution system. Based on historic match run data, the CAS threshold of 25 was expected to capture about 95% of those patients who previously received lung multi-organ transplants.

Next, OPTN contractor staff presented data from the Lung Continuous Distribution 1 Year Monitoring Report. The policy eras were pre: March 9<sup>th</sup>, 2022 to March 8<sup>th</sup>, 2023; and post: March 9<sup>th</sup>, 2023 to March 8<sup>th</sup>, 2024.

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<sup>1</sup> Per OPTN data as of July 22, 2024. See <https://unos.org/news/lung-cas-score-summary/>.

- There were no significant differences in the waiting list mortality rates
- There were no significant differences in the transplant rates
- Median time to transplant increased for heart-lung transplants (from 73 days to 124 days) and decreased for lung-kidney (from 69 days to 31 days) and lung-liver transplants (from 110 days to 103 days)
- Distance from donor hospital to transplant program increased for heart-lung transplants (218NM to 303NM), for lung-kidney transplants (122NM to 713NM), and for lung-liver (108NM to 366NM)
- Sequence number on lung match run increased for lung-kidney recipients from 4 to 12 and for lung-liver recipients from 4 to 8.5

The presenter noted community feedback:

- Concern from lung transplant programs that hearts are not being allocated to heart-lung candidates on the lung match run
- Concern from OPOs and liver programs about offering through all lung-liver candidates with CAS >25 before offering to liver-alone candidates

Next, OPTN contractor staff presented an overview of the MOT allocation project. The goal is to develop a ranked list in policy for OPOs to follow when there are multiple candidates that qualify for required MOT shares on different match runs. The workplan includes:

- Values prioritization exercise and data request results by August
- Refine proposal based on results and account for order variation by donor characteristics
- Public comment proposal for Winter 2025 cycle

Finally, OPTN contractor staff reviewed the Workgroup’s objectives:

- Evaluate current lung multi-organ policies
- Consider changes to the lung multi-organ policies that could be incorporated into the boarder MOT proposal

Summary of Discussion:

**The OPTN Lung Multi-Organ Workgroup did not make any decisions.**

The Committee discussed access to transplant for lung multi-organ candidates. A member asked how the post-transplant survival attribute of the CAS is calculated. The member expressed concern that it may not be accurate because there is a wide range of pathologies for multi-organ candidates. A member suggested looking at the data on how many candidates have a sub-CAS of >25 at transplant and noted that exceptions requests are possible for candidates with a lower CAS. A member suggested considering how many times heart-lung candidates are receiving offers from the lung match run, suggesting that this is extremely rare.

A member noted that the MOT allocation project assumes that all organs are being offered at the same time, but this may not reflect typical allocation practices. Another member noted that some OPOs offer organs when they are ready, but some organs need more time for testing or based on donor family constraints. These practices disadvantage multi-organ candidates. Members agreed that policy requiring running matches at similar times should be considered.

## **2. Discuss Data**

OPTN contractor staff presented a potential data request for the Workgroup’s consideration.

### Presentation summary:

The purpose is to understand the distribution of CAS for lung multi-organ candidates to determine whether the CAS threshold should be adjusted.

Questions to answer:

- What CAS scores do multiorgan candidates have currently?
- Where are they appearing on the match run (i.e., sequence number, center number, percentile)?
- What CAS scores are resulting in transplants?

### Summary of discussion:

**The OPTN Lung Multi-Organ Workgroup did not make any decisions.**

A member suggested stratifying CAS scores for multi-organ candidates by regions or groups of regions. A member questioned whether Heart Status 3 patients are achieving heart-lung transplantation. Members agreed that it is important to consider Heart Statuses 1-4. A member asked if it is possible to request number of exceptions and number of exceptions granted for heart and lung multi-organ candidates.

Regarding candidate list positioning, members requested data on how far down the match run lung multi-organ offers are being made (average sequence number).

### Next steps

OPTN contractor staff will prepare a data request for the Co-Chairs' approval.

### **Upcoming Meeting**

- The Workgroup will meet in August at a time and date to be confirmed

## Attendance

- **Workgroup Members**
  - Marie Budev
  - Lisa Stocks
  - Mathew Hartwig
  - Erika Lease
  - JD Menteer
  - Nader Moazami
  - Shunji Nagai
  - Jaclyn Russe
- **HRSA Representatives**
  - Jim Bowman
  - Marilyn Levi
- **SRTR Staff**
  - Katie Audette
  - Jon Miller
  - Bryn Thompson
- **UNOS Staff**
  - Viktoria Filatova
  - Katrina Gauntt
  - Sara Langham
  - Sarah Roache
  - Kaitlin Swanner
  - Ross Walton
  - Chelsea Weibel
- **Others**
  - Luis Angel
  - Gundeep Dhillon
  - Nader Moazami