Revise Lung Review Board Guidelines, Guidance, and Policy for Continuous Distribution

OPTN Lung Transplantation Committee
Purpose and Proposal

- **Purpose**
  - Update Lung Review Board guidelines, guidance, and policy for continuous distribution

- **Proposal**
  - Operational guidelines cover representation, responsibilities & process
  - Clinical guidance includes updates for pulmonary hypertension exceptions
  - Policy changes align requirements with other organ review boards
Clinical guidance updates respond to shift from current lung allocation score (LAS) to new lung composite allocation score (CAS)

Each organ allocation system is developing continuous distribution system

This provides opportunity to move towards more consistent review board framework across organs
Operational Guidelines

- Review board representatives of active lung transplant programs serve 2-year terms
  - Primary must have at least five years of post-training transplant experience
  - Alternate must have at least three years of post-training transplant experience
- Immediate past chair of Lung Committee serves 2-year term as review board chair
  - Chair is voting member of review board and serves as liaison to Lung Committee
  - Committee requests feedback on whether chair should be voting member
Operational Guidelines

- Nine reviewers are assigned to each exception request
  - Alternate will be assigned if primary is out of the office
  - Reviewers will be replaced if they do not vote after 3 days
  - Voting closes after 5 days
Operational Guidelines - Pediatrics

- At least 3 active pediatric lung transplant programs will be represented out of the 12 programs each term
- These members will be given priority for assignment to pediatric cases if they are available
Clinical Guidance – Pulmonary Hypertension

- Candidates with pulmonary hypertension meeting certain criteria may qualify for a higher allocation score
- Programs may request waiting list survival and post-transplant outcomes exception scores to be at the national 90th percentile
- Updates current guidance to reflect replacement of lung allocation score with composite allocation score
Policy Changes

- Removes language that is duplicative with operational guidelines
- Changes timeline for submission of a second appeal from 14 days to 7 days
- Aligns timelines to:
  - Make both first and second appeals the same
  - Promote consistency with lung and all organs
Member Actions

- Active lung transplant programs will have opportunities to appoint review board representatives to 2-year terms every 5 years.
- Appointed representatives will be expected to actively participate.
What do you think?

- Should the Committee add information in the guidance on how to request a priority 1 equivalent score for pediatric candidates?

- Should the Chair be a voting member of the Lung Review Board or serve more of an advisory role?

- Is it clear how the appeals process works?

- Do lung transplant programs anticipate any barriers to participating in the new Lung Review Board or using the updated exceptions process?