

**OPTN Continuous Distribution of Lungs
Meeting Summary
November 13, 2019
Conference Call**

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Introduction

The Continuous Distribution of Lungs Workgroup met via Citrix GoTo teleconference on 11/13/2019 to discuss the following agenda items:

1. Continuous Distribution of Lungs: Discuss other potential efficiency measures

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

1. Continuous Distribution of Lungs: Discuss other potential efficiency measures

The Workgroup continued their discussion on other potential placement efficiency measures to include in a continuous distribution system.

Summary of discussion:

The Workgroup reviewed the continuous distribution of lung memo, and began discussing other ways in which to consider placement management and efficiency besides travel costs or travel logistics. The first idea posed to the Workgroup was the idea of “likelihood of acceptance”. This concept is that if an OPO can place an organ quicker, then the placement system is more efficient. There are different approaches to design this attribute that were explained to the Workgroup:

National acceptance practices: The OPTN collects information regarding acceptance practices. These could be analyzed to determine national acceptance patterns. These patterns could then be used to prioritize offers that are more likely to be accepted.

Member specific acceptance practices: The OPTN collects information regarding member specific acceptance practices. These could be analyzed to determine member specific acceptance patterns. These patterns could then be used to prioritize members that are more likely to accept donor lungs matching certain criteria.

Candidate specific criteria: Another theory is that a candidate with a low LAS might be more willing to accept a less than ideal lung offer because they understand their LAS will not be high enough to prioritize them for ideal lung offers.

In response to the above information, the Workgroup Chair stated they were uncomfortable in pursuing acceptance practices when prioritizing candidates because there are too many factors that go into organ acceptance practices that are not captured by the OPTN. In this way, the Workgroup would be making many assumptions about organ acceptance practices that may not be correct. The Chair did state that in the long run, they did support “candidate specific criteria” however this would be too large of an idea to pursue at this time, and there may not be enough data in UNet to support it. Multiple other Workgroup members strongly supported not pursuing “likelihood of acceptance” at this time. There were no members in support of pursuing the ideas outlined above.

Another way in which to consider placement management efficiency is the “use of screening tools”. The theory is that screening tools are similar to unacceptable antigens. If a member submits unacceptable antigens, it makes it harder for the candidate to receive a matching offer and also makes the system more efficient; in exchange, the candidate could receive priority through CPRA points. Similarly, if a candidate has strict screening criteria, it will make it harder for the candidate to receive a matching offer and makes the placement system more efficient. For this, they could be awarded points. While the OPTN encourages members to use reasonable screening criteria, this approach could be concerning if it encouraged members to use screening criteria to not accept marginal donor organs.

In response to the above idea on the use of screening tools, the Workgroup Chair stated that while they liked the idea, they were not sure whether the screening tools in place would need to be re-evaluated prior to including them in the system. One comment is that it felt odd to give priority points if one was to narrowing down the height that you would be willing to accept for a candidate. Another Workgroup member was concerned that each histocompatibility lab uses different techniques for identifying antigens, and that there would be a considerable amount of modeling needed in order to determine the correct number of awardable points. There was also concern about the criteria to use, such as how many points and for how many antigens must a member input. One Workgroup member agreed, and stated that they were unsure whether the OPTN should be encouraging centers to put in height restrictions, as this may have unintended consequences on both candidates and recipients. An SRTR member did not believe that a program would restrict donors so that they would have more access. Another member was concerned that with technological advances in PRA and anti-body matching, this may prevent members from putting in restrictions. In this way, it may dissuade members from accepting organs from a broad number of donors.

Staff asked the subcommittee for other ideas that would award points in order to increase the efficiency of the organ placement system. The subcommittee offered no new ideas. Staff then asked the subcommittee what they consider to be an efficient organ placement system. In terms of other ideas to consider for placement management and efficiency, the Workgroup Chair stated that there is a need to capture better data on donors and candidates in order to determine better methods for placement. Also, it was noted that transplant centers do not always have all the information available in order to make a quick decision (needing to go back to the OPO for additional testing). There was the suggestion to develop a standard evaluation tool, so that transplant centers can make better and quicker decisions. Another member supported this idea of standardized information prior to sending out the offer. One Workgroup member stated that radiological images are not always available and studies may be old, which both impede the ability for transplant hospitals to accept organs. Also, this Workgroup member stated that there is sometimes a lack of staff when centers are having to travel for multiple donors at a time. Lastly, this member stated that many times the availability of the surgeon and timing of organ recovery can hinder efficiency. For example, thoracic teams often do not utilized local procurement teams, but rather travel to procure their own organs. Another Workgroup member mentioned issues with communication between surgeons, and the availability of operating rooms.

Next steps:

The Workgroup will continue their discussions on travel efficiency November 14th.

Upcoming Meetings

- November 14, 2019
- November 20, 2019