

**OPTN Lung Transplantation Committee  
Meeting Summary  
October 30, 2025  
Conference Call**

**Matthew Hartwig, MD, Chair  
Dennis Lyu, MD, Vice Chair**

## **Introduction**

The OPTN Lung Transplantation Committee (the Committee) met via teleconference on 10/30/2025 to discuss the following agenda items:

1. Assess potential changes to lung allocation to reduce logistical complexity and improve policy compliance

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

### **1. Assess potential changes to lung allocation to reduce logistical complexity and improve policy compliance**

On October 16, 2025, the OPTN Board of Directors (BOD) determined that the Committee should assess potential changes to lung allocation to reduce logistical complexity and improve policy compliance. Specifically, the Committee was asked to consider:

- 1) Adjustments to the travel efficiency and proximity efficiency components of the lung composite allocation score (CAS) to reduce logistical complexity, including addressing the impact on candidate populations by blood type, age, diagnosis group, and stature.
- 2) Evaluating indirect measures of logistical complexity including number of programs notified, sequence number at acceptance, allocation time, and transport distance.
- 3) Ideas for other approaches to address logistical complexity to reduce allocation out of sequence.

The Chair stated that the objective of the meeting was to formulate recommendations to present to the OPTN BOD on November 7, 2025, regarding allocation out of sequence (AOOS) within Lung allocation.

#### Data summary:

*Consider adjustments to the travel efficiency & proximity efficiency components of the lung composite allocation score (CAS) to reduce logistic complexity*

The Committee reviewed preliminary simulation modeling showing the impact of increasing the weight on placement efficiency in the lung CAS. The analysis used the current proximity and travel efficiency rating scales and varied the overall weight on placement efficiency from 0 to 100%. The weights on the two efficiency attributes were kept equal and the weights on other attributes were adjusted proportionally. The analysis showed that increasing the weight on the current placement efficiency rating scales would:

- Likely increase the rate of patient deaths on the waiting list.
- Increase blood type disparities in transplant rates, with worse access to transplant for blood type O candidates.
- Reduce median travel distance.

### *Evaluate indirect measures of logistic complexity*

The Committee considered potential measures for complexity based on the candidates appearing on the match and reviewed data to assess correlation with AOOS. The measures and results are as follows:

- Median number of pediatric candidates in top 25<sup>1</sup> sequences among matches with at least one pediatric candidate (after offer filters removed).
  - After the implementation of Continuous Distribution (CD), the median number of pediatric candidates in the top 25 sequence numbers increases from zero to about two, with month-to-month variation. However, there was no observable difference between matches with or without compliance.
- Median number of unique programs in top 25 sequences (after offer filters removed).
  - After the implementation of CD, the median number of programs rose from roughly 8 to 15, with a small increase in AOOS matches. An increase in the median is observed in matches with AOOS, along with a skew toward a higher number of centers.
- Median number of unique local programs (within 150 NM) in top 25 sequences (after offer filters removed).
  - After the implementation of CD, the median number of local programs decreased. The median value is generally lower than that of the overall group or matches exhibiting full compliance.
- Median time (in hours) from first electronic notification to last electronic notification (after offer filters removed).
  - After the implementation of CD, median time was lower than pre- CD.

### Summary of discussion:

Decision #1: The Committee made the following recommendations

- Use simulation modeling to optimize placement efficiency and reduce match run complexity. The Committee opposes any CAS changes expected to increase waitlist mortality
- Expedite the rollout of previously approved lung efficiency policies, as these updates will modernize allocation processes and help OPOs complete match runs more quickly.
- Strengthen AOOS monitoring
  - Pinpoint OPOs with frequent early out-of-sequence lung allocations and evaluating their reasons
  - Identify solutions to reduce early AOOS and improve compliance.
  - Clearly define policy-approved urgent AOOS scenarios to prevent organ loss and ensure data tracking distinguishes between compliant expedited placements and policy violations.

