

**OPTN Lung Transplantation Committee
Meeting Summary
December 16, 2021
Conference Call**

**Erika Lease, MD, Chair
Marie Budev, DO, Vice Chair**

Introduction

The Lung Transplantation Committee (the Committee) met via Citrix GoTo teleconference on 12/16/2021 to discuss the following agenda items:

1. Multi-Factor Authentication in UNetSM
2. CPRA by Ethnicity Data Analysis Results

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

1. Multi-Factor Authentication in UNetSM

The Committee was updated on the requirement for UNetSM users download Authy for multi-factor authentication when accessing UNetSM for added security. In February 2022, UNetSM security administrators will be active with Authy authentication and the remaining UNetSM users will be active in March 2022. It was encouraged that users download and setup their Authy accounts now to ensure there are no problems after implementation. Instructions on how to link Authy accounts to UNetSM will be coming in early 2022.

2. CPRA by Ethnicity Data Analysis Results

The Committee reviewed calculated panel reactive antibody (CPRA) ethnic data since the CPRA calculation contains "ethnic weights" to adjust population frequencies to the OPTN donor pool. This review was given due to the continuous distribution of lungs incorporating a rating scale for CPRA. The Committee was asked for feedback for CPRA for the initial implementation of continuous distribution and whether or not the CPRA should use ethnic weights based on all deceased donors or only lung deceased donors.

It was explained that the advantages of using information based on all deceased donors would be that it is simple and easy to maintain, each organ moving into continuous distribution may not need to implement a different CPRA, and it prevents multi-organ candidates from having differing CPRAs for different organ types. The Committee reviewed the specific analysis to determine if total deceased donor CPRA performs as well as organ-specific CPRA to inform their decision. It was shown that there are not large differences between the distribution in CPRA between lung specific weights and total deceased donor weights, even in highly sensitized candidates. It was noted that some ethnic groups were lacking data, but there were no apparent disadvantages to any group.

Summary of discussion:

The Vice Chair asked if the same analysis has been done for kidney ethnic weights or any other specific organ and it was clarified that the data is available, but they have not been compared directly to lung. The Chair of the OPTN Histocompatibility Committee noted that while lung has a very slight difference

when comparing to total deceased donors, it is likely that lung has the biggest difference so that difference will be even smaller with other organ types. The Vice Chair stated that the Committee would likely be most comfortable if this was reviewed early on after implementation and the Chair agreed, especially since this has not been a required variable for lung programs. A HRSA Representative asked if there was major innovation (i.e. ex vivo lung perfusion) that could change the pool of deceased donor lungs would that alter the results of using total deceased donor versus lung specific. It was clarified that it certainly could, but the question would be is that innovation going to be something that impacts all ethnic groups equally and if not that could drive the lung specific weights to be further from the total deceased donor weights. The OPTN Histocompatibility Committee Chair explained that the conversion factor used to account for ethnic weight differences between the donor pools that is used to pull all the statistics for the CPRA actually comes from bone marrow donors from the National Marrow Donor Program. They continued to explain that the weightings needed to be adjusted since the registry population is significantly different from the deceased donor program so the conversion factor numbers are easily adjusted if needed.

The Committee was asked if anyone was not comfortable using the total deceased donor weighting initially knowing that it can be adjusted as more data is collected. The Committee supported using the total deceased donor weighting with continued monitoring post-implementation.

Upcoming Meetings

- January 20, 2022
- February 17, 2022

Attendance

- **Committee Members**
 - Erika Lease, Chair
 - Marie Budev, Vice Chair
 - John Reynolds
 - Julia Klesney-Tait
 - Whitney Brown
 - Errol Bush
 - Cynthia Gries
 - Denny Lyu
 - Nirmal Sharma
 - Marc Schechter
 - Dan McCarthy
 - Jasleen Kukreja
 - Scott Scheinin
- **HRSA Representatives**
 - Jim Bowman
 - Marilyn Levi
- **SRTR Staff**
 - Katie Audette
 - David Schladt
 - Maryam Valapour
- **UNOS Staff**
 - Elizabeth Miller
 - Susan Tlusty
 - Krissy Laurie
 - Tatenda Mupfudze
 - Leah Slife
 - Amelia Devereaux
 - Bonnie Felice
 - Holly Sobczak
 - James Alcorn
 - Kelsi Lindblad
 - Mike Ferguson
 - Sara Rose Wells
- **Other Attendees**
 - Laurel Avery
 - John Lunz
 - Pete Lalli