

**OPTN/UNOS Thoracic Organ Transplantation Committee  
Meeting Minutes  
August 16, 2018  
Conference Call**

**Ryan Davies, MD, Chair  
Erika Lease, MD, Vice Chair**

**Introduction**

The Thoracic Organ Transplantation Committee met via Citrix GoToTraining teleconference on 08/16/2018 to discuss the following agenda item:

1. Eliminate the Use of Donation Service Areas (DSAs) in Thoracic Distribution

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

**1. Eliminate the Use of Donation Service Areas (DSAs) in Thoracic Distribution**

The Committee briefly reviewed the summary from the August 9, 2018 conference call. During that call the Committee reviewed previous Scientific Registry of Transplant Recipients (SRTR) modeling for heart as well as OPTN data. The Committee also discussed potential distances to model as replacements for DSA within allocation. These included 150, 250, and 500 nautical miles ("nm"). The Committee also discussed concerns about increased costs and cold ischemia time associated with broader distribution. Finally, the Committee was reminded about how distances must align with the Final Rule and the Principles of Organ Distribution.

One Committee member noted that part of the data reviewed during the previous call showed the median distance traveled for hearts is 96 nm and 150 nm was an expansion of current practice. Another Committee member noted that 150 miles would be the most acceptable for that reason while also not creating a mandate to fly for every procurement. One Committee member noted that geography plays a large role in distances traveled for hearts. For example, in the Pacific Northwest the average distance traveled is 800 nm while in the Northeastern part of the country the distances traveled are much shorter. He also noted that his "drive to flying" distance is approximately 80 nm. This is due to the fact that there are several transplant centers within the initial 80 nm followed by a large gap in distance to the next transplant hospital. Another committee member noted that population density is another factor to consider. UNOS staff noted that it is challenging to create national policy while also taking regional differences into account. One Committee member noted that the ideal and most equitable model is one where we don't look at distance but instead distance relative to opportunity.

UNOS staff outlined what the modeling requests would look like for 150 and 250 nm based on the adult heart allocation changes that goes into effect on October 18, 2018. There is less impact for classifications 1 and 2 and the real difference starts with classification 3. This is where "DSA only" exists for Status 3 candidates and where it would be replaced with 150 nm. The patient representative on the Committee asked how it might impact time on the waiting list. One Committee member noted that, for classifications 1 and 2, the numbers should remain small and is intended to get the sickest patients the best chance for an organ before they become too sick to transplant. She also noted her concern about the impact of the changes on adult status 3 and pediatric status 1B candidates in the second zone of distribution, who currently would receive offers after adult status 4 candidates in the first zone of distribution, but acknowledged that it is something that the Committee probably can't change right now. UNOS staff noted that it might be beneficial to model switching the classifications because there was a

significant amount of debate about those two classifications during the development of the new heart allocation policy.

The Committee also discussed the modeling for 500 nm. If 500 nm is the first unit of distribution then 1000 nm would need to be added in order to provide the broadest share for the most urgent patients, those in classifications 1 and 2. One committee member asked if classifications 1, 2, and 3 could all be 500 nm. UNOS staff noted that in doing so it would eliminate that broader share for the first two classifications (1 and 2). The distance for classification 4 would then become 1500 nm in order to be consistent with the pattern of the new policy change. The Committee members supported this approach.

One Committee member asked how long it takes to fly 1500 nm and the response from another Committee member was approximately 3 hours. Several Committee members expressed concern about the 1500 nm. There was a brief discussion about how transplant centers enter the distance they are willing to travel for a heart and if that excludes them from the match run. There were a variety of distances noted by the Committee members, ranging from 1500 to 2000 nm. There was a recommendation to review data on the distances being entered by transplant hospitals. UNOS Research staff noted that most transplant programs probably enter distances greater than they are actually willing to travel but this data can be provided. UNOS Research staff also noted that data were presented during last week's call that illustrated that most hearts traveled within 500 nm with a few outliers.

UNOS staff encouraged the Committee members to focus on the SRTR modeling request. The Committee will have the opportunity to request additional OPTN data to supplement the modeling data as the Committee moves forward towards a proposal.

#### Next steps

There was agreement to model 150, 250, 500 nautical miles. UNOS staff will provide the mockups of the allocation tables so that Committee members can review them and provide feedback. UNOS staff will also send out a list of the metrics that will be part of the SRTR analysis. UNOS staff will request that the SRTR also analyze the impact of the changes by section of the country. UNOS Research staff will evaluate the possibility of providing the median size of DSAs with the justification being to increase the efficiency of the system.

#### **Upcoming Meeting**

- August 23, 2018 (Conference call)