

**OPTN Lung Transplantation Committee  
Meeting Summary  
February 16, 2023  
Conference Call**

**Marie Budev, DO, Chair  
Matthew Hartwig, MD, Vice Chair**

## **Introduction**

The Lung Transplantation Committee (the Committee) met via Citrix GoTo teleconference on 2/16/2023 to discuss the following agenda items:

1. Welcome and agenda
2. Review of Appeals to the Lung Transplantation Committee
3. Public comment presentation: *Ethical Evaluation of Multiple Listing*
4. Continuous Distribution Resources Overview
5. Public comment presentation: *Modify Heart Policy for Intended Incompatible Blood Type (ABOi) Offers to Pediatric Candidates*
6. Next Steps and Closing Comments

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

### **1. Welcome and agenda**

The Chair welcomed Committee members and presenters.

#### Summary of discussion:

There was no further discussion by the Committee.

### **2. Review of Appeals to the Lung Transplantation Committee**

The approved policy in [Revise Lung Review Board Guidelines, Guidance, and Policy for Continuous Distribution](#) requires the Committee to review secondary appeals. The Committee may delegate review of these appeals to a smaller subcommittee. Members of this Lung Appeals Subcommittee will only include physicians and surgeons from the Committee.

#### Summary of discussion:

The Committee unanimously approved the creation of the Lung Appeals Subcommittee.

### **3. Public comment presentation: *Ethical Evaluation of Multiple Listing***

A member of the OPTN Ethics Committee presented on their white paper, the [Ethical Evaluation of Multiple Listing](#). The white paper is an ethical analysis of the impact of multiple listing on the patient and transplant system, with the goal of promoting equitable access for everyone in need of an organ transplant. The white paper answers the question, "What are the ethical implications of permitting patients to be listed at multiple transplant programs?"

The key findings of the paper were:

- Utilization of multiple listing is patterned in a way that aligns with sociodemographic disparities.

- Insurance status is often a proxy for other sociodemographic factors that impact one's ability to access transplant and be successfully transplanted.
- The education level of single and multiple listed kidney and liver patients align with existing sociodemographic disparities in access to healthcare.

Due to these findings, the OPTN Ethics Committee recommends:

- Multiple **evaluations** can be used to match patients with the transplant center that best aligns with their needs.
- Multiple **listing** should be reserved for patients who are medically complex and otherwise hard to match.
  - Support and resources should be provided to aid these patients in multiple listing.
  - Other OPTN Committees will need to determine the criteria for medically complex or hard to match patients.

The presenter asked for feedback on:

- Do community members have recommendations about how access to multiple listing can be encouraged for patients who are exceptionally difficult to match?
- Do community members have recommendations about how to better direct patients who are seeking multiple evaluations?
- Do community members agree with the recommendations?
- How do patients feel about the recommendations?

Summary of discussion:

The Chair stated the candidates who are seeking dual listing are difficult to match and highly sensitized patients. She stated that these biological attributes are a barrier for candidates, but this will be considered in continuous distribution. The presenter responded that the white paper is written as things stand now, and the effect of continuous distribution on multiple listing is unknown. She stated policy requires programs to discuss multiple listing with candidates as an option. The presenter responded the OPTN Ethics Committee is recommending access to multiple evaluations to see which center aligns best with a candidate's needs, but he understands that there are still several barriers to obtaining multiple evaluations.

A member stated the white paper is timely and said similar research has found that those who multiple list have higher education and private insurance. He stated those who are multiple listed have lower social deprivation index. He said those who are multiple listing are not those who necessarily need it. He highlighted that short stature woman may not have adequate access to lung transplant if they have lower socioeconomic position. He stated the proportion of multiple listed patients has decreased since its peak in 2018. He agreed the move to continuous distribution will result in a decline in multiple listing for lung transplant. He also agreed access to multiple evaluation is important to account for all diagnoses and comorbidities. He urged the Committee to consider if multiple listing should exist after the implementation of continuous distribution.

A member stated that geographically there is a disparity in access to centers to multiple list across the United States, specifically for lung. She also emphasized the lungs travel shorter distances. The presenter stated the discussion was limited to kidney and liver due to the amount of data. He stated this data would likely change based on organ and policy decisions should be organ-specific regarding multiple listing. The presenter said that this white paper is not taking autonomy from individuals because the value is placed on the equity and autonomy of the system.

#### **4. Continuous Distribution Resources Overview**

Staff provided an overview of changes to the OPTN website that helped centralize resources for continuous distribution. She highlighted a [consolidated page](#) that encompasses resources for the community.

