OPTN Thoracic Organ Transplantation Committee
Continuous Distribution of Lungs Workgroup
Meeting Summary
February 13, 2020
Conference Call

Erika Lease, MD, Committee Vice Chair

Introduction

The Thoracic Committee's Continuous Distribution of Lungs Workgroup met via Citrix GoTo teleconference on 02/13/2020 to discuss the following agenda items:

1. Discussion of Lung Allocation Score (LAS) Cohort Update
2. Feedback on Prioritization Exercise
3. Feedback on Regional Meetings

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

1. Discussion of LAS Cohort Update

The Workgroup previously requested information about updating the LAS cohort as part of the Continuous Distribution of Lungs project. The Workgroup submitted a request for the Scientific Registry of Transplant Recipients (SRTR) to refit the models used to calculate LAS to an updated cohort of candidates. The focus of this call was to discuss potential changes to the post-transplant survival model.

Summary of discussion:

SRTR staff led the discussion on four covariates with coefficients that changed sign in the new post-transplant survival model using the updated cohort.

Sarcoidosis

The first two covariates discussed were sarcoidosis with pulmonary arterial (PA) mean pressure greater than 30 mmHg and sarcoidosis with PA mean pressure less than or equal to 30 mmHG. SRTR staff explained that the sign of the coefficient for both of these covariates changed from negative to positive, and both were predictive of post-transplant mortality. SRTR staff reminded the Workgroup that the main reason that several covariates were brought to the Workgroup for discussion was because the change in sign for some coefficients resulted in a higher LAS for candidates who had missing or expired information for that particular covariate. SRTR staff noted that there is no missing/expired value for either of the sarcoidosis covariates, so the sign change does not result in an unintended impact on LAS. Instead, the change in the sign of the coefficients reflects changes between the current cohort and the updated cohort. The Workgroup decided to keep both of these covariates in the post-transplant survival model.

Pulmonary Fibrosis, Other

The third covariate discussed was pulmonary fibrosis, other. SRTR staff explained that the sign changed from negative to positive on the coefficient for this covariate but it is not predictive either in the current model or in the new model. Workgroup members noted that users will still need to be able to select this option when entering candidate data in Waitlist. SRTR staff assured Workgroup members that removing

this covariate from the model will not impact its inclusion in data collection. Workgroup members agreed to remove this covariate from the new model to be consistent with their decisions about similar covariates that do not provide predictive value.

Functional Status

The fourth covariate discussed was functional status. SRTR explained that the sign changed from negative to positive on the coefficient for this covariate but it is not predictive either in the current model or in the new model. Unlike the other covariates discussed on the call, the functional status covariate is in the missing/expired value data table, which means that candidates with missing or expired data for this covariate will be given a higher LAS in the new model. SRTR staff noted that the Workgroup could choose to remove the covariate from the model to eliminate the problem, or to change the value assigned when information for this covariate is missing or expired. Workgroup members again expressed concern about the impact on data collection, but SRTR staff assured members that the data will still be collected for the functional status covariate because it is predictive in the waitlist mortality model. Since the covariate is not adding any additional information to the post-transplant model, Workgroup members agreed to remove it from the model.

Next steps:

UNOS staff will submit an updated data request to SRTR to rerun both the waitlist mortality model and the post-transplant survival model with the changes approved by the Workgroup.

2. Feedback on Prioritization Exercise

UNOS staff requested feedback from the Workgroup members on the prioritization exercise they were invited to complete. The prioritization exercise is a new tool that UNOS plans to release to the public to gather more feedback on how to weight attributes like medical urgency and post-transplant survival in lung allocation.

Summary of discussion:

Members said they will be interested in seeing what the output looks like. Members noted that the tool was easy to use and that the exercise took less than ten minutes to complete.

Next steps:

UNOS staff will provide summary of results to discuss on next call. UNOS staff will be following up with some members regarding their comments to get more information.

3. Feedback on Regional Meetings

UNOS staff requested feedback from the Workgroup members regarding the Continuous Distribution presentations at the regional meeting. UNOS staff noted that Region 8 provided generally positive feedback. A member shared that at Region 6, there were no attendees that work in lung transplantation besides the speaker, but there were no concerns or issues from the attendees who were present.

Upcoming Meetings

- February 20, 2020
- March 12, 2020
- March 19, 2020
- April 9, 2020
- April 17, 2020, in-person meeting

Attendance

- **Workgroup Members**
  - Selim Arcasoy
  - Whitney Brown
  - Rocky Daly
  - Erika Lease
  - Dan McCarthy
  - Masina Scavuzzo
  - Stuart Sweet
- **HRSA Representatives**
  - Jim Bowman
  - Marilyn Levi
- **SRTR Staff**
  - Yoon Son Ahn
  - Katie Audette
  - Nick Salkowski
  - Melissa Skeans
  - Maryam Valapour
- **UNOS Staff**
  - James Alcorn
  - Scott Castro
  - Rebecca Goff
  - Elizabeth Miller
  - Kaitlin Swanner
  - Sara Rose Wells
- **Other Attendees**
  - Hannah Byford
  - Stephanie Fraschilla
  - Deborah Levine
  - Samantha Taylor