

OPTN Lung Transplantation Committee

Meeting Summary

July 15, 2021

Conference Call

Erika Lease, MD, Chair

Marie Budev, DO, Vice Chair

Introduction

The Lung Transplantation Committee met via Citrix GoTo teleconference on 07/15/2021 to discuss the following agenda items:

1. SRTR Addendum Report: Insurance Status Results
2. Multi-Organ Heart-Kidney (HR-KI) and Lung-Kidney (LU-KI) Eligibility Criteria and Safety Net
3. Refine Lung Data Fields
4. Committee Updates

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

1. SRTR Addendum Report: Insurance Status Results

The Lung Committee had requested that any possible impacts of continuous distribution on socioeconomic status be evaluated. However, since that specific data is not available, insurance status (Non-public, Public: Medicaid, Public: Non-Medicaid) was utilized as a proxy for socioeconomic status. The results of the SRTR Thoracic Simulation Allocation Model (TSAM) addendum report showed that waitlist mortality decreased for all groups, transplant rates increased for Medicaid and Non-public groups, but decreased for older Medicare patients, donor-recipient distance increased for all groups, and there were similar 2-year post-transplant mortality outcomes for all groups.¹

Summary of discussion:

A member found the results of the addendum report reassuring and the Committee continued to support the language in the Continuous Distribution of Lungs public comment proposal.

2. Multi-Organ Heart-Kidney (HR-KI) and Lung-Kidney (LU-KI) Eligibility Criteria and Safety Net

The OPTN Ad Hoc Multi-Organ Committee (MOT) proposes establishing eligibility criteria and safety nets for HR-KI and LU-KI candidates prior to the kidney continuous distribution implementation. Currently, there is limited data due to the small number of simultaneous LU-KI (SLuK) transplants, but the available studies support SLuK for certain lung candidates in addition to a SLuK safety net. The studies supporting SLuK showed patients with reduced kidney function are at an increased risk of mortality after an isolated lung transplant and the studies support a LU-KI safety net due to patients who have received an organ other than a kidney have a greater risk of mortality while waiting for a kidney. However, there is limited information on LU-KI graft survival.

¹ "Continuous distribution simulations for lung transplant: Round 2 Addendum, SRTR Data Request," OPTN, accessed August 5, https://optn.transplant.hrsa.gov/media/4712/lu2021_01_cont_distn_addendum-report_insuranceonly.pdf

The MOT Committee proposes using the simultaneous LI-KI (SLK) eligibility criteria and safety net as a starting point for simultaneous HR-KI (SHK) and SLuK since the available literature suggests that the SLK criteria may also be appropriate for SHK and SLuK.

Summary of discussion:

The Chair noted that since there is limited data, they would be okay with following the SLK policy. A member asked for clarification on what kind of GFR cutoffs would be used for a lung multi-organ safety net and the Vice Chair clarified that the GFR shown (30-44 ml/min/1.73 m²) was discussed for HR-KI and the MOT Committee would be sharing a more definitive cutoff for lung in the future since the information available is limited.

Members suggested that the safety net should not be limited to the first year for LU-KI since more patients are showing marginal kidney function. The Vice Chair mentioned that there are different populations of patients, those who have poor renal function going in to a lung transplant and those who have chronic kidney disease post-lung transplant. A member stated that for HR-KI it is suspected that kidney function may improve after an isolated heart transplant, but improvement of kidney function after a lung transplant is not usually seen and if a lung candidate with a GFR of 30 is transplanted it would be preferable to have a safety net in place should the patient continue to have worsening kidney function. The Vice Chair reminded the Committee that the practice of the transplant hospital should also be considered, since these cases are so rare and not many programs perform LU-KI. They also noted that some patients may have living-related donors and would possibly look at having a staged kidney transplant post-lung transplant. A member mentioned that if a living-related donor is an option the timeframe on the safety net becomes a non-issue for those candidates. A member stated that patients should use living-related donors if that is an option due to the advantages of those donors.

Committee members supported the MOT Committee's proposed approach and would like more information on GFR cutoffs as it relates to lung and reviewing the timeline for the safety net. Additionally, members requested information on how often recipients utilize a living-related donor in lieu of the safety net. The MOT Committee will update the Lung Committee as the project progresses.

3. Refine Lung Data Fields

The Committee reviewed the Refine Lung Data Fields proposal and public comment sentiment for the proposal before voting to send to the OPTN Executive Committee meeting on July 30, 2021. All public comment sentiment from the community was supportive of the proposed changes and post-special public comment corrections to the proposal included minor revisions to the narrative section and the inclusion of a policy language clarification for missing or expired functional status values.

Committee Vote

The Committee voted in support of sending to the OPTN Executive Committee for approval with 11 yes, 0 no, and 0 abstentions.

4. Committee Updates

The Committee welcomed new Committee members and SRTR introduced new support staff. The Committee was also informed of a volunteer opportunity for members to join the OPTN Fiscal Impact Group (FIG) which meets twice a year to evaluate the costs of implementation of public comment proposals on OPTN members.

Upcoming Meetings

- July 22, 2021 (Subcommittee)
- August 26, 2021 (Committee)

Attendance

- **Committee Members**
 - Erika Lease, Chair
 - Marie Budev, Vice Chair
 - Alan Betensley
 - Denny Lyu
 - John Reynolds
 - Julia Klesney-Tait
 - Whitney Brown
 - Daniel McCarthy
 - Errol Bush
 - Marc Schechter
 - Scott Scheinin
 - Pablo Sanchez
- **HRSA Representatives**
 - Jim Bowman
 - Marilyn Levi
- **SRTR Staff**
 - Katie Audette
 - Melissa Skeans
 - Maryam Valapour
 - Andrew Wey
 - David Schladt
- **UNOS Staff**
 - Elizabeth Miller
 - Janis Rosenberg
 - Susan Tlusty
 - Sara Rose Wells
 - Krissy Laurie
 - Tatenda Mupfudze
 - Leah Slife
 - Kaitlin Swanner
 - Laura Schmitt
 - Samantha Weiss
- **Other Attendees**
 - Laurel Avery