

**OPTN/UNOS Thoracic Organ Transplantation Committee
Meeting Minutes
November 29, 2018
Conference Call**

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

Introduction

The Committee met via Citrix GoTo teleconference on 11/29/2018 to discuss the following agenda items:

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

UNOS staff began discussion by reviewing current OPTN *Policy 6.6.F.i: Allocation of Heart-Lungs from Deceased Donors at Least 18 years old*. The OPTN/UNOS Board of Directors approved modifications to *Policy 6.6.F.i* that replaced the use of "Donation Service Area" (DSA) with classification numbers from the heart and lung classification tables. The Committee was committed to defining medically urgent candidates as all heart candidates in classifications 1-4 (status 1 and 2) and lung candidates in classifications 1-12. As such, regardless of which of the two shorter distances the Committee opted should replace DSA, *Policy 6.6.F.i* would not be impacted. Therefore, the Committee agreed policy language for heart-lung allocation should not change. UNOS staff informed the Committee that they received feedback from OPOs stating that citing classification numbers have improved the clarity of heart-lung policy language.

The Committee reviewed and voted on the proposed changes to heart allocation policy and to send the proposal out for public comment in the spring of 2019.

Summary of discussion

UNOS staff began discussion by reviewing the Committee's summary of changes to OPTN policy. An outline of the policy changes are listed below:

- *Policy 1.2 Definitions*
 - Eliminate "zone" definition
 - Eliminate any other reference to "zone" throughout policy
- *Policy 5.10.C Other Multi-Organ Combinations*
 - Further revised to strike "DSA" and replace with 250NM for heart allocation
- *Policy 6.4.B Exceptions to Allocation for Sensitized Patients*
 - Eliminate this policy
- *Policy 6.6.D Allocation of Hearts from Donors at Least 18 years Old & Policy 6.6.E Allocation of Hearts from Donors Less than 18 years old*
 - Replace the term "DSA" with 250NM
 - Replace "zones" with mileages in the allocation tables
- *Policy 10.4.C Allocation of Lungs from Deceased Donors at Least 18 years old & Policy 10.4.D Allocation of Lungs from Deceased Donors Less than 18 years old*
 - Replace "zones" with mileages in the allocation tables

UNOS staff took time to explain the proposal to eliminate the term “zone”, which is the geographic unit that thoracic organ policies use. “Zones” are not exactly equivalent to the concentric circle models being considered by the abdominal organ Committees. “Zones” are exclusive of smaller geographic areas immediately preceding. For example, Zone B is currently 1000 nautical miles from the donor hospital, but outside of Zone A.¹ In essence, this creates a distribution shape more similar to a “donut”. As UNOS staff recommended striking the term “zone” from OPTN policy language for consistency across organ policies, the Committee was asked if they could foresee any unintended consequences especially in regards to IT programming. For example, theoretically candidates could appear in multiple classifications. However, these candidates will only be offered an organ based on the highest classification within which they could appear, thus, the match is programmed so that a candidate would not appear in any lower classification. Committee leadership felt that this scenario may be internally (UNOS) transparent, but it may not be so in the greater transplant community and general public. The Chair felt strongly that OPTN policy should include verbiage explaining this scenario. UNOS staff advised that language specific to this is not currently in the proposed policy language changes for the current proposal, and this would not be unique to thoracic organs. UNOS staff suggested asking the community if policy language regarding the aforementioned case would be beneficial for transparency and clarity. The Committee agreed. Therefore, the community will be asked to respond to this question as part of the proposal.

Because the term “zone” will be stricken from OPTN policy, this impacts lung allocation policy; specifically, the classification tables. UNOS staff explained that by striking the term “zone”, the lung classification tables will also use distances rather than zones for consistency.

UNOS staff confirmed quorum and the Committee proceeded to vote:

1. The Committee supports the changes to the heart and associated policy language.
 - a. Support (100%); unanimous
2. A majority of the Committee supported the changes to *Policy 10.4.C Allocation of Lungs from Deceased Donors at Least 18 years old*. (replacing zones with distances)
 - a. Support (92%)
 - b. Abstain (8%)
3. A majority of the Committee recommended the proposal go out for public comment during spring 2019 cycle
 - a. Yes (92%)
 - b. No (8%)

Next Steps

- UNOS staff will draft have an early draft of the public comment proposal will by December 15, 2018.
- The final public comment proposal will be submitted by December 27th.
- The proposal will then be submitted to the Project Oversight Committee (POC) and Executive Committee in mid-January 2019.
- Public comment begins January 22 to March 22
- The OPTN/UNOS Board of Directors will consider the proposal June 2019.

Upcoming Meetings

- January 31

¹ OPTN policy 1.2 Definition of Zone: https://optn.transplant.hrsa.gov/media/1200/optn_policies.pdf#nameddest=Policy_01