Update on the Continuous Distribution of Organs Project

OPTN Lung Transplantation Committee
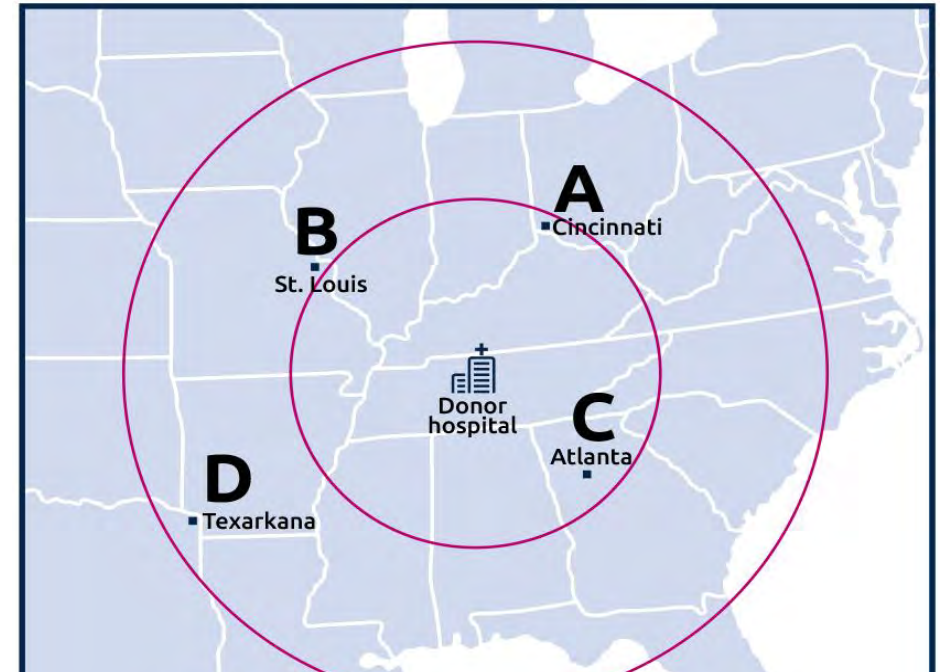
Purpose of Request for Feedback

- Update the community on the progress to date

- Seek your input through a new prioritization exercise

- Request for Feedback ≠ Policy Proposal

- We need your input to help form the proposal

Request for Feedback

- Summarizes the attributes considered by the Lung Committee

- Outlines how these attributes align with NOTA and the Final Rule

- Explains how work to date will influence the future conversion of other organs to continuous distribution

- Provides an overview of the policy development approach

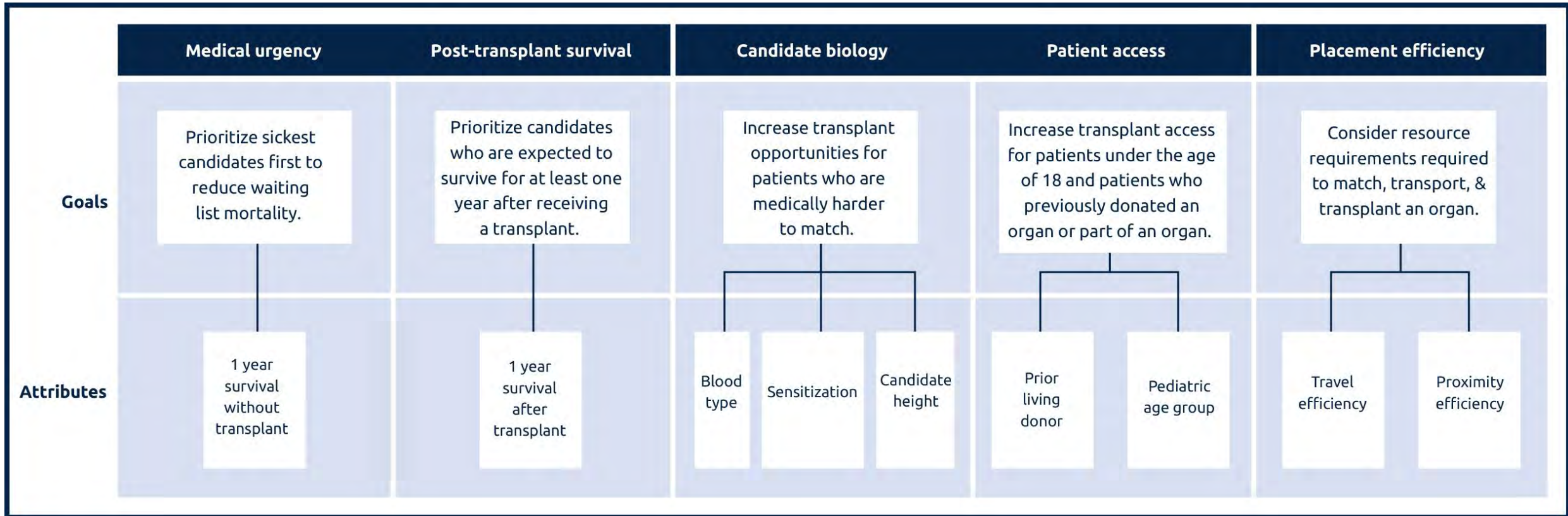- Seeks community feedback via a prioritization exercise

