

**OPTN Lung Transplantation Committee  
Meeting Summary  
March 6, 2025  
Conference Call**

**Matthew Hartwig, MD, Chair  
Dennis Lyu, MD, Vice Chair]**

## **Introduction**

The OPTN Lung Transplantation Committee (the Committee) met via WebEx teleconference on 03/06/2025 to discuss the following agenda items:

1. Continue discussion on public comment item: Establish Comprehensive Multi-Organ Allocation Policy: Request for Feedback

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

### **1. Continue discussion on public comment item: Establish Comprehensive Multi-Organ Allocation Policy: Request for Feedback**

The Committee provided feedback on a public comment item from the OPTN Ad Hoc Multi- Organ Transplantation Committee titled Establish Comprehensive Multi-Organ Allocation Policy: Request for Feedback.

#### Summary of discussion:

No decisions were made.

The Committee's discussion focused on the complexities of multi-organ transplant (MOT) allocation policies, particularly involving lung-liver, heart-liver, and heart-lung combinations. Members discussed how allocation prioritization is determined based on classification and the Composite Allocation Score (CAS). A member raised concerns about candidates with high lower Model for End-Stage Liver Disease (MELD) scores but low CAS for lungs, questioning whether such liver urgency could drive lung allocation. It was clarified that lungs typically need to be the more urgent organ, often requiring a CAS above 35 to pull another organ, though real-world practice shows lungs often drive MOT in liver-lung cases due to low MELD scores.

A significant portion of the discussion addressed the rationale behind setting different CAS thresholds based on donor blood type, particularly for type O. It was explained that blood type O candidates receive additional blood type points, so a higher CAS threshold is intended to maintain equity across blood types and prevent overly burdensome match runs. Analyses of CAS ranges (28–35) showed that higher thresholds tend to capture more medically urgent patients, therefore MOT workgroup members expressed comfort with raising the threshold to 30 or 31. However, concerns were raised about candidates just below those thresholds potentially being excluded from MOT offers. Members emphasized that distance can significantly affect CAS, making it challenging to predict whether a candidate will meet a threshold.

Members also questioned whether the policy might unintentionally disadvantage blood type O recipients or lead to increased exception requests. They expressed concern that the current approach

could counteract previous efforts to ensure access for blood type O candidates. It was clarified that the additional blood type points for O candidates still position them advantageously, and the CAS threshold adjustments aim to ensure equity across all blood groups. Some members emphasized the need for clearer communication and possibly further analysis, especially as the current policy complexity might not be easily understood by those less familiar with MOT allocation systems.

Next steps:

A public comment based on the Committee's discussion will be drafted, approved by Committee leadership, and posted on the Committee's behalf. Other Significant Items

**Upcoming Meetings**

- April 10, 2025, 5-6pm ET
- April 14, 2025, 12-3pm ET

## Attendance

- **Committee Members**
  - Brain Keller
  - David Erasmus
  - Dennis Lyu
  - Heather Strah
  - Jackie Russe
  - Jody Kieler
  - Joseph Tusa
  - Thomas Kaleekal
  - Marie Budev
  - Matthew Hartwig
  - Tina Melicoff
  - Wayne Tsuang
- **SRTR Staff**
  - Maria Masotti
  - Maryam Valapour
- **UNOS Staff**
  - Chelsea Hawkins
  - Holly Sobczak
  - Kaitlin Swanner
  - Kelley Poff
  - Leah Nunez
  - Sam Weiss
  - Sara Rose Wells