##### Summary of discussion:

The Chair commented the Committee will host a Multi-Organ Allocation in Continuous Distribution Webinar on February 17, 2023, and she encouraged members to submit interim exception requests by February 23, 2023. She reminded the Committee of their in-person meeting on February 27, 2023, and lung continuous distribution implementation on March 2, 2023.

#### **5. Public comment presentation: Modify Heart Policy for Intended Incompatible Blood Type (ABOi) Offers to Pediatric Candidates**

The Committee received an overview of a proposal from the OPTN Heart Transplantation Committee that aims to increase access to donor organs across incompatible blood types (ABOi) for pediatric heart and lung candidates.

The proposal aims to allow pediatric heart, lung, and heart-lung candidates opportunity to receive offers of ABOi donor organs, regardless of candidate age at waitlist registration, heart status, or pediatric lung priority and expand eligibility by:

- Increasing heart and lung registration age requirement to “prior to turning 18 years old”
- Including heart status 2 candidates
- Including lung priority 2 candidates
- Permitting heart-lung candidates to receive ABOi offers
- ABOi represents and opportunity to address continued challenges

The proposal is founded on the fact that there is worse waitlist mortality among pediatric candidates 2 years old or older compared with adults. Younger pediatric candidates have higher proportions of waitlist removals due to death or too sick to transplant patients. Successful transplants of pediatric candidates older than two years old and/or titers greater than 1:16 are performed in Canada and the United Kingdom. A 2015 analysis reported reasonable success rates in patients up to eight years old and titers of 1:256. Transplant programs maintain discretion when determining appropriateness of ABOi offers. Aligning ABOi criteria ensures equitable treatment of pediatric heart, lung, and heart-lung candidates.

The presenters asked for feedback on:

- What factors prevent transplant programs and/or candidates from indicating a willingness to accept a ABOi donor heart or heart-lungs?
- To what extent might adult heart or heart-lung candidates be impacted by increasing pediatric candidates’ access to ABOi organs?
- Do the proposed changes put pediatric lung or heart-lung candidates at unnecessary risk for receiving a heart-lung from an ABOi donor?
- Is it appropriate to expand eligibility to include pediatric status 2 heart candidates? Should eligibility criteria require hospitalization?

##### Summary of discussion:

A member stated that this proposal expands access for heart pediatric candidates and there is data to support it, but lung transplant programs would likely not perform ABOi transplants on candidates older than two. However, he said that centers should have the liberty to make that decision.

A member asked why the OPTN Heart Transplantation Committee is proposing increasing the heart and lung registration age requirement to, “prior to turning 18 years old” instead of, “prior to turning 12 years old.” The presenter responded that individuals that have low isoheamagglutinin titers are safe to transplant at any age, but the 18-year-old cutoff was made due to the comfortability of these ABOi transplants in pediatric candidates. He said that age 12 would be arbitrary. The member responded this question is based on the allocation change at 12 years old and that this may create issues. Staff noted that continuous distribution of lungs replaced the pediatric priority requirements in this policy with a waitlist survival score, so it is more consistent with the continuous distribution policy to change the age requirement to “prior to turning 18 years old.”

Staff asked if this proposal would increase the lung or heart-lung ABOi transplants that occur. A member responded that this is unlikely.

## **6. Next Steps and Closing Comments**

Staff reminded the Committee of their in-person meeting on February 27, 2023, and of continuous distribution implementation on March 2, 2023

### Summary of discussion:

There was no further discussion by the Committee.

### **Upcoming Meetings**

- February 27, 2023, in-person, Detroit, MI

## Attendance

- **Committee Members**
  - Marie Budev
  - Erika Lease
  - Brian Armstrong
  - Cynthia Gries
  - Dennis Lyu
  - Edward Cantu
  - Errol Bush
  - John Reynolds
  - Julia Klesney-Tait
  - Matthew Hartwig
  - Nirmal Sharma
  - Pablo Sanchez
  - Soma Jyothula
- **HRSA Representatives**
  - Marilyn Levi
  - Jim Bowman
- **SRTR Staff**
  - Katherine Audette
  - Maryam Valapour
  - Nicholas Wood
- **UNOS Staff**
  - Kaitlin Swanner
  - Alex Carmack
  - Taylor Livelli
  - Holly Sobczack
  - Krissy Laurie
  - Tatenda Mupfudze
  - Samantha Weiss
  - Eric Messick
  - Kieran McMahon
  - Sara Rose Wells
  - Susan Tlusty
- **Other Attendees**
  - Brian Feingold
  - George Bayliss