Rationale

- Dissolve hard boundaries that create inequities. Examples:
  - Candidate biology
  - Distance from donor hospital

- Consider multiple patient attributes all at once through a composite allocation score instead of within categories by sequence

Factors	Candidate A	Candidate B	Candidate C	Candidate D
Medical Urgency	Medium	High	Low	Medium
Distance from Donor Hospital	249 NM	251 NM	230 NM	300 NM
Candidate Biology (compatibilty)	Medium	Low	Medium	High
1 year survival after transplant	High	Medium	High	Low

Overview of the Composite Allocation Score

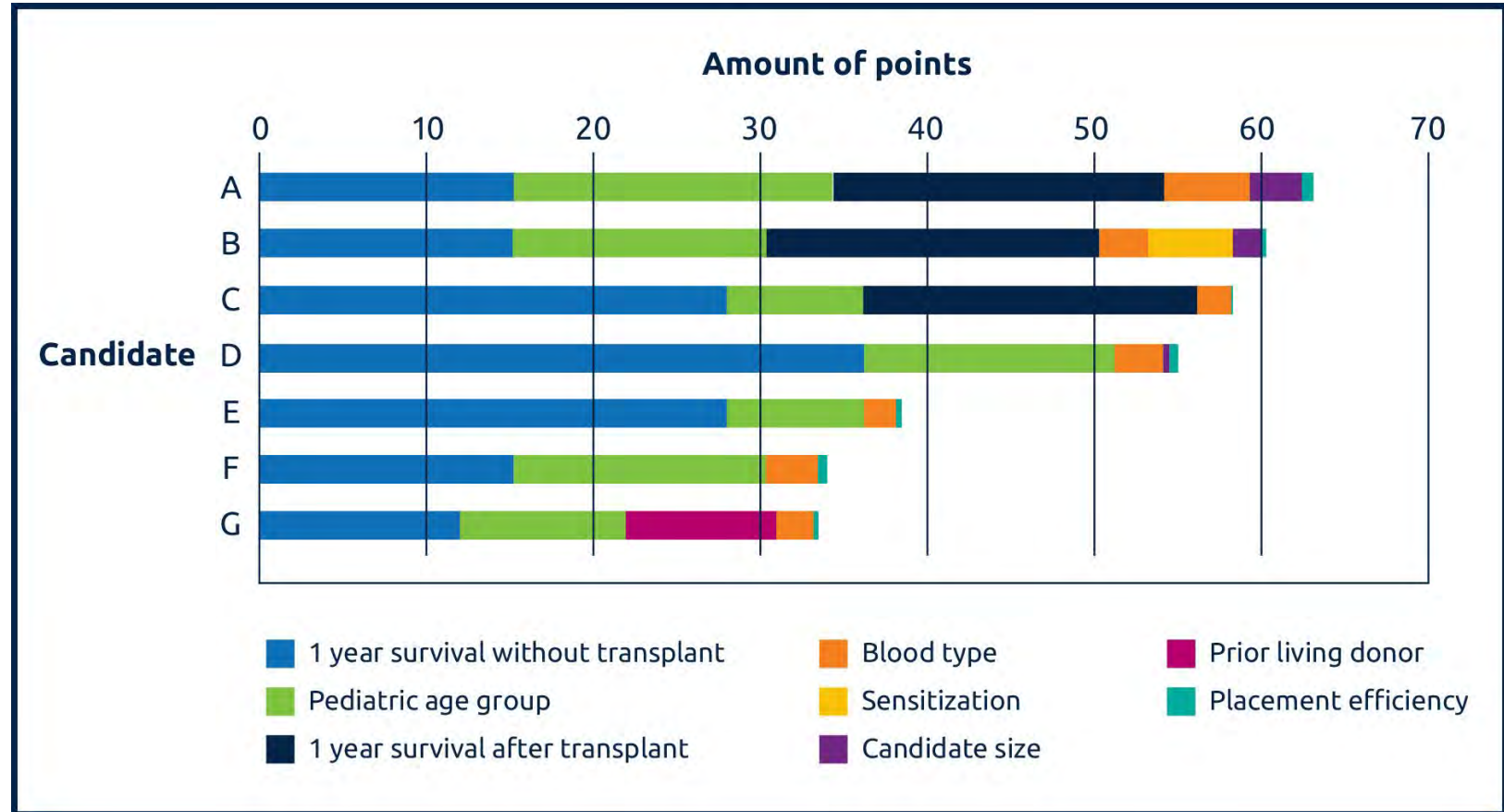|	Medical urgency	Post-transplant survival	Candidate biology	Patient access	Placement efficiency
Goals	Prioritize sickest candidates first to reduce waiting list mortality.	Prioritize candidates who are expected to survive for at least one year after receiving a transplant.	Increase transplant opportunities for patients who are medically harder to match.	Increase transplant access for patients under the age of 18 and patients who previously donated an organ or part of an organ.	Consider resource requirements required to match, transport, & transplant an organ.
Attributes	1 year survival without transplant	1 year survival after transplant	Blood type / Sensitization / Candidate height	Prior living donor / Pediatric age group	Travel efficiency / Proximity efficiency