### *Consider adjustments to the travel efficiency & proximity efficiency components of the lung composite allocation score (CAS) to reduce logistic complexity*

An attendee recognized the Committee's progress and clarified that their aim is to establish a policy setting AOOS at 0%, allowing exceptions for justified clinical situations not classified as AOOS. The Chair noted that preliminary simulations found changing efficiency scales may lower organ availability for

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<sup>1</sup> Sequence 25 was chosen as a potential threshold for considering match efficiency because the two-year monitoring report for lung continuous distribution showed that on about 75% of matches, the lungs were accepted by sequence 25. See Lung Continuous Distribution Two-Year Monitoring Report, OPTN, May 2025.

pediatric, blood type O, and short-stature candidates. The pediatric representative suggested monitoring these impacts, especially due to the limited supply of appropriately sized donor lungs for pediatric candidates. For this reason, they suggested maintaining longer travel distances for pediatric lungs. An attendee commented that the Committee could consider revising pediatric priority within CD.

#### *Evaluate indirect measures of logistic complexity*

A committee member asked when AOOS typically occurs in the match sequence. A representative from HRSA stated that the data exhibits a left-skewed distribution, suggesting that lung AOOS predominantly occurs in the earlier stages of the sequence. Another HRSA representative noted that this unexpected result may suggest AOOS is a learned behavior. A committee member representing an Organ Procurement Organization (OPO) emphasized the significance of understanding the context behind AOOS situations. They noted that, based on their experience, many instances of AOOS stem from timing challenges related to the donor family, donor hospital, or OPO constraints. This is particularly relevant when the OPO faces time limitations in proceeding through the allocation list, especially given the difficulties with lung reallocation if there is a late decline, which may occur after the lungs have been accepted at one of the first sequences on the match. An HRSA representative stated that a recommended approach to encourage transplant centers to comply with established protocols is to provide the standard 30-minute response window and initiate a reminder call five minutes before the deadline. The Ex-Officio sought insights regarding the OPO's experience with holding transplant programs accountable. The OPO representative said it can be challenging, particularly if a transplant program initially accepts the offer and declines just prior to the scheduled organ recovery based on information available at the time of offer acceptance.

The Committee reviewed HRSA data showing that out-of-sequence allocations occurred more frequently as the number of unique centers at the top of the match increased. The Chair suggested that the Committee may consider utilizing the count of unique centers as a potential surrogate metric of logistical complexity to minimize out-of-sequence allocations. During discussion regarding data showing the median time (in hours) from first electronic notification to last electronic notification (after offer filters removed), the Chair commented that they were unsure that it would be a helpful metric for the Committee to use to measure AOOS or logistic complexity.

The Chair asked the Committee to discuss which indirect logistic complexity metrics to recommend for future analysis, including ways to optimize policies and assess tradeoffs. A Committee member asked whether logistic complexity is contributing to AOOS, noting that the majority of AOOS occurrences are concentrated within the initial 25 sequences of the match run where fewer transplant programs need to be contacted. A HRSA representative noted that OPOs might be directing lung offers to programs more likely to accept them, given the need to contact many centers among the first 25 candidates. An attendee suggested that logistic complexity was viewed as a mechanism to explain AOOS and recommended the Committee consider if logistic complexity is a reasonable hypothesis for why AOOS occurs. The OPO representative mentioned that it can take more than 11 hours to allocate up to sequence 20, since each sequence is given 30 minutes after the first hour for sequence one. They further explained that the process is time-consuming, particularly because allocation begins with the heart list before moving on to the lungs, and it often ends up taking longer than anticipated. The Vice Chair suggested using batch offers to streamline the match run process. The OPO representative thought this could be an effective solution, whereas the Ex-Officio suggested reconsidering the entire batch offer approach to enhance efficiency and minimize the strain on resources, particularly at transplant centers.

