

**OPTN/UNOS Thoracic Committee  
Meeting Minutes  
November 30, 2017  
Teleconference**

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

**Introduction**

The Thoracic Committee met via Citrix GoToTraining teleconference on November 30, 2017 to discuss the following agenda items:

1. Vote on Spring 2018 Public Comment Proposals
2. Adult Lung Allocation Changes Debrief

The following is a summary of the Thoracic Committee's discussions:

**1. Vote on Spring 2018 Public Comment Proposals**

Summary of discussion:

Two proposals were voted on by the full Thoracic Committee: Chronic Lung Allograft Dysfunction (CLAD) from the Lung Subcommittee and the HCM/RCM guidance document from the Heart Subcommittee. This vote represented the full Thoracic Committee's response to whether these proposals are ready to go out for public comment in Spring 2018.

As a review, the CLAD proposal mainly involves a clean-up of the transplant recipient follow-up form (TRF) to ensure that the data elements included are useful for future study of lung transplant recipient outcomes. This proposal seeks to garner longitudinal data in pulmonary function over a long period of time. Lung Subcommittee members gave a brief summary of the proposal, pointing out that the changes were fairly simple but also quite significant. This includes changes to data forms that reflect less subjectivity and include only objective data points such as FEV1, FVC, and FEF25-75 at specific time intervals. In addition, oxygen requirements now ask for data at rest and during exercise. Finally, bronchial stricture data is challenging to include, and the Lung Subcommittee seeks public comment feedback on the inclusion of this data point.

The hypertrophic cardiomyopathy and restrictive cardiomyopathy (HCM/RCM) guidance document deals with Status 2 and Status 3 Exceptions in the new adult heart allocation system. This guidance document outlines information for centers to follow, particularly hemodynamic instability indicators and end organ dysfunction indicators in Status 2 as well as evidence of decompensated heart failure following inotropic infusion in Status 3.

Following discussion, the Thoracic Committee recommended the following proposals go out for public comment in spring 2018: *Modification of the lung transplant follow-up form (TRF) to better characterize longitudinal change in lung function following transplantation* and *Review Board Guidance for Hypertrophic and Restrictive Cardiomyopathy Exception Requests*. The OPTN/UNOS Thoracic Committee unanimously supported this motion.

**2. Adult Lung Allocation Changes Debrief**

Summary of discussion:

Recently, an adult lung candidate filed suit in federal court requesting the court order the U.S. Secretary of Health and Human Services (HHS) to stop enforcing DSA-first allocation for adult

lung candidates. The judge presiding over this case denied the request for the temporary restraining order. In the denial, however, the judge ordered that the Secretary conduct an emergency review of current allocation policy and provide recommendation as to whether the policy should be changed. In addition, the judge asked for a timetable in which such changes could be implemented

The Thoracic Committee was tasked with providing input needed for this emergency review. The Committee previously agreed that broader distribution of adult donor lungs is a priority that is supported by relevant literature on the subject. However, the Executive Committee had not yet approved the development of such a proposal. On short notice following the court ordered emergency review, the Thoracic Committee convened and recommended to the Executive Committee that no emergency action take place due to inability to analyze the impact of the change without further data.

While the Executive Committee also recognized the potential consequences of moving forward without thorough modeling, recommended changes were adopted by the Executive Committee. The major alteration involves adopting a 250 nautical mile circle as the first unit of allocation rather than DSA. This emergency change is in effect for one year. The Thoracic Committee must now reconcile conflicts in policy and circulate a retrospective public comment on the emergency changes in January 2018. In order to facilitate this process, meetings will take place throughout December.

#### **Upcoming Meeting**

- December 7, 2017
- December 14, 2017
- December 21, 2017
- December 28, 2017

## Attendance

- Committee Members
- HRSA Representatives
- SRTR Staff
- OPTN/UNOS Staff
  - Liz Robbins
- Other Attendees