Calculation of the Composite Allocation Score

- Instead of a classification, candidates will be assigned a composite allocation score made up of multiple patient attributes
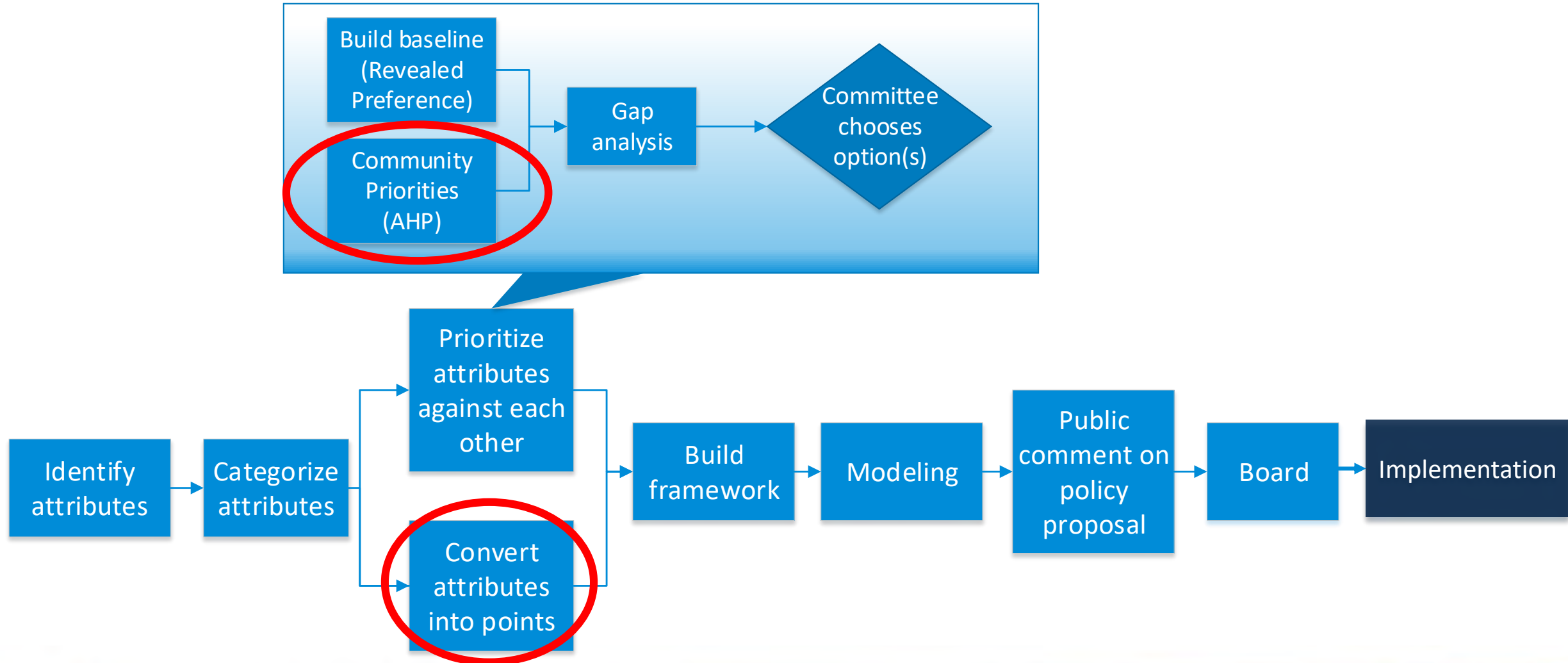
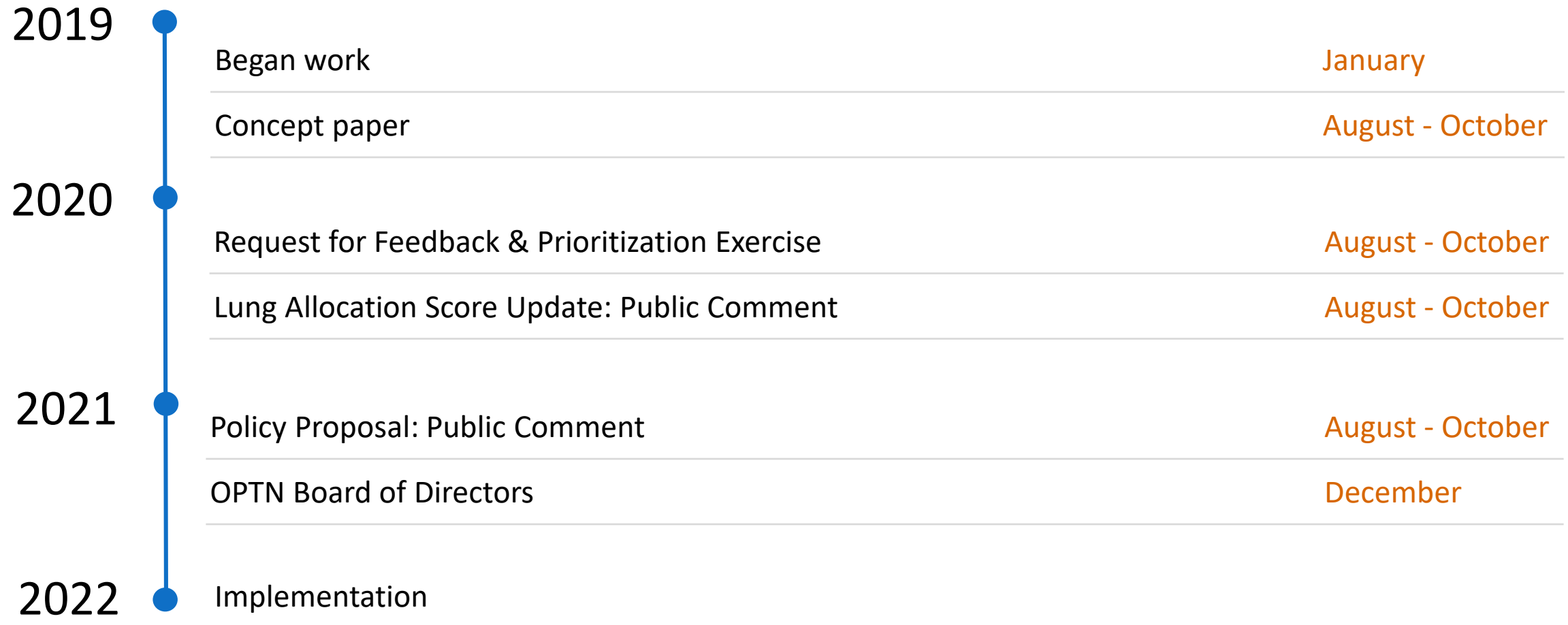- These attributes support the following goals:

Medical urgency + Post-transplant survival + Candidate biology + Patient access + Placement efficiency = Patient's Composite Allocation Score

Current State vs. Future State

Order	Classification	Distance
1	High urgency, high compatibility	250 nm
2	High urgency, medium compatibility	250 nm
3	Pediatric, high urgency, high compatibility	250 nm
4	Pediatric, High urgency, medium compatibility	250 nm
5	Medium urgency, high compatibility	500 nm

Policy Development Approach

Milestones: Continuous Distribution of Lungs

2019
- Began work — January
- Concept paper — August - October

2020
- Request for Feedback & Prioritization Exercise — August - October
- Lung Allocation Score Update: Public Comment — August - October

2021
- Policy Proposal: Public Comment — August - October
- OPTN Board of Directors — December

2022
- Implementation
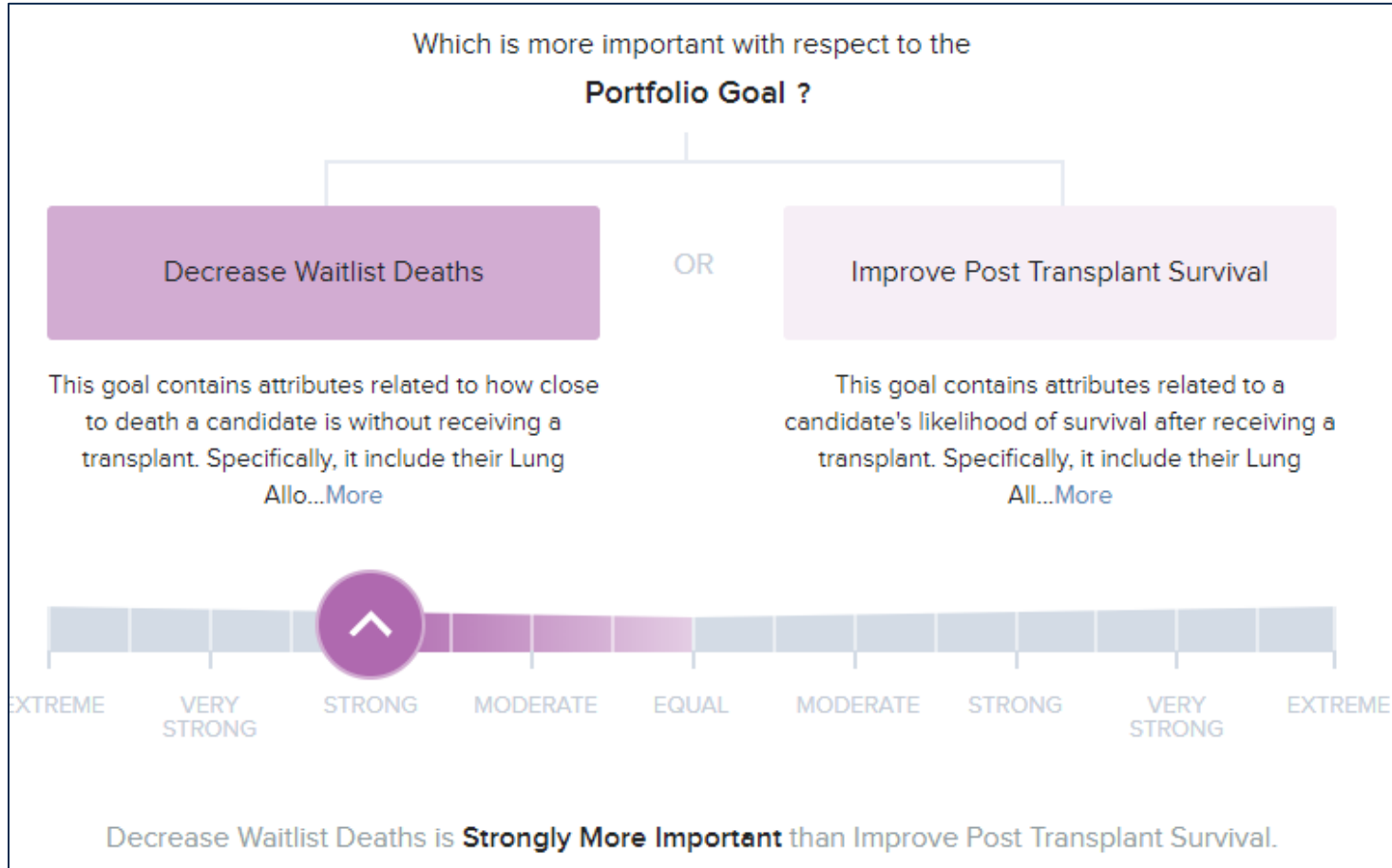
Feedback Requested: Placement Efficiency

- The Committee is considering how to incorporate placement efficiency

- Proposed attributes:
  - Travel efficiency (cost)
    - Assigns points based on relative cost of transporting lungs over distance
  - Proximity efficiency (distance)
    - Assigns points based on efficiencies associated with proximity

- Are there any other attributes related to placement efficiency that you recommend?

Feedback Requested

- Is there anything else that the OPTN can do to better help you understand how this proposal is being developed?

- Do you agree with the Committee's recommended attributes?

- Sign up to participate in the prioritization exercise: https://bit.ly/OPTNlung

Please introduce yourself when you speak

Prioritization Exercise

We need your input!

Sign up here:
https://bit.ly/OPTNlung

Deadline:
October 1, 2020

Related Proposal: Updated Cohort for Calculation of the LAS

- This proposal was also released for public comment this cycle and is on the non-discussion agenda

- Purpose: Improve the accuracy of the lung allocation score (LAS) in ranking candidates

- LAS makes up the medical utility component of the composite allocation score in continuous distribution

- To read the proposal, watch a video, and comment, go to: https://optn.transplant.hrsa.gov/governance/public-comment/