### *Ideas for other approaches to address logistic complexity to reduce AOOS*

The Committee discussed other potential efficiency levers in organ allocation, including:

- Screen candidates from the match who cannot accept the offer
  - Lung-specific changes pending implementation
- Assign points to candidates who are an “efficient” match
- Filter offers from donors based on combinations of donor factors
  - Lung-specific changes pending implementation
- Bypass candidates who cannot accept the offer
- Reduce offer evaluation time
  - Lung-specific changes pending implementation

An attendee asked about the implementation timeline for any potential solution, while the Chair inquired about the schedule for policies that are approved but pending implementation. The Committee was informed that changes related to Promote Efficiency of Lung Donor Testing<sup>2</sup> were ongoing before the funding lapse and the remaining pending changes, including new donor acceptance criteria and new donor data collection and associated filters need Office of Management and Budget (OMB) approval before implementation.

A representative from HRSA highlighted the importance of monitoring offer filters and minimum acceptable criteria to ensure the candidate pool of potential donors is not unnecessarily restricted. They added that while HRSA will not tell the Committee which policy to make, HRSA observes that CD implementation is correlated with non-compliance, and it needs to be addressed in the near term. The HRSA representative noted that modeling may not accurately represent actual circumstances, as AOOS organ allocation does not strictly follow established policy. They continued that the Committee has immediate options available to address logistical complexity. The Chair noted that offer filters improve efficiency by helping programs avoid reviewing offers they are unlikely to accept; without these filters, operational efficiency may decrease.

The Chair requested input from the Committee regarding strategies to reduce logistical complexity and improve policy compliance in lung allocation. Several committee members endorsed the earlier recommendation to batch offers, which would enable OPOs to move through the sequence more efficiently. The Committee expressed support for the management of AOOS at the individual OPO level by the Membership and Professional Standards Committee (MPSC), noting that a small number of OPOs are responsible for most AOOS cases. The Ex-Officio inquired about possible measures the Committee could take to expedite implementation of their latest work regarding offer filters. A representative from HRSA clarified that approval by OMB is a separate and distinct process. The Vice Chair highlighted that some AOOS events arise that are technically non-compliant with policy, but recognized that there are reasonable last-minute situations, such as turn downs in the operating room or after a recipient has coded. They continued that the Committee should focus on eliminating avoidable AOOS cases.

#### Next Steps:

The Committee’s progress on this topic will be presented to the OPTN BOD on November 11, 2025.

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<sup>2</sup> Promote Efficiency of Lung Donor Testing”, OPTN, Policy Notice, Accessed November 7, 2025, [https://optn.transplant.hrsa.gov/media/w5iffdhv/lung\\_promote-efficiency-of-lung-donor-testing--dec2024\\_pn.pdf](https://optn.transplant.hrsa.gov/media/w5iffdhv/lung_promote-efficiency-of-lung-donor-testing--dec2024_pn.pdf)

**Upcoming Meeting**

- November 13, 2025, 5-6pm ET

## Attendance

- **Committee Members**
  - Matthew Hartwig
  - Dennis Lyu
  - Marie Budev
  - Joseph Tusa
  - Jody Kieler
  - Brian Keller
  - Thomas Kaleekal
  - Siddhartha Kapnadak
  - David Erasmus
  - Jackie Russe
  - Stephen Huddleston
  - Gary Swartz
  - Ernesta Melicoff- Portillo
  - Wayne Tsuang
  - Jordan Hoffman
- **HRSA Representatives**
  - Raymond Lynch
  - Sarah Laskey
- **SRTR Staff**
  - Katie Siegert
- **UNOS Staff**
  - Kaitlin Swanner
  - Keighly Bradbrook
  - Susan Tlusty
  - Kelley Poff
  - Kayla Temple
  - Samantha Weiss
- **Other Attendees**
  - John Magee
  - Shelley Hall
  - Alan Reed
  - Bill Ryan
  - Peter Nicaastro
  - Andrew Courtwright
  - Doug Fessler
  - Elijah